

New York State Department of Health
Office of Health Insurance Programs
Division of Program Development and Management
Request for Applications
RFA #20417 / Grants Gateway #DOH01-SCN-2024

Questions and Answers

Questions below were received by the deadline announced in the RFA. NYSDOH is not responsible for any errors or misinterpretation of any questions received.

The responses to questions included herein are the official responses by the Department to questions posted by potential applicants and are hereby incorporated into the RFA #20417. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Questions and Answers

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Question #	Corresponding RFA Section	Category	Question	Answer
1.	1. General Questions	General	Is there an overview of the entire 1115 waiver amendment, including the Social Care Networks?	Yes, please see the recorded webinar link below, under “New York Health Equity Reform (NYHER): Making Targeted, Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic”, New York 1115 Medicaid Waiver Information Page (ny.gov) .
2.	1. General Questions	General	What is the best way for CBOs to find out who will be a SCN lead applicant w/in each region?	The Department will announce the SCN awards once made.

3.	1. General Questions	General	Will a list of the attendees of this Webinar be published?	The Department is unable to release the names of attendees.
4.	1. General Questions	General	Will the PowerPoint and recording be shared from the Applicant Conference?	Yes, the slides and recording will be available on Grants Gateway.
5.	1. General Questions	General Financial	In the DSRIP application, the lead entity was put through a financial stress test to ensure that the entity was able to manage the funding received and to be distributed to members. Will there be a similar stress test for the lead entity applying for the SCN?	The awarded entity will have to be able to comply with the requirements under Section III. D. Payment and Performance Evaluation, of the RFA.
6.	1. General Questions	General Financial	Does the state anticipate SCNs to have robust revenue cycle management capacity?	The awarded entity will be responsible for the overall fiscal administration of the SCN. This includes authorizing eligible members based on the MCO's member list, coding screening and claims, managing a PMPM, paying CBOs for services rendered in a timely manner, and managing closed loop referral. See Section I, Roles and Responsibilities of Entities in the Social Care Ecosystem of the RFA.
7.	1. General Questions	General SCN	When do we think the infrastructure for the SCN will truly be operational?	The SCNs will be required to be operational within 6 months of the contract. Please see the SCN work plan in the RFA, Section III. D. Table 6, of the RFA. Entities applying as the lead entity should ensure that they would be able to meet the timelines of the work plan. Payment of these grant funds is milestone/performance based.
8.	1. General Questions	General SCN	After the launch of Social Care Networks (SCN): <ul style="list-style-type: none"> • Will the NYS Medicaid eligibility process for individuals change in any way, or will it remain exactly the same as pre-launch of SCN? • Once a person is newly enrolled in Medicaid, • Will the process for the individual's selection of a Medicaid managed care plan change? • Will the process for the individual's selection of a health home change? • Will individuals still be given a choice in their selection of managed care plans and health homes (assuming they qualify for either?) • What entity is the first point of contact to initiate a HRSN screening? 	The SCNs will not change Medicaid eligibility or enrollment. To better understand the purpose and role of the SCN please refer to Section I of the RFA.
9.	1. General Questions	General SCN	When will the DOH OHIP SCN Program Manual (p. 11) be made available?	The SCN Program Manual will be released after awards are made and is not pertinent to formulating application responses.
10.	1. General Questions	General SCN	Regarding pg. 16: Is there any expectation that the SCN needs to provide 24/7/365 phone coverage or is responding to a phone call or SHIN-NY screening data on the next business day acceptable?	No, there will be guidelines to awardees on the timing of screening and referrals but it is not 24/7/365.

11.	1. General Questions	General SCN	The RFA states: "NYS envisions that SCN lead entities will perform as many of these functions themselves to the extent that they can perform them effectively..." Will applicants planning to perform more of these functions themselves be scored more favorably than those that subcontract?	No, please see Section V, C., Review and Award Process of the RFA.
12.	1. General Questions	General SCN	In "Table 6Q: SCN Data and IT Platform Features and Functionalities" under "Category" "Referral and service delivery" it reads, "Maintain accurate publicly available SCN CBO directory (e.g., name, location, charity registration number, TIN, services provided, contact information) and submit to NYS annually". Does this mean that the Health IT system and SCN will be required to share their directory with the NYS Department of Health annually?	The awarded SCNs will be required to submit their directory of active CBOs annually.
13.	1. General Questions	General SCN	Who is ultimately responsible for the decisions on the waiver budget, DOH, DOB, Comptroller?	The waiver budget has been approved by CMS and can be found on the waiver website: New York 1115 Medicaid Waiver Information Page (ny.gov)
14.	1. General Questions	Health Home	Where do Health Homes fit within the Social Care Networks? The Executive Budget proposed a \$228.3 Million cut to HHs. Won't Social Care Networks rely on care management to meet the waiver goals – and won't cutting HH funding violate of the terms and conditions of the waiver?	Health Homes (HH), aside from being an applicant, can also refer individuals to the SCN. Additionally, an SCN can contract with a HH to provide care management and screening. The executive budget is outside of the scope of this RFA. Please email HH budget questions to healthhome@health.ny.gov .
15.	1. General Questions	HERO	Is the HERO role in connecting HRSN into VBP methodologies focused mostly on HEDIS/QARR quality measure development?	More information on the HERO will be released by DOH on a later date and is not pertinent to this application.
16.	1. General Questions	HERO	How will the HERO be able to advise on VBP contracts from a Statewide perspective? How will it account for regional and market differences?	More information on the HERO will be released by DOH on a later date and is not pertinent to this application.
17.	1. General Questions	HERO	How will the HERO interface with the SCNs? Should the SCN expect to receive priorities and direction from the HERO?	More information on the HERO will be released by DOH on a later date and is not pertinent to this application.
18.	1. General Questions	HERO	What is the intersect between the HERO and the SCN's - there is no mention in the RFA.	More information on the HERO will be released by DOH on a later date and is not pertinent to this application.

19.	1. General Questions	HERO	If new VBP strategies/models are developed via the HEROs, what would be the process for incorporating them into the SCNs scope of work?	The SCNs will screen and provide HRSN services as approved in the STCs. Any new VBP arrangements would occur after the NYHER amendment demonstration when the SCN moves into upside and downside risk with the Medicaid Managed Care Organization.
20.	1. General Questions	HERO	Can an entity apply to be both an SCN and a HERO?	No, an entity cannot apply to be awarded both roles.
21.	2. Who May Apply	SCN Lead Qualifying Entity Types	Can any 501 c 3 not for profit organization be a lead applicant for a SCN?	Applicants must meet all of the eligibility criteria in Section II, Who May Apply, of the RFA, and Addendum #1 posted on 2/20/2024.
22.	2. Who May Apply	SCN Lead Qualifying Entity Types	Can non-profit nursing home or home care agency apply?	Applicants must meet all of the eligibility criteria in Section II, Who May Apply, of the RFA and Addendum #1 posted on 2/20/2024.
23.	2. Who May Apply	SCN Lead Qualifying Entity Types	Our entity only registered as 501c CBO two years ago but we have more than 3 years of experience with the community. Are we qualified to apply this application?	Applicants must meet all of the eligibility criteria in Section II, Who May Apply, of the RFA and Addendum #1 posted on 2/20/2024 at the time of submitting an application.

24.	2. Who May Apply	SCN Lead Qualifying Entity Types	<ul style="list-style-type: none"> • Are hospitals that are 501c3 entities eligible to apply as the lead entity? • Is the expectation that the applicant (and lead entity) already be a 501c3 corporation that consists of CBOs with at least 51% voting power or that the applicant will create a new SCN entity that consists of CBOs with at least 51% voting power? If the latter, what is the time frame in which this new entity must be created? 	<p>See Section II, Who May Apply, for all eligibility criteria required in order to apply.</p> <p>The awarded lead entity shall define a governing body structure and its associated roles and responsibilities (Section III. A., Governance Requirements of SCN Lead Entity).</p>
25.	2. Who May Apply	SCN Lead Qualifying Entity Types	If a potential lead SCN applicant meets all the eligibility requirements, but does not yet have 501(c)(3) designation from the IRS, are they eligible to apply?	Per Section II, Who May Apply, of the RFA and Addendum #1 posted on 2/20/2024, Applicants must meet all the eligibility requirements to submit an application.
26.	2. Who May Apply	SCN Lead Qualifying Entity Types	Can a not-for-profit Social Care Independent Practice Association Limited Liability Company apply if its parent company/sponsor organization is a 501c3, or will the state require the applicant itself have 501c3 status?	Applicants must meet all the eligibility criteria on RFA page 9 section II. Who May Apply at the time of submitting the application. This includes being a 501(c)(3).
27.	2. Who May Apply	SCN Lead Qualifying Entity Types	An LLC that only has one member, which is a charitable 501(c)(3) entity, can have 501(c)(3) tax-exempt status by reason of attribution of its sole member's 501(c)(3) status. If the LLC's Articles of Organization state that the entity's purposes will be to provide social care network services, and if the Articles of Organization are aligned with the requirements of 501(c)(3) entities, would that LLC be considered a 501(c)(3) entity for purposes of applying for the Social Care Network under the 1115 Waiver?	The organization that is applying to be the lead entity must meet the eligibility criteria in Section II, Who May Apply, of the RFA and Addendum #1 posted on 2/20/2024.
28.	2. Who May Apply	SCN Lead Qualifying Entity Types	Can a SCN lead entity who is also a housing provider, refer and be reimbursed for housing services?	Responsibilities of the SCN are outlined in Section III. B. HRSN Screening and Navigation to Services.

29.	3. Organizational Overview and Experience	Governing Body	If an organization is awarded multiple boroughs in NYC (Region 4), can the organization have one governance committee, so long as each county is represented on its governing body? Will the NYC SCN be under one contract with NYS?	Yes, if an organization applies and is awarded for multiple boroughs in NYC, it would be seen as one SCN and would have one governing body (representative of all awarded boroughs). If an applicant is awarded multiple boroughs, it will be under one contract with the state.
30.	3. Organizational Overview and Experience	Governing Body	Could a FQHC count towards representing a healthcare provider as well as a CBO on the governing body?	An FQHC is included in the SCN governing body as a healthcare and care management provider (Section III. A. Governance Requirements of the SCN Lead Entity).
31.	3. Organizational Overview and Experience	Governing Body	The RFA includes in the Governance Requirements on p. 11 that the governing body must have at least two representatives that are current Medicaid members with HRSN. Will the state please clarify if these representatives must have current existing HRSN or instead must have lived experience with unmet HRSN. Since the SCN would ensure that the HRSN of these individuals were addressed, the current phrasing of this requirement suggests that they would have to be removed from the governing body and replaced with Medicaid members with unmet HRSN, and additionally individuals in the midst of current unmet needs may also have limited capacity to participate due to these needs.	This requirement refers to the Medicaid members experience not current circumstances.
32.	3. Organizational Overview and Experience	Governing Body	Do community behavioral health providers that provide HRSN services eligible for reimbursement through the SCN count as CBOs for determining that 51% of the Board is CBOs?	No, per Section III. A. Governance Requirements of SCN Lead Entity of the RFA, the SCN's Governing Body may consist of Behavioral Health providers as part of the "Healthcare and Care Management Providers" stakeholder group. Behavioral health providers are not considered a part of the 51% mandatory CBO participation as defined within the SCN's Governing Body.
33.	3. Organizational Overview and Experience	Governing Body	Governance Requirements – will an existing 501c3 that served as the regions PPS, which also has legacy programs and services, be required to completely reconfigure their Board composition to meet the governance requirements as indicated – which would ultimately impact legacy programs and services or will a SCN Steering/Advisory Committee that meets all the requirements and includes direct reporting/decision making role with the current Board meet the NYS requirements.	The PPS would not need to change its board. It would have to ensure that the governing body of the SCN met the requirements within the RFA.

34.	3. Organizational Overview and Experience	Governing Body	<p>Can DOH provide additional clarity regarding the governance structure of the SCN. Is it expected that an applicants Board of Directors would serve the governance function for the SCN, and therefore would need to be modified as necessary to be compliant with established requirements, or is the SCN governance intended to be advisory in nature and exist independent of the applicants corporate governance structure?</p> <p>What is the expected number of individuals on a SCN board? Is there a minimum or maximum?</p>	<p>This RFA uses the term governing board, which is synonymous with governing body. The governing body purpose is to set strategic goals for the SCN and support programmatic and operational decision-making across the network. It is acceptable if the applicant has a separate board for its overall organization that is separate from the SCN or to modify their current board to meet the requirements.</p> <p>There is not a minimum or maximum number of individuals, but it shall follow Section III. A. Governance Requirements of the SCN Lead Entity of the RFA.</p>
35.	3. Organizational Overview and Experience	Governing Body	How do you define "Community Advocate" as referenced in the governance requirement on page 11 (Section IIIA)?	An individual or organization that has a vested interest in a neighborhood or community and advocates for vulnerable populations within that community.
36.	3. Organizational Overview and Experience	Governing Body	Do hospitals that provide HRSN services eligible for reimbursement through the SCN count as CBOs for determining that 51% of the Board is CBOs?	No, per Section III. A. Governance Requirements of SCN Lead Entity of the RFA, the SCN's Governing Body may consist of contracted hospital providers as part of the "Healthcare and Care Management Providers" stakeholder group. Hospitals are not considered a part of the 51% mandatory CBO participation as defined within the SCN's Governing Body.
37.	3. Organizational Overview and Experience	Governing Body	It is required that community-based organizations hold 51% of the voting power in the governing body. If the social care network applicant organization is also registered as a CBO providing listed HRSN services, can they also hold a CBO seat in the governing body? What is the maximum percentage of voting power the lead entity CBO can exercise on the governing board?	Per Section III. A. Governance Requirements of SCN Lead Entity of the RFA, CBOs shall represent at least fifty-one percent (51%) of members within the governing body and have majority share in voting rights. These CBOs must have at least 1 service location within the SCNs region.
38.	3. Organizational Overview and Experience	Governing Body	Can the executive leadership team be composed of employees from the SCN lead and their subcontractor partners?	The awarded SCN leadership team can include employees of the SCN and their partners.

39.	4. HRSN Screening and Navigation to Services	For-Profit Entities	<p>Regarding the language in the RFA that CBOs in SCN networks must be non-profit, “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)” (pages 20-21):</p> <p>Why should this Medicaid waiver program be different than other Medicaid waiver and non-waiver programs in NY, including the MLTSS program and the Medically Tailored Meals In-Lieu of Services (MTM ILS) program, which do not place the same restrictions on participation by commercial/for-profit entities?</p>	Per RFA Section III. C. 1. CBO Participation in Social Care Network (SCN), for-profit entities will only be considered when there is not a non-profit that can cover the service for part of the region. Therefore, awarded SCNs must first contract with non-profit CBOs that are in their region. The participation of 501 (c) (3) CBOs is emphasized and given priority over other types of service entities to ensure that small non-profits that are embedded in the communities being served can participate in the networks.
40.	4. HRSN Screening and Navigation to Services	For-Profit Entities	Would a national provider that provides local services (e.g., delivered medically tailored prepared meals or a national transportation provider that contracts with local transportation companies) be considered an allowable expense to fill a capacity gap while local CBOs build capacity?	Yes, for-profit entities can also provide HRSN services with DOH approval. However, per Section III. C. 1. CBO Participation in Social Care Network (SCN), for-profit entities will only be considered when there is not a non-profit that can cover the service for part of the region. The awarded SCNs must first contract with non-profit CBOs that are in their region.
41.	4. HRSN Screening and Navigation to Services	FQHC	<p>Are FQHCs that provide HRSN services eligible for reimbursement through the SCN?</p> <p>Do FQHCs also count as CBOs for determining that 51% of the Board is CBOs?</p>	<p>Multiple types of entities are allowed to provide screening and services within a Social Care Network. However, the participation of 501 (c) (3) CBOs is emphasized and given priority over other types of service entities to ensure that small non-profits can participate in the networks. Please also note that HRSN service dollars cannot supplant current local, state or federal funding. Additional information will be provided in the SCN Program Manual.</p> <p>The SCN’s Governing Body may consist of FQHCs as part of the “Healthcare and Care Management Providers” stakeholder group. FQHCs are not considered a part of the 51% mandatory CBO participation as defined within the SCN’s Governing Body. Please see Section III, Project Narrative/Workplan Outcome, under Governance Requirements of SCN Lead.</p>

42.	4. HRSN Screening and Navigation to Services	FQHC	Can FQHC's, municipal/local government-managed mental health clinics, and other healthcare providers (including health systems) qualify as "CBO's" to participate in the SCN, as long as they meet the criteria defined on page 20 of RFA? Are FQHC's and other providers eligible to receive reimbursement for HRSN screening?	Multiple types of entities are allowed to provide screening and services within a Social Care Network. However, the participation of 501 (c) (3) CBOs is emphasized and given priority over other types of service entities to ensure that small non-profits can participate in the networks. Please also note that HRSN service dollars cannot supplant current local, state or federal funding.
43.	4. HRSN Screening and Navigation to Services	FQHC	Are FQHCs who have HRSN service capacity able to bill for HRSN services at a clinic site that falls under Article 28, 31 or 32?	Yes, if the services are not being funded from local, state or federal sources. Awardees will receive a SCN Program and Billing manual to further detail contract requirements such as preventing duplication of services.
44.	4. HRSN Screening and Navigation to Services	VBP	Can you speak to existing VBP interventions that are already showing successful metrics? Will they be folded into corresponding SCNs?	Current VBP contracts can continue; however, HRSN services covered under the 1115 waiver must be paid for through the SCN. Per Section III. D. 1.c., 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.
45.	4. HRSN Screening and Navigation to Services	Care Management	Will Medicaid members be able to receive HRSN navigation and HRSN case management at the same time as other forms of billable case management, such as health home case management? If not, what is the role of the SCN in ensuring case management services are not duplicated	Awarded SCNs will provide care management related to HRSNs only and will not provide any clinical case management. If a member is receiving a funded form of HRSN related case management, the SCN would not be able to provide case management to that member.
46.	4. HRSN Screening and Navigation to Services	Care Management	For existing NYS DOH programs that reside within active care management programs that are not traditional claims submitters – such as an MCO care management program; When an SDOH assessment is being performed by these entities under the new Social Care Network program, will these assessments be considered billable services similar to those that are being performed by the provider community who render direct care and bill via traditional 837 claims? This would alter the traditional model MCO and delegated care	No, Managed Care Organizations cannot bill for care management or screening. Existing care management that is paid for by local, state, and federal funding cannot be supplanted or duplicated with waiver funds.

			management models to play within the system since they do not generally create billable claims/services.	
47.	4. HRSN Screening and Navigation to Services	Care Management	What is the distinction between the work activity of HRSN Case Management versus that of a member's care or case manager (staffed by a health care or care management provider or MCO)?	HRSN care management relates NYHER program activities and enhanced services. If a member receives HRSN-related care management from another source, the member will not receive care management from the SCN.
48.	4. HRSN Screening and Navigation to Services	Care Management	Will Medicaid members be able to receive HRSN navigation and HRSN case management at the same time as other forms of billable case management, such as health home case management? If not, what is the role of the SCN in ensuring case management services are not duplicated?	<p>Medicaid FFS Members or ineligible Medicaid Managed Care Members are only eligible for screening and navigation to existing local, state and federal services (including Case Management Services). The services provided to Medicaid FFS members by the existing entities are not paid for by the SCN.</p> <p>During an assessment, the SCN will confirm the Medicaid member's eligibility, choice of service, and avoid duplication of service by confirming what services the member is currently engaged with before referring (e.g. Clinical Case Management, Health Homes, etc.).</p> <p>Eligible Medicaid Managed Care Members can receive screening, navigation, and Enhanced HRSN services. These include Care Management, which is not clinical in nature but can be utilized to connect members to existing services (including clinical level Case Management), coordination of services with other providers (e.g. Health Homes) and generating a detailed Care Plan in which the appropriate and agreed upon CBOs/providers may access notes for care coordination purposes.</p>

49.	4. HRSN Screening and Navigation to Services	Care Management Plan	1115 Waiver talks about documenting SDOH services in Care Plans, whereas the Social Care Networks RFA mentions validating service provision and documenting notes. Will Social Care Networks be documenting interventions in Care Plans?	Yes. The SCN IT Platform or other case management software will be required to house the Medicaid Managed Care Member's Care Plan. The Department will provide awardees more specifics about the Care Plan within the SCN Program and Billing Manual.
50.	4. HRSN Screening and Navigation to Services	Demographics	Do you have an estimate of the percentage of Medicaid patients in a region who would be eligible for enhanced services?	Please see Attachment O: DOH provided SCN Regional Member Demographics, located in the Pre-Submission uploads section of the Grants Gateway online application.
51.	4. HRSN Screening and Navigation to Services	Demographics	Will NYS be providing the SCN's with listed of patients in the 10 categoriesie High utilizers, SUD, health home etc.	Each MCO will provide a list of the enhanced population to the SCN.
52.	4. HRSN Screening and Navigation to Services	Demographics	Can we assume the definition of "Medicaid high utilizers" under populations eligible for level two services encompasses individuals who are eligible for a nursing home level of care?	A Medicaid high utilizer is defined by emergency department, inpatient, or Medicaid spending, or transitioning from an institutional setting.
53.	4. HRSN Screening and Navigation to Services	Eligible members	On Page 89 of 217 Section 10.19 of the CMS Approval Letter- "Health Services to Native Americans Populations" Please clarify if the Native American population will be included in this waiver.	Yes. The Native American population not enrolled in Medicaid Managed Care or enrolled but not meeting the eligibility criteria, will be eligible for screening and navigation. Those who are enrolled in Medicaid Managed Care and meet the eligibility criteria will be eligible for the enhanced services.
54.	4. HRSN Screening and Navigation to Services	Eligible members	Is there future opportunity for special populations eligible for Level 2 services but FFS Medicaid to access these services? (e.g., I/DD individuals needing to access Housing transition services/funding to move from I/DD residential placements into the community).	At this time, the RFA is focused and approved to provide HRSN services to targeted populations under Medicaid Managed Care.
55.	4. HRSN Screening and Navigation to Services	Existing Programs	How will NYS facilitate SNAP, WIC, TANF enrollment rates among Medicaid participants without investing in enrollment in these public benefits as part of Level 1 services?	NYS will track referrals to SNAP, WIC and TANF through Systematized Nomenclature of Medicine-Clinical Terms (SNOMED) coding that will be used by the SCNs.
56.	4. HRSN Screening and Navigation to Services	Existing Programs	Will State provide a list of existing additional state and federal programs (i.e. SNAP, WIC) to the SCN to assist with the navigation services?	Yes, this will be provided to the awarded SCNs in the SCN Program Manual.

57.	4. HRSN Screening and Navigation to Services	Existing Programs	Services do not seem to include linkage to care and support to remain in care. Can you confirm? And if not included, why not? Decoupling navigation to social services and to health might hinder coordination.	Linkages to healthcare services are offered as an HRSN Service and is referenced in Attachment E of the RFA. DOH will supply a program manual to the awarded SCNs with more details regarding linkages.
58.	4. HRSN Screening and Navigation to Services	Existing Programs	For Level 1 services, the individual will be "referred to existing federal, state, or local social care services." Will the state require referrals in the SCN Data & IT platform for these referrals and if so, will the state require these programs to use the SCN Data & IT platform?	Yes. Coding will be used for level 1 navigation and referrals through the social care referral platform. However, it is not expected that programs outside of the network will be on the IT social care referral platform.
59.	4. HRSN Screening and Navigation to Services	Existing Programs	How can DOH support SCNs in leveraging local departments of social services (LDSS) and other agencies' data, communication tools, and interactions with Medicaid beneficiaries to reach those most difficult to engage, namely those not engaged with a primary care provider or disconnected from the community resources?	Per RFA Section III. C. 3. SCN Partnerships, 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.
60.	4. HRSN Screening and Navigation to Services	Existing Programs	How does the state envision SCN working/collaborating with local departments of social services? And, follow-up, local Depts of Social Services are not included in the governance of the SCN. Can you explain why?	Per RFA Section III. C. 3. SCN Partnerships, 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. Please also see RFA Section III. A. 1. Governance Requirements of SCN Lead Entity, Local Departments of Social Services can be considered a part of the SCN's governing body under the category, "Healthcare and care management providers". Awardees will receive the SCN Program and Billing Manual which will detail the partnerships with existing local, state and federal programs.
61.	4. HRSN Screening and Navigation to Services	Existing Programs	Services do not seem to include linkages to care and support to remain in care. Can you confirm? And if not included, why not?	The awarded SCN is only providing HRSN services and will provide linkages to ongoing supports such as SNAP, WIC and TANF. SCNs will also refer to clinical case management when needed.
62.	4. HRSN Screening and Navigation to Services	Existing Programs	Will there be reimbursement to current programs (local) to help aid increased referrals to services (e.g., Level 1)?	Funding from the waiver can only fund the services in Attachment E and cannot supplant current state or federal funding.

63.	4. HRSN Screening and Navigation to Services	Existing Programs	How will existing VBP interventions that show success be integrated into the SCN and/or Waiver overall?	VBP arrangements can continue, however, HRSN services covered under the 1115 waiver must be paid for through the SCN. The waiver is limited to the services in Attachment E.
64.	4. HRSN Screening and Navigation to Services	Existing Programs	Has DOH developed a coordination of benefits crosswalk for HRSN billings/payments identifying priority of billing and reporting of costs for HRSN and existing government funding streams? (e.g., HRSN Fruit and Vegetable Prescription vs SNAP).	This information is not deemed pertinent to formulating an application response. Rates of services will be released after the SCN awards are made.
65.	4. HRSN Screening and Navigation to Services	Existing Programs	1. How do SCN networks and HRSN screening respect pre-existing associations of existing multi-service providers, whose portfolios might include some variations of home care, independent and supportive housing, meals service, case management, social adult day, companion services, and non-medical transportation? 2. What consumer protections will be in place for individuals who wish to change CBO service providers?	1. Please see Section III. C. 3. SCN Partnerships of the RFA. 2. This information is not deemed pertinent to formulating an application response and will be provided to awardees in the SCN Program Manual.
66.	4. HRSN Screening and Navigation to Services	Health System Participation	Will Article 36 homecare providers be a part of the SCN referral network? If not, how will individuals identified as needing homecare services through SCN screens be referred to homecare?	Homecare is not a SCN HRSN service. However, Article 36homecare providers can be a partner if providing a separate and distinct activity outside of current billable services and within the scope of the NYHER waiver amendment (please see Section III.C.3 SCN Partnerships of the RFA).
67.	4. HRSN Screening and Navigation to Services	Health System Participation	Does a SCN have the authority to exclude any healthcare providers in their network?	This information is not deemed pertinent to formulating an application response and will be provided to awardees in the SCN Program Manual.
68.	4. HRSN Screening and Navigation to Services	Health System Participation	Will the 1115 waiver provide opportunities to fund public health clinics, through billing or otherwise?	No. The SCNs will provide services approved by CMS and will not fund services outside of the approval.
69.	4. HRSN Screening and Navigation to Services	Health System Participation	Which organizations are eligible to receive reimbursement for screening and Navigation? What is the rate of reimbursement?	Multiple entities can participate in screening and navigation including: Health Homes, hospitals, providers, FQHCs, clinics, and CBOs. Please see Section III. B. 1. c. Role of SCN Lead Entities in HRSN Screening. Payment rates are being finalized and have not been released yet.

70.	4. HRSN Screening and Navigation to Services	Health System Participation	<p>On page 3, paragraph 1, the RFA defines CBOs as non-profits registered as 501 (c) (3)s. Subsequently (for example on pages 6-7), you define the roles of the CBOs in the Social Care Network.</p> <p>If a community based organization (such as a completely voluntary organization that is not a 501 (c) (3), OR a small for-profit grassroots organization that has provided community health screening and navigation services for providers for many years and has an EIN) is not a 501 (c) (3), could they be considered a Care Management Provider or a CBO?</p> <p>For example, in other NYSDOH grants, you have considered these small "grassroots" organizations as CBOs since they provide valuable services in the community, which are sometimes otherwise lacking, especially in the rural communities where 501 (c) (3) CBO providers are often sparse and are often not located in the highest need communities.</p>	<p>Multiple types of entities are allowed to provide screening and services within a Social Care Network. However, the participation of 501 (c) (3) CBOs is emphasized and given priority over other types of service entities to ensure that small non-profits are able to participate in the networks.</p> <p>Please also note that HRSN service dollars cannot supplant current local, state or federal funding.</p>
71.	4. HRSN Screening and Navigation to Services	Health System Participation	<p>What is the provider's role in the SCN?</p> <p>Will healthcare providers be expected or allowed to contract with the SCNs and if so, for what purpose(s)?</p> <p>How will the State ensure that the development of SCNs will not disrupt existing healthcare provider/ CBO relationships (e.g. contracts that already exist to provide Level 1 care management and some Level 2 services)?</p>	<p>Providers can refer members to the SCN to have their HRSN needs addressed, as well as support the SCN via screening, service navigation, and care management. Current contracts between providers and CBOs can continue however, HRSN services covered under the 1115 waiver must be paid for through the SCN.</p>
72.	4. HRSN Screening and Navigation to Services	HRSN Services	<p>Can an organization who is the SCN lead entity also provide and bill for HRSN services to beneficiaries assigned to the SCN region?</p>	<p>Responsibilities of the SCN are outlined in Section III. B. HRSN Screening and Navigation to Services of the RFA.</p>

73.	4. HRSN Screening and Navigation to Services	HRSN Screening	The stated goal is to screen every MA MCO-enrolled beneficiary for HRSN, identify needs and provide navigation to address those needs. Since often there are multiple beneficiaries in a household and many of these needs are household-centered, what is the expectation, process and payment structure for family-based screening and navigation as opposed to individual services?	The SCN Program and Billing Manual will be provided to awardees and will include further information regarding household considerations around assessments, Care Plans and service options.
74.	4. HRSN Screening and Navigation to Services	HRSN Screening	Will SCN member organizations get reimbursed for: Assessments for HRSN that lead to no health related social needs identified, or Tier 1 patients, which are enrolled in Medicaid Managed Care and have health related social needs but are not eligible for Enhanced Services?	Payment for screening will be reimbursed regardless of the outcome of the screening.
75.	4. HRSN Screening and Navigation to Services	HRSN Screening	Does DOH anticipate that screening by text messaging will be subject to standard FCC restrictions, or is there a plan to provide regulatory relief on the use of standard, unencrypted SMS and/or MMS text messaging (e.g.: as used during the COVID-19 rapid response effort)?	This information is not deemed pertinent to formulating an application response and will be provided to awardees in the SCN Program Manual.
76.	4. HRSN Screening and Navigation to Services	HRSN Screening	AHC is very adult-focused – what will be used for screening children’s needs?	Please see Section III. B. HRSN Screening and Navigation to Services. The AHC CMS tool will be used for all ages/populations under the waiver. Best practices of screening will be shared in the SCN Program Manual given to awardees of the RFA.
77.	4. HRSN Screening and Navigation to Services	HRSN Screening	Page 17 indicates “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.” If an SCN were to add more screening questions from CMS’ AHC on the screening tool (that are not on the NYS standardized version), would a member’s positive response to one of those questions meet the criteria for navigation services for that member?	The Department needs more information to answer this question and is unable to answer as written.
78.	4. HRSN Screening and Navigation to Services	HRSN Screening	On page 25, B., last paragraph: Will providers who complete screenings need to complete a standard application process to become designated SCN providers administrated by NYS?	Only awarded SCN lead entities will become NYS designated SCN Medicaid providers. Entities that wish to screen and receive payment under the 1115 waiver will contract with the SCN.

79.	4. HRSN Screening and Navigation to Services	HRSN Screening	Regarding Footnote 3 on pg. 14: Will the state be providing the definition of what constitutes a "major life event" that would enable an individual to be rescreened for eligibility for Level 1 and Level 2 services and for that rescreen be eligible for billing/payment - or is it simply whether the individual now has a HRSN need they did not previously have and/or they became eligible by enrolling in managed Medicaid and/or now meet one of the 10 eligibility criteria?	A major life event could be an HRSN-related change (such as a change in housing, income, or food security) or a change in health (such as a diagnosis or hospital admittance). Full details will be provided in the awarded SCN Program Manual.
80.	4. HRSN Screening and Navigation to Services	HRSN Screening	What does it mean 25% of members screened by year 2, how do we define everyone who constitutes the 100%?	Within 24 months of contract award and disbursement of funds, each regional SCN will be expected to have screened 25% of all members enrolled in Medicaid inclusive of Medicaid FFS and Medicaid Managed Care.
81.	4. HRSN Screening and Navigation to Services	HRSN Screening	How does the proposed structure and processes for identifying, screening, and delivering SDOH-related services interface with the Universal Assessment System community health assessment (UAS CHA), New York State's assessment tool for Medicaid-funded long-term care eligibility and care plan development, which also identifies needs related to housing and social supports? Will the HRSN assessment process for SCN social services be established in parallel to these requirements, or, will current care planning assessments performed by New York Independent Assessor or Managed Long-term Care Plans be deemed inclusive of 1115 waiver assessment goals?	The AHC CMS HRSN Screening tool is different and distinct from the UAS CHA. Screening efforts will be separate from the UAS requirements.
82.	4. HRSN Screening and Navigation to Services	HRSN Services	For medical respite, can you elaborate of what can be funded?	The waiver will pay for the Medical Respite service using a per day rate. The medical respites may also receive capacity building dollars.
83.	4. HRSN Screening and Navigation to Services	HRSN Services	Does the Rent/temporary housing Enhanced Service apply to individuals who are leaving residential addiction treatment facilities?	Rent/ temporary housing is 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.
84.	4. HRSN Screening and Navigation to Services	HRSN Services	Under what circumstances can a not-for-profit organization that meets all of the criteria for inclusion in the SCN and also receives some federal, state, or local government funding conduct screening?	Not-for-profit organizations that meet all inclusion criteria can contract with the SCN to provide screening, navigation, and HRSN services. The CBO would need to ensure that the waiver activities would not be

			Provide navigation services? Enhanced HRSN services?	supplanting services that are reimbursed by other federal, state, or local sources.
85.	4. HRSN Screening and Navigation to Services	HRSN Services	Can technology companies be in the network and receive HRSN payments or only non-profit CBOs?	Technology companies may be contracted to provide an IT Social Care Referral Platform/ Care Management Software to the SCN if needed.
86.	4. HRSN Screening and Navigation to Services	HRSN Services	Can you elaborate on how nutrition services will be determined and prescribed?	Please see, Section III. B. HRSN Screening and Navigation to Services of the RFA.
87.	4. HRSN Screening and Navigation to Services	HRSN Services	Will there be an opportunity to identify and define different HRSN Enhanced Services for payment?	No. The HRSN services are approved by CMS and the waiver cannot pay for services outside of the approved services.
88.	4. HRSN Screening and Navigation to Services	HRSN Services	Will there be additional specific guidelines on what deems each enhanced service billable? For example, will there be details the CBO needs to provide when providing “utility set up / assistance” like which utility they needed help with and how much did it cost and for how many months? Or will confirming the need and that they provided “utility set up / assistance” for \$200 be enough?	Yes, the SCN Program Manual will provide rates and guidance to awardees.
89.	4. HRSN Screening and Navigation to Services	HRSN Services	Are there guidelines or restrictions for CBOs wishing to subcontract services to other providers? How should these relationships be managed and reported within the SCN program framework?	The CBO would have to work with the SCN on any subcontracting relationships and how that relationship is managed within the Social Care Referral IT Platform and for payment.
90.	4. HRSN Screening and Navigation to Services	HRSN Services	We are wondering how the billing for peer services that are already available within OASAS billing will change with the waiver?	The SCN cannot fund existing Medicaid billable services or funded under local, state and federal programming.
91.	4. HRSN Screening and Navigation to Services	HRSN Services	What are the requirements for coordination and provision of non-Medicaid funded social services in particular, as part of the SCN in light of the CMS January 9, 2024 approval letter? See for example, S.6.6 (a), S. 6.7 (c), S.6.7 (f), S. 6.17, S. 13.1 (a), S.14.7.b (ii) of the approval. Without including this in the RFA activities, how are these requirements envisioned to be met?	All Medicaid members with unmet needs will receive a connection to existing local, state, and federal programs. Referrals will be tracked through HRSN coding.

92.	4. HRSN Screening and Navigation to Services	HRSN Services	<p>Will there be more definition/explanation of covered services in the Waiver, such as the definition of navigation, medical respite, etc.? For medical respite, can you elaborate on what can be funded? Are the provisions for pre-/post-hospitalization care separate from, or the same as, the Medical respite regulations that NYS recently released that will enable certification and reimbursement from Medicaid?</p> <p>What organizations are likely to provide housing services (CBOs adding clinical services vs. healthcare providers providing extended care at a lower rate but getting compensated for patients who might otherwise fall in ALOC status)?</p> <p>Can you elaborate on how nutrition services will be determined and prescribed?</p>	<p>Yes. The Department will publish a supplemental service detail document that will provide more context for each enhanced HRSN service and eligibility determination.</p> <p>Pre-/post- hospitalization services will be provided under the umbrella term of Medical Respite (Recuperative Care) and be subjected to the recently adopted NYS Medical Respite regulations.</p> <p>Only NYS certified Medical Respite (Recuperative Care) providers will be allowed to provide pre/post-hospitalization care and receive reimbursement through this waiver.</p>
93.	4. HRSN Screening and Navigation to Services	HRSN Services	Are the provisions for pre-/post-hospitalization care separate from, or the same as, the recently-released NYS Medical respite regulations that will enable certification and reimbursement from Medicaid?	Yes, the HRSN services through the SCN includes Medical respite. The certification will be administered by the State.
94.	4. HRSN Screening and Navigation to Services	HRSN Services	For social care interventions that involve connecting patients with services will closing the referral loop be required for reimbursement?	Yes. Using the SCN's data and IT platform, SCN lead entities will be expected to conduct and manage closed loop referrals and service coordination with CBOs.
95.	4. HRSN Screening and Navigation to Services	HRSN Services	The RFA page 20 states "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)" however, there is no Table 2 in the section – will you provide Table 2?	This information is included on Attachment E: New York State Health Related Social Need Enhanced Services, which can be found at the end of the RFA.
96.	4. HRSN Screening and Navigation to Services	Member Eligibility	How will the Medicaid members be sent to the SCNs? Will this be in 834s?	Please see Section III. B. HRSN Screening and Navigation to Services of the RFA.

97.	4. HRSN Screening and Navigation to Services	Member Eligibility	How will Medicaid enrollees eligible for services (both Level I and Level II) be identified? Will it be bottom up (meaning CBOs identify eligible individuals, confirm the services are not duplicative, then provide directly) or top down (by CBOs in response to information provided by MCOs and/or SCNs)?	Managed Care Organizations will provide a list of members that are eligible for the enhanced services to the SCN. Medicaid members will be engaged through a no wrong door approach, including CBOs, MCOs, providers, hospitals, clinics, Health Homes and other system partners.
98.	4. HRSN Screening and Navigation to Services	Member Eligibility	When an individual is eligible for Level 2 services, will there be any additional eligibility criteria required (clinical or otherwise) to determine the level of services (e.g., individual is eligible for Level 2 food services, will additional criteria be required for the individual to be eligible for healthy prepared meals vs food pantry stocking)?	Specific HRSN qualifying criteria will be provided in the SCN Program Manual to awardees of the RFA.
99.	4. HRSN Screening and Navigation to Services	Member Eligibility	Page 16, Section 2.i. NYS will also define a set of eligibility criteria using information shared by the MCO. Will each MCO have the same eligibility criteria?	Yes. MCOs will be provided a NYS DOH prescribed Member Roster template to use for reporting uniform target population criteria to the SCN.
100.	4. HRSN Screening and Navigation to Services	Member Eligibility	Please clarify for accuracy: Individuals who have I/DD, who are enrolled in OPWDD services, and who voluntarily enroll in a Managed Medicaid plan (MCO) would be eligible for SCN enhanced services, but those who have I/DD, OPWDD services and remain in FFS Medicaid would not qualify for SCN enhanced services	Members enrolled in FFS will be eligible for screening and navigation.
101.	4. HRSN Screening and Navigation to Services	Member Eligibility	Please describe the role of the SCN related to individuals who are considered “dual eligibles” (Medicare and Medicaid eligible). For example, “dual eligibles” may enroll in a Medicare Advantage plan, or have FFS Medicare, but they also may be high utilizers/be in high need of non-medical NYS Medicaid services, like CBO services. • Is this group eligible for SCN enhanced services, or are they excluded?	SCNs will need to know the member’s Medicaid FFS vs. Managed Care enrollment to be eligible for Enhanced HRSN, members still need to qualify within the Target Population criteria as defined in the RFA. Additionally, any HRSN services already covered by an eligible line of business is excluded from participating in the SCN’s Enhanced Services (e.g. MLTC Nutrition services cannot be duplicated under the SCN’s Enhanced HRSNs).
102.	4. HRSN Screening and Navigation to Services	Member Eligibility	Page 25: 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. • Please clarify that if a person has FFS Medicaid,	Each regional SCN will be assigned a Medicaid FFS budget for their Medicaid FFS population. SCNs will be required to bill eMedNY directly for Medicaid FFS rendered services and will reimburse contracted CBOs/providers on a fee-for-service basis.

			<p>the SCN will pay for initial screenings, but with a funding cap budget?</p> <ul style="list-style-type: none"> • What “navigation” services will be covered under the FFS funding cap? • Please clarify for accuracy: The group of people with I/DD who have FFS Medicaid will be subject to a funding cap for screening and navigation • Please clarify for accuracy: The group of people who are dual eligibles will be subject to a funding cap for screening and navigation • Since FFS Medicaid recipients do not have an MCO, how are payments made for screening and navigation services? 	<p>All Medicaid FFS members are only eligible for screening services and navigation to existing local, state and federal services. Medicaid FFS members are not eligible for Enhanced HRSN services.</p> <p>Screening is reimbursable for one annual (12 months, not calendar year) screening per Member or upon a major life event.</p> <p>Members who have dual eligibility enrolled in Medicaid managed care may qualify for Enhanced Services if the eligible line of business is not already providing or is responsible for providing the service (e.g. MLTC Nutrition services cannot be duplicated with the SCNs Nutrition services).</p>
103.	4. HRSN Screening and Navigation to Services	Member Eligibility	<p>How will the state ensure reliability across plans in terms of eligibility determination and denials? What will happen if the SCN identifies an eligible member who is not on the MCO list (i.e. pregnant persons)?</p>	<p>The Department will standardize the data flow of eligible members as well as the payment flow to SCNs. If a member is eligible but not on the MCOs eligibility list, the SCN will reach out to the MCO with the members status and eligibility.</p>
104.	4. HRSN Screening and Navigation to Services	Member Eligibility	<p>How will nursing home-eligible PACE participants benefit from HRSN Level 2 case management and services separately authorized and paid for under the 1115 Waiver?</p> <p>Will the SCN assessment process for HRSN social services be established in parallel to existing PACE IDT assessment requirements, or, will current Federally required care planning assessments performed by PACE be deemed inclusive of 1115 waiver assessment goals? How will the Level One and Level Two case management responsibilities under the Waiver be integrated with those already required by state and federal statute?</p>	<p>It is the Department’s intention to provide qualifying PACE members access to HRSN services. The exact mechanism for doing so is under discussion with our federal partners.</p>
105.	4. HRSN Screening and Navigation to Services	Member Eligibility	<p>Will PACE be reimbursed for HRSN services? The PACE benefit package is already required by Federal statute and regulation to be all-inclusive of social services and supports (excluding housing) that are necessary to enable an individual to live independently in their home and community. PACE is required by Federal statute and regulation to determine these needs through a comprehensive assessment performed by the IDT that provides the basis for its person-centered care plans. The PACE</p>	<p>It is the Department’s intention to provide qualifying PACE members access to HRSN services. The exact mechanism for doing so is under discussion with our federal partners.</p>

			rate must be all-inclusive of any benefits authorized by the PACE interdisciplinary care team.	
106.	4. HRSN Screening and Navigation to Services	Member Eligibility	“Every Medicaid Member”: Are MLTC members included in this waiver?	Yes.
107.	4. HRSN Screening and Navigation to Services	Member Eligibility	A person screens positive for a HRSN and would have been eligible for Level 2 services, but the individual declined a referral. If the individual changes their mind later and wants a referral, would the individual still be eligible for Level 2 services based on the same screening?	Time guidance related to eligibility will be provided in the SCN Program Manual to awardees of the RFA.
108.	4. HRSN Screening and Navigation to Services	Member Eligibility	Regarding Enhanced Services need criteria: Please provide a mathematical model to determine the definition of “Medicaid High Utilizer”	MCOs will provide a list of members that meet the high-utilizer criteria.
109.	4. HRSN Screening and Navigation to Services	Member Eligibility	Regarding the process as described on page 16 in the Navigation to Services section, how will individuals who are not provided on the MCO's eligibility list be validated for Enhanced HRSN service eligibility	The Medicaid FFS population is only eligible for screening and navigation to existing local, state and federal services. Medicaid Managed Care members who are eligible for Enhanced Services will go through a complete one-on-one assessment with an SCN Social Care Navigator to further determine qualifying conditions or social risks needed to qualify for specific HRSN services. SCN may draw upon additional eligibility support from the MCO, referring provider, directly from the member or their proxy.
110.	4. HRSN Screening and Navigation to Services	Member Eligibility	If a person is newly enrolled in Medicaid, but they are excluded from mandatory enrollment into a managed care plan (i.e.: I/DD, dual eligible, TBI, etc.), what is their process to: <ul style="list-style-type: none"> • Complete an initial HRSN screening? • Select a health home, if qualified? 	If the person is FFS, they would be eligible for screening and navigation under the waiver. Health Homes questions are outside of the scope of this RFA, please email healthhomes@health.ny.gov with health home questions.
111.	4. HRSN Screening and Navigation to Services	Member Eligibility	For screening, what does "all Medicaid members" mean? In the region? How will Medicaid members in each region be determined? From whom?	Medicaid includes Fee-for-Service, Managed Care, and Managed Long-Term Care. Members will be associated with a region based on latest residential address. The MCO will provide Medicaid Member Roster to the SCN with the

				regional Medicaid Members who meet the eligibility for enhanced services.
112.	4. HRSN Screening and Navigation to Services	Member Eligibility	Can MCO data AND Provider Attestation be considered as ways to qualify patients for level two services?	No. The Department will be developing eligibility logic to be used by MCOs to identify members eligible for enhanced services, including Level 2- HRSN Care Management services. If a member is eligible but not identified, the SCN can update the MCO on the members status.
113.	4. HRSN Screening and Navigation to Services	Member Eligibility	If a patient moves out of the service area, what will be the process to have that change applied in a timely manner? What is the frequency/process the DOH will utilize to update/assess attribution throughout the waiver?	If someone moves out of one SCN service area and into another, the SCNs will coordinate. MCOs will be required to share a routine roster to SCNs. The member roster will identify members who reside in the SCN region and any associated change in residence.
114.	4. HRSN Screening and Navigation to Services	Member Eligibility	How is the eligibility for enhanced services determined?	Managed Care Organizations will provide a list of Medicaid Members that are eligible for the enhanced services (page 6, Table 1) to the Social Care Networks.

115.	4. HRSN Screening and Navigation to Services	Navigator	Currently some Benefit Navigators are required to not have any perceived "conflict of interest" with health plan contracts – will providing the HRSN navigation services for this waiver be considered a conflict of interest?	<p>No. Organizations that have contracts with the New York State Department of Health to provide Navigator services will not be disqualified on that basis; but as set forth in this RFA, those organizations must 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 (see, RFA Section V. A. b. question 4).</p> <p>Note, organizations that are awarded a contract under this RFA will need to cost allocate work performed under this RFA.</p>
116.	4. HRSN Screening and Navigation to Services	Navigator	Can a social care navigator be an employee of a member agency in the social care network?	Yes.
117.	4. HRSN Screening and Navigation to Services	Navigator	Can Community Health Workers be SCN navigators?	Yes.
118.	4. HRSN Screening and Navigation to Services	Navigator	Page 12, section 3, indicates that "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)." What criteria will SCNs be expected to meet to be reimbursed for Social Care Service Navigator positions?	The awarded SCN will determine the navigator criteria and additional information may be provided in the SCN Program Manual.

119.	4. HRSN Screening and Navigation to Services	Navigator	Are there conflict of interest parameters for this RFA? Will Navigator organizations be disqualified from participating because of the Navigator conflict of interest rules against contracting with health plans?	<p>No. Organizations that have contracts with the New York State Department of Health to provide Navigator services will not be disqualified on that basis; but as set forth in this RFA, those organizations must 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 (see, RFA Section V. A. b. question 4).</p> <p>Note, organizations that are awarded a contract under this RFA will need to cost allocate work performed under this RFA.</p>
120.	4. HRSN Screening and Navigation to Services	Navigator	What are the criteria for a healthcare entity to be selected by the SCN as a HRSN service navigator?	The awarded SCN will contract with entities for navigation and set their own criteria.
121.	4. HRSN Screening and Navigation to Services	Navigators	Will there be training and/or education requirements for HRSN service navigators?	Yes.
122.	4. HRSN Screening and Navigation to Services	Navigators	Can existing hospital staff be certified as Social Care Navigators in order to maximize reimbursement for level one screening, referrals, and case management?	There is no certification for social care navigators. Navigators are designated by the SCN. A hospital could contract with a SCN and be reimbursed for screening, navigation and care management.
123.	4. HRSN Screening and Navigation to Services	Payment	Do social care claims need to be sent to MCOs via Electronic Data Interchange (EDI) or are other transports acceptable?	Yes, SCNs will need to send claims to MCOs via EDI 837 file format.
124.	4. HRSN Screening and Navigation to Services	Payment	Is there any need for the SCN to use EDI when paying the CBOs? Can this simply be managed through appropriate service documentation and reporting in the IT platform?	SCN lead entities will reimburse CBOs through Fee-for-Service payments via their data and IT platform. These FFS payments will follow a regional fee schedule defined by the Department.

125.	4. HRSN Screening and Navigation to Services	Payment	When the SCN submits claims to an MCO, what NPI do they use for a billing provider?	SCNs will have their own unique NPI numbers.
126.	4. HRSN Screening and Navigation to Services	SCN Navigator	Does SCN Navigator = community health outreach worker?	A Community Health Outreach Worker can be a SCN navigator.
127.	4. HRSN Screening and Navigation to Services	Screening	Would the waiver implementation require SCNs to re-screen patients already screened by health care systems? If so, why?	No. An entity that screening using the AHC CMS HRSN questions can send screening data to the SHIN-NY. The SCN will be able to pull down screening data from the SHIN-NY. Alternatively, health care systems can use the SCN's Social Care IT Platform to screen Medicaid members.
128.	4. HRSN Screening and Navigation to Services	Screening	If a person is screened and the billable/payable screening does not indicate a HRSN, but the person is subsequently screened and does indicate a HRSN, does this equate to a major life event that would allow 2nd screening to also be billable/payable and used for eligibility for Level 2 services?	If the member has a life event that creates the need for a new screening, yes, it is billable.
129.	4. HRSN Screening and Navigation to Services	Screening	Must the person who completes the initial HRSN screening of all new and existing Medicaid enrollees be a SCN service navigator, or is the initial HRSN screening completed by a different person who is not a SCN service navigator? Please describe how the SCN service navigation of "referring members to services delivered by CBOs in the network" is different from care manager services provided by a health home	No, some entities may just screen members. The HRSN navigation refers to navigating members to local, state and federal resources for their screened HRSN needs.
130.	4. HRSN Screening and Navigation to Services	Screening	How is a member assigned to an SCN/region? What happens if the member is screened twice by the assigned SCN (payment-wise) during an annual period or by an SCN that the member is not assigned to?	The member is assigned a region based on their address. Only the first screening will be paid for if a member is screened twice. The exception is if the member has a life event identified by a SCN network partner that requires a new screening.
131.	4. HRSN Screening and Navigation to Services	Screening	Is it required that organizations use the NYS-standardized version of the Accountable Health Communities screening tool or can another standardized screening tool be used?	SCNs and their networked CBOs must use the AHC CMS HRSN Tool. Any organization seeking reimbursement for the screening must use the AHC tool or a comparable tool that asks all of the same questions and has the same LOINC coding as NYS' subset of the AHC HRSN Screening tool.

132.	5. Network Administration, Capacity Building, and Partnerships	CBO	Are there requirements for the number of CBOs per SCN region? Are there metrics on diversity of CBOs and sizes of CBOs?	There is not a minimum or maximum number of CBOs required within the SCN network. SCNs are expected to have sufficient capacity to screen for HRSN among Medicaid members in the region and to meet member demand for all HRSN services reimbursable under the 1115 waiver. Each SCN should build a network of CBOs that can, collectively, ensure sufficient geographic coverage across the region; meet the needs of target populations eligible for Enhanced HRSN Services; and demonstrate relevant cultural and linguistic competencies. Additional details will be provided in future guidance.
133.	5. Network Administration, Capacity Building, and Partnerships	CBO	What are the criteria for participation in an SCN's CBO network? Are SCNs obligated to enable participation in their networks by any willing and able CBO provider?	Please see Section III.C.1. CBO Participation in Social Care Network (SCN) of the RFA. SCNs are obligated to have an adequate network to serve the volume of Medicaid members who are engaged in services.
134.	5. Network Administration, Capacity Building, and Partnerships	CBO	If a CBO is already part of the applicant's network and therefore already demonstrated their support of an applicant via their membership, how does the applicant document & demonstrate their inclusion in the applicant's SCN outside of a letter of intent?	There is no need for additional demonstration outside of the requests within the RFA.
135.	5. Network Administration, Capacity Building, and Partnerships	CBO	Will CBO participants in an SCN be required to verify or check their SCN's directory for accuracy and update as needed the information representing their services?	SCN may request CBO assistance to complete NYS DOH reporting requirements such as: CBO Network Adequacy Assessment (including technology assessment) and Biannual Network Composition Report.
136.	5. Network Administration, Capacity Building, and Partnerships	CBO	If a CBO joins an SCN, does the CBO have to use the SCN's selected data/IT platform? What if the CBO already has an existing data platform, would they have to additionally get onto the SCN's platform?	Yes, it is expected that CBOs will use their SCN's data/IT platform even if it is different from their existing data/IT platform.
137.	5. Network Administration, Capacity Building, and Partnerships	CBO	Are CBOs allowed to bill HRSN services at the same address as a licensed clinic site under Article 28, 31, or 32?	Yes, as long as the CBO is contracted with the SCN.
138.	5. Network Administration, Capacity Building, and Partnerships	CBO	How should a CBO determine if it provides services within a geographic area, given that many provide services through telephone/televideo?	It will depend on the CBO, SCN and the services being provided. CBOs can be part of more than on SCN.
139.	5. Network Administration, Capacity Building, and Partnerships	CBO	Can CBO legal fees and insurance fees associated with contracting with SCN be included in the CBO Capacity-building funding?	Yes.

140.	5. Network Administration, Capacity Building, and Partnerships	CBO	What is going to be required of CBOs to bill SCNs for services?	A CBO will receive a referral through the SCN's social care referral IT platform. A CBO will provide the service and submit the result of that referral through the IT platform. If a service is delivered, the IT Platform will generate a claim for the service(s) provided, which will go to the SCN. The SCN will then pay the CBO based on a fee schedule for the service. CBOs do not submit claims.
141.	5. Network Administration, Capacity Building, and Partnerships	CBO	When DSRIP was implemented, providers had to choose to belong to one Performing Provider System (PPS) and the PPS had to include the providers in their network. Will applicants for the SCN be required to include a list of its network organizations and will those network organizations be required to pick between 1 SCN in a region? In other words, can a CBO align itself with more than one SCN application in a region?	SCNs will provide and post updated lists of their network partners and CBOs. It is encouraged to participate with all regional SCNs that cover the areas that you serve. Therefore, CBOs and providers may participate in multiple networks.
142.	5. Network Administration, Capacity Building, and Partnerships	CBO	From page 29 of the RFP: "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)" - this appears to define SCN information as PHI. Are CBOs going to be considered Covered Entities under HIPAA? • If yes, are the SCNs responsible for assessing and certifying the HIPAA compliance of each network CBO? • If no, how is information supposed to travel bi-directionally with CBOs who are not regulated under HIPAA? • Do CBOs bill Medicaid?	No, CBOs do not need to be HIPAA compliant. The IT Platform will have different levels of information and not all CBOs will need HIPAA related information. Referrals will be sent to the CBO through the social care referral platform. When the CBO completes the referral, it will generate a claim in the social care referral IT platform and go to the SCN to bill. No. CBOs will not bill Medicaid and do not need to be enrolled in Medicaid. The SCN will be the Medicaid enrolled entity that bills Medicaid.
143.	5. Network Administration, Capacity Building, and Partnerships	CBOs	Please define a Community Based Organization. If a non-profit organization provides at least one HRSN service, are they automatically considered a CBO?	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). (Section I, Introduction, of the RFA)
144.	5. Network Administration, Capacity Building, and Partnerships	CBOs	Are there requirements for how many CBOs are included within the Social Care Networks? Or other metrics to diversify who is included as contractable CBOs?	There are no minimum or maximum requirements. However, the SCNs will be required to demonstrate network adequacy during the RFA process and ongoing. There will be additional information in the SCN

				Program Manual but is not pertinent to formulating an application response.
145.	5. Network Administration, Capacity Building, and Partnerships	Contract	Does the SCN need to contract with every MCO that covers the entirety of the Medicaid population in the designated region?	Yes.
146.	5. Network Administration, Capacity Building, and Partnerships	Contract	When are awarded infrastructure funds planned to be distributed by the State? Implementation milestone due dates are based on “contract award and disbursement of funds.” (p. 32)	Funds associated with this RFA will begin upon execution of the contract.
147.	5. Network Administration, Capacity Building, and Partnerships	Contract	Can you clarify definition of subcontractors? Compared to vendor?	Subcontractors and vendors are defined as the same. An IT vendor is an example for a subcontractor.
148.	5. Network Administration, Capacity Building, and Partnerships	Contract	Can for-profits be used as subcontractors?	Yes
149.	5. Network Administration, Capacity Building, and Partnerships	Contract	How does the state envision standardization of contracts between SCNs and CBOs, particularly for CBOs serving multiple regions? Is there flexibility in the CBO contracts?	Each SCN will be responsible for establishing contracts with CBOs.
150.	5. Network Administration, Capacity Building, and Partnerships	Contract	Beyond the overall standard terms and conditions of the waiver, will the state provide model contracts to maximize standardization across SCN regions? If not, what are the state’s plans for ensuring standardization of contracts with plans across SCN regions?	The Department will provide templates and guidance to standardize and require contracting between the MCOs and SCNs.
151.	5. Network Administration, Capacity Building, and Partnerships	Health Homes	<ul style="list-style-type: none"> • When will performance report metrics be available? • Will the SCN metrics have any overlapping performance measures which are already defined in the performance measures of health homes? • Does NYS intend for the SCN performance measures to replace the existing Health home performance measures at any point in Horizon 1, 2 or 3? 	The SCNs are separate and distinct from Health Homes, The SCNs will be held to their own metrics. Please see Section III. D. Payments and Performance Evaluation of the RFA.
152.	5. Network Administration, Capacity Building, and Partnerships	Health Homes	Is the SCN limited in how many lead Health Homes in contracts with?	No. The SCN does not have any limits in contracting with health system partners including health homes.

153.	5. Network Administration, Capacity Building, and Partnerships	Health Homes	Can lead Health Homes request adding counties of service due to being a part of a SCN?	Health Home expansions are outside of the scope of the RFA. Health Homes questions are outside of the scope of this RFA, please email healthhomes@health.ny.gov with health home questions.
154.	5. Network Administration, Capacity Building, and Partnerships	Health Homes	Are Health Home care management agencies allowed to administer the approved HRSN screening instrument and provide Navigation case management and HRSN case management services? If so, are they allowed to bill through the Social Care Network for these services in addition to their monthly billing for existing Health Home members through the Health Home?	Health Homes could be contracted to provide screening, navigation, and case management for SCN participants who are not HH enrolled and not HH eligible and could be paid by the SCN. A Health home can also screen and refer Health Home members to the SCN. As well as receive referrals from SCNs. Further guidance will be released to awardees in the SCN Program Manual.
155.	5. Network Administration, Capacity Building, and Partnerships	Health Homes	Health Homes had to implement NYS DOH Security System Program (SSP), which had to be audited by a third-party. On an annual basis we continue to provide an attestation that all our systems and processes are in compliance. Will this be accepted or will the SCN need to become HITRUST certified?	NYS aspires for SCNs to become HITRUST certified. In the interim, SCNs shall complete an annual privacy and security risk assessment of their data and IT platform by undergoing an independent privacy and security audit within 12 months of award. The awardees upon contract execution, will receive a copy of the SCN Program and Billing Manual that will further detail compliance requirements.
156.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	Page 5: 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. Will ecosystem health care providers (i.e.: FQHC, Health homes, Providers, etc.) be awarded any infrastructure capital to cover the costs of hardware, software, training of staff, and any other operational costs associated with the data and IT infrastructure selected by the SCN? • If yes, is there an application process for fund awards? • If yes, are there any defined parameters for how much capital will be allocated to any given provider?	The SCNs will provide health system partners with licensing and training to participate in the social care referral IT platform. The SCN will be responsible for contracting and onboarding partners onto the Social Care IT platform.
157.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	How might I/DD providers engage in the SCN?	I/DD providers can engage with SCN lead entities once awards are announced from this RFA.

158.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	What is required in order for hospitals or health care providers with existing CBO contracts to bill for HRSN services with their CBO partner?	Existing contracts with CBOs can continue outside of the waiver. However, to use waiver funding for screening and HRSN services, hospitals would contract with the SCN and have to utilize the required structure of the waiver to refer members to the enhanced services.
159.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	For healthcare providers with access to IT to do screening and referrals, will they be eligible to receive the PMPM payment?	Healthcare providers will not receive PMPM payments. Healthcare providers who screen and/or provide navigation services will only receive payment if they are engaged in a contract with their regional SCN and connected to the SCN's IT platform/system. Payment will flow from the SCN to the service provider.
160.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	Will health care providers receive payments for screening and any other related social services consistent with the SCN framework?	Healthcare providers may contract with the SCN and be paid for screening, care navigation, and care management as long as it is not duplicative of currently funded programs.
161.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	What is required in order for health providers, hospitals, and primary care practices to get reimbursed for providing Level 1 services directly?	Healthcare providers who wish to participate may either: 1. Contract with the SCN to be paid for screening, navigation, and/or care management as long as it is not duplicative of current funded programs; or 2. Refer members to the SCN for HRSN services.
162.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	How will healthcare providers who conduct screening &/or navigation services or Enhanced services (i.e. case management) be funded if they are already billable entities? Page 18. ii. States: 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.	Healthcare providers who screen and provide navigation services can only receive payment if they are engaged in a contract with their regional SCN and connected to the SCN's IT platform/system. Payment for screening, navigation, and delivery of enhanced services will only come from the SCN to contracted CBOs and/or healthcare providers.

163.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	<p>On page 3, the State defines a CBO as a “not-profit charitable organization that works at the local level to meet the community needs and is registered as a 501(c)(3).”</p> <p>If a large NFP health system provides enhanced services to Medicaid members that reside on the fee schedule (e.g., distributes metrocards to patients, provides food boxes), will this health system be eligible for payment for these services? While Figure 2 page 8, does not list healthcare providers as a service provider, this health system does qualify as a CBO based on the State’s definition.</p>	<p>Yes, multiple types of entities are allowed to provide screening and services within a Social Care Network. However, the participation of 501 (c) (3) CBOs is emphasized and given priority over other types of service entities to ensure that small non-profits are able to participate in the networks. Please also note that HRSN service dollars cannot supplant current local, state or federal funding. Healthcare providers can only receive payment if they are engaged in a contract with their regional SCN and connected to the SCN’s IT platform/system. Payment will flow from the SCN to the service provider.</p>
164.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	<p>Area Agencies on Aging and Departments of Health and Departments of Social Services provide screening, navigation, and case management services, however they are not 501c3 entities. Page 3 Introduction last sentence states: 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). indicates that CBOs must be 501c3. These government entities have EINs and established infrastructure to provide some of these services- can they be considered a CBO?</p>	<p>Multiple types of entities are allowed to provide screening and services within a Social Care Network. However, the participation of 501 (c) (3) CBOs is emphasized and given priority over other types of service entities to ensure that small non-profits are able to participate in the networks.</p> <p>Please also note that HRSN service dollars cannot supplant current local, state or federal funding</p>
165.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	<p>HRSN services are to be provided by CBOs who are to be paid on a fee for service basis by the SCNs. Will it be an acceptable practice for a partnership of CBOs, such as an IPA, to serve as an intermediary to contract with SCNs to develop and maintain significant portions of the HRSN network? This model would provide for efficiencies in HRSN network development and ease the administrative burden on CBOs for management functions such as billing and services reporting.</p>	<p>No, IPAs will not be considered intermediary contractors for the CBOs. One of the objectives of the SCN RFA is provide capacity funding and building supports to CBOs directly. The capacity funding and supports provide by the SCN is not intended for IPAs. The SCNs will be responsible for billing the CBOs' rendered services, providing CBO reimbursement, CBO onboarding, and training to use the SCNs' IT Platform. SCNs will also be responsible for submitting CBO level reporting requirements to NYS DOH.</p>
166.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	<p>Can health care ecosystem partners (excluding MCOs) and other ecosystem partners (Figure 1) also be considered a CBO if they provide social care services historically funded by philanthropy and other sources making them eligible for Level 2 Services to be billable/payable?</p>	<p>Multiple types of entities are allowed to provide screening and services within a Social Care Network. However, the participation of 501 (c) (3) CBOs is emphasized and given priority over other types of service entities to ensure that small non-profits are able to participate in the networks.</p>

167.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	Will SCNs be able to pay non-CBOs (for example: primary care providers) for HRSN screenings? If so, from which funding source will this be allowable? What will be the screening rate and will this rate be standard or geographically adjusted?	SCNs may contract with an array of service providers that have the capability to conduct HRSN screenings and/or navigation. HRSN services conducted by providers will only be paid for if the person or entity is NOT already receiving local, state or federal payments to provide the service to Medicaid members. Rate information and method for Medicaid FFS and Medicaid Managed Care members will be provided with the SCN Program Manual. Medicaid FFS rendered services will be billable by the SCN directly through eMedNY and Medicaid Managed Care payments will be provided to the SCNs from the MCOs as PMPM payments.
168.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	Are capacity-funding dollars able to support health care ecosystem providers and other ecosystem providers who participate in the SCN through screening and referrals and will use the SCN Data & IT Platform as well as SCN CBOs that do not provide Level 2 HRSN services but are critical to the linkages to other community services? Capacity building for these providers would include onboarding, user training, ongoing monitoring, and support for the referral platform work activity.	The SCN can provide support and licensing for partners using the social care referral IT Platform.
169.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	For healthcare providers with access to IT to do screening and referrals, will they be eligible to receive the PMPM payment?	Healthcare providers may contract with the SCN and be paid for screening, service navigation, and care management as long as it is not duplicative of current funded programs.
170.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	Can a healthcare entity (as part of the healthcare ecosystem) bring with them a network of CBO providers, under one agreement, when engaging with a SCN? If yes, will the network of CBOs be paid directly from the MCO, or would the MCO pay the healthcare entity who subsequently pays the CBO for services?	No. Payment for HRSN services will flow from the MCO to SCN lead entity and then to the network providers. The SCNs will be responsible for billing the CBOs rendered services, providing CBO reimbursement, CBO onboarding and training to use the SCNs IT Platform. SCNs will also be responsible for submitting CBO level reporting requirements to NYS DOH. The Department envisions that all partners and CBOs will be part of the SCN network and utilize the IT platform that provides a close-loop referral and payment to the CBO providing services. There is not a benefit to the CBO to have a second intermediary and could delay data and payments.
171.	5. Network Administration, Capacity Building, and Partnerships	Health System Participation	Is a healthcare provider required to be participating in the SCN in order to access the data shared on the SCN IT platform?	In order to access the Social Care Referral Platform a health care provider would partner with the SCN. However, select HRSN Information may also be available via SHIN-NY

172.	5. Network Administration, Capacity Building, and Partnerships	Local Government Participation	Are there any exemptions for programs that would like to be a part of the network of SCN that are not 501c3, such as programs run by local government?	Multiple types of entities are allowed to provide screening and services within a Social Care Network. However, the participation of 501 (c) (3) CBOs is emphasized and given priority over other types of service entities to ensure that small non-profits are able to participate in the networks. Please also note that HRSN service dollars cannot supplant current local, state or federal funding
173.	5. Network Administration, Capacity Building, and Partnerships	Local Government Participation	What mechanisms will SCNs and their network CBOs have to track Medicaid vs. Non-Medicaid dollars used to support NYC Medicaid recipients as part of the demonstration?	Only Medicaid dollars will be spent and tracked through the waiver to cover Medicaid fee-for-service and Medicaid Managed Care members.
174.	5. Network Administration, Capacity Building, and Partnerships	Local Government Participation	NYC DSS and DOHMH have substantial data on NYC HRSN needs. Are there plans for DOH to require SCNs to work with local social services and health agencies to integrate existing data sets and streamline the start-up process?	The SCN may incorporate datasets from other organizations and agencies as appropriate.
175.	5. Network Administration, Capacity Building, and Partnerships	Local Government Participation	How will DOH and other NYS agencies (OTDA, OCFS) enhance coordination and incorporate consents across programs so that local departments of social services, SCNs, CBOs, and providers can use cross-agency data to improve client experience, benefits access, network performance monitoring, and outcomes reporting?	While the Department supports interoperability and appropriate access to systems in support of client experience and access to benefits, the scope of the SCN activities is to support HRSN screening, navigation, and services allowable under the waiver.
176.	5. Network Administration, Capacity Building, and Partnerships	Local Government Participation	How will SDOH ensure that applicants formally include local social services districts in their SCN plans, including as referral and screening entities? CMS includes requirements about service linkages - e.g. SNAP. how are you ensuring that non MA funded services are integrated per CMS requirement?	Please see Section III. C. 3. SCN Partnerships of the RFA.
177.	5. Network Administration, Capacity Building, and Partnerships	Local Government Participation	What is the expectation of how the SCNs will collaborate and interrelate with other State and local governmental agencies (e.g., Local Departments of Social Services)? • Can staff at CBOs that are contracted with various State and local governmental agencies to provide a range of social and child welfare services for populations that the SCN is expected to serve (e.g., Juvenile Justice) also deliver HRSN screening and	Please see Section III. C. 3. SCN Partnerships of the RFA. CBOs that are contracted with State and Local agencies can join an SCN and accept referrals for screening and care management. Services cannot duplicate or supplant currently funded activities. For example, if a member is already receiving care management, they are not eligible for care management through the waiver.

			case management services to the same population and bill for those services through the SCN?	
178.	5. Network Administration, Capacity Building, and Partnerships	MCO	<ul style="list-style-type: none"> • Which lines of Managed Care are included? • Will the PMPM screening and services payments to Social Care Networks be made by MLTC, MAP and PACE plans, as well as Mainstream managed care plans? 	All lines of Managed care are included. Each Plan will receive a PMPM that will go to the SCN. Services provided by the SCN cannot be duplicated with the services offered by Plan.
179.	5. Network Administration, Capacity Building, and Partnerships	MCO	<p>Will MCOs be allowed to be approved, designated service navigators?</p> <p>If they are allowed to be approved service navigators, will the MCO be paying themselves for service navigation?</p>	MCOs can screen and provide navigation but cannot pay themselves for these functions.
180.	5. Network Administration, Capacity Building, and Partnerships	MCO	What cadence will payments be made by DOH to payers? What cadence will the PMPM payments be made by payers to the SCNs?	Additional information will be provided to awardees in the SCN Program Manual.
181.	5. Network Administration, Capacity Building, and Partnerships	MCO	How do MCO's and SCN's cross process?	Please see Section III. C. Network Administration, Capacity Building, and Partnerships. The MCO will provide a list of eligible members and provide a PMPM to the SCN.
182.	5. Network Administration, Capacity Building, and Partnerships	MCO	Will all MCOs which offer Medicaid Managed care in a respective county be required to contract with the designated SCN?	Yes.
183.	5. Network Administration, Capacity Building, and Partnerships	RFA Funding	Regarding Page 22, last bullet: What are the minimum percent of CBO Capacity Dollars to be distributed to small CBOs?	There is no minimum percentage set in the RFA because it is a scored component of the RFA. As part of the application, Section V.3. b. CBO Capacity Building, applicants are asked to describe their approach to CBO capacity building, and Section V. 6., applicants are asked to provide a funding level that will directly support CBOs and describe how it will be used to meet the needs of the network.
184.	5. Network Administration, Capacity Building, and Partnerships	RFA Funding	What specific types of expenses are included under "direct investments" in CBO infrastructure and workforce?	Please see under Section III.C. 2. CBO Capacity Building of the RFA.

185.	5. Network Administration, Capacity Building, and Partnerships	RFA Funding	Can a CBO over the \$5M threshold still receive capacity dollars?	Yes, however, per the RFA Section III. C. 2. CBO Capacity Building Requirements of SCN Lead Entities, there will be a minimum percentage of funds to be distributed to small CBOs (CBOs with annual net incomes of < \$5,000,000).
186.	5. Network Administration, Capacity Building, and Partnerships	RFA Funding	Does DOH have a targeted percentage of RFA funds to be used for infrastructure build, amounts supporting CBOs (as referenced in Attachment L), and data platform implementation?	There is no minimum percentage set in the RFA because it is a scored component of the RFA. As part of the application Section V.6.Budget, applicants are asked to provide a funding level that will directly support CBOs, IT, and infrastructure and describe how it will be used to meet the needs of the network.
187.	5. Network Administration, Capacity Building, and Partnerships	RFA Funding	Will the initial start-up infrastructure costs be covered or will the SCNs need to lay out funding for the first 6 months? (It sounds as if the 'infrastructure funding' only begins six months into the program per Table 3 on page 27. Page 45, however, states that NY may make an advanced payout of up to 25% of the infrastructure funds... How would an SCN be eligible for this?)	Awarded SCNs will be eligible to receive an advance payment not exceeding 25% of the annual grant provided for under the Grantee's contract. Infrastructure funding is milestone/performance-based and runs from 8/1/2024-3/31/2027. Therefore, it is essential that applicants are able to meet the milestones within the work plan in order to receive payment. Please see Section IV.H. Payment and Reporting Requirements of Grant Awardees of the RFA.
188.	5. Network Administration, Capacity Building, and Partnerships	RFA Funding	How much of the total funding available in each region is available for the SCN infrastructure?	Please see Section I, Table 2: SCN Regions and Funding of the RFA.
189.	5. Network Administration, Capacity Building, and Partnerships	RFA Funding	Are the funding amounts specified in the RFP intended to cover both SCN set-up and HRSN services/payment?	No. This RFA pays for the SCN start-up. Please see Section III. D. Payments and Performance Evaluation of the RFA for more details on the two funding streams.
190.	5. Network Administration, Capacity Building, and Partnerships	RFA Funding	Can the SCN use infrastructure dollars to pay for services not included on the fee schedule or enhance payment for services that are on the fee schedule, but may require enhancement? (i.e. legal fees to ensure housing)	No, the infrastructure funding cannot pay for services. However, the SCN is able to utilize other sources of funding outside of the waiver.
191.	5. Network Administration, Capacity Building, and Partnerships	RFA Funding	Will any of the \$500 million in SCN infrastructure funding go towards activities to connect/integrate with existing data infrastructure of CBOs instead of building new capacity?	Infrastructure funding may be used for the purchase, update, and/or other set-up costs associated with the implementation of data and IT platforms. Building CBO's capacity to participate in the network can include activities to integrate with existing data infrastructure, such as 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).

192.	6. Payments and Performance Evaluation	FFS	Where does the payment for Screening and Navigation of Medicaid FFS members funding come from? Who/where will the SCN submit claims for the FFS population? The State? Via what system?	The SCN will submit claims for the FFS population through eMedNY. The SCN will receive payment based on the FFS claim and pay the entity within the network that provided the screening and navigation. CBOs will not bill or submit claims.
193.	6. Payments and Performance Evaluation	FFS	Will level 2 SCN services only be available to enrollees in Medicaid Managed Care or will Medicaid FFS enrollees also be eligible for level 2 SCN services?	FFS members are only eligible for screening and navigation to existing federal, state, and local programs.
194.	6. Payments and Performance Evaluation	Payment	Could you elaborate on the Fee-for-Service (FFS) payment model mentioned in the grant? How does it work in practice for CBOs, and what documentation is required for claiming these payments?	A CBO will receive a referral through the SCN's social care referral IT platform. A CBO will provide the service and submit the result of that referral through the IT platform. If a service is delivered, the IT Platform will generate a claim for the service(s) provided, which will go to the SCN. The SCN will then pay the CBO based on a fee schedule for the service. CBOs do not submit claims.
195.	6. Payments and Performance Evaluation	Payment	Page 25 of the RFA states, "NYS will provide the maximum amount of HRSN screening and services payments that can be used to cover administrative expenses under the PMPM." Can DOH offer any greater specificity about what that amount is?"	Yes. The maximum portion of PMPM payments that can be used towards administrative and operational costs is 15%. Further information about the regional PMPM Schedule and allotted administrative expenses will be available in the SCN Program Manual.
196.	6. Payments and Performance Evaluation	Payment	Can CBOs share in Bonus Performance Funding? If so, is the distribution decision/plan left up to the SCN lead entity ? What is the expected budget for 'bonus performance payments and what criteria needs to be met for the bonus approval?	There are no restrictions on sharing the Bonus Performance Payments Funding with CBOs. It is anticipated that the amount of the bonus payments will vary. Additional information on the bonus payments will be in the SCN Program Manual and is not needed to respond to the application.
197.	6. Payments and Performance Evaluation	Payment	Can you provide more details on how the funds are distributed to CBOs? Are there specific milestones or performance metrics that trigger fund disbursement?	CBOs will be paid for services rendered. Please see Section III. D. Payments and Performance Evaluation of the RFA.
198.	6. Payments and Performance Evaluation	Payment	When the SCN submits claims to an MCO, do they use a single Tax ID number (the one for the SCN), or do they submit under the TIN of each servicing CBO?	SCNs will submit social care claims to MCOs via EDI 837 file format using their own unique identification. CBOs will be identified on the claims using their FEINs but will not submit claims directly but rather through the social care referral platform.
199.	6. Payments and Performance Evaluation	Payment	Per page 45 of the RFA, "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." What is the state's anticipated	The Department may make an advance upon execution of the contract.

			timeline on providing advances to awarded SCN organizations?	
200.	6. Payments and Performance Evaluation	Performance Metrics	What methodologies will the DOH utilize to assess the return on investment of deploying HRSN services compared to overall impact on total cost of care?	This information is not deemed pertinent to formulating an application response and will be provided to awardees in the SCN Program Manual.
201.	6. Payments and Performance Evaluation	Performance Bonus	<p>What is the source of the funds for the performance-based bonus payments?</p> <p>How will the MCO receive the funds and what will be the timeframe for the SCN to receive the payments? Are there requirements for how the SCN uses these bonus payments (i.e. are SCNs allowed to include in CBO sub-contracts incentive payments to CBOs if SCN receive bonus payment?)</p>	<p>Please see Section III. D. Payments and Performance Evaluation of the RFA.</p> <p>The Department 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.</p>
202.	6. Payments and Performance Evaluation	Performance Metrics	How does the grantor envision the integration of continuous improvement processes and feedback mechanisms within the SCN program?	The Department will provide the following to awarded SCNs: 1. SCN program manual at time of contract execution 2. Regular check ins on metrics
203.	6. Payments and Performance Evaluation	Performance Metrics	What are the specific criteria or metrics for measuring the success of services provided to individuals under the SCN program? Can you provide examples?	Please see Section III. D. Payments and Performance Evaluation Table 5: Performance Measurement and Incentives Over Time.
204.	6. Payments and Performance Evaluation	PMPM	How much will organizations be paid for a screening? Will that amount be prescribed by NYS DOH and will it be the same for all types of organizations? What is the PMPM amount and will the PMPM be paid for all identified members or only for members with enhanced HRSN?	The rates for Medicaid FFS members (screening and navigation) and PMPM rates for eligible Medicaid Managed Care members (screening, navigation and Enhanced HRSNs) will be publicly available. NYS DOH will provide rates that will account for regional differences and needs.
205.	6. Payments and Performance Evaluation	PMPM	Does a service (assessment, referral/navigation, or other HRSN service) have to be delivered in the month for the PMPM to be paid? For the performance-based bonus payments, is this part of the same funds payment as the PMPM, or is it separate? Could this be structured as a withhold?	Please see Section III. D. 1. b. HRSN Screening and Services Payments of the RFA to address PMPM payments and Section III. D. 1. c. Performance-based Bonus Payments of the RFA to address performance-based bonus payments. Both of these payment types will be available outside of the RFA's funding.

				Specific details about the payment methodologies including time frames to render service and claims processing will be provided to awardees within the SCN Program and Billing Manual.
206.	6. Payments and Performance Evaluation	PMPM	If an SCN is making FFS payments to CBOs that exceed the amount paid in PMPM payments by MCOs, will they be able to access additional funding mid-year, or will the SCN need to wait until the end of year 1 to receive "true up" funding?	Each regional SCN will have an estimated allotted PMPM provided to them by the MCOs for reimbursing contracted CBOs/providers on a fee-for-service basis. This reimbursement is issued only for rendered Medicaid Managed Care HRSN services. SCNs will not initially be taking on risk for PMPM payments. DOH will outline within the SCN Program Manual the mechanism for provision of estimated PMPM, monitoring PMPM capacity, provision if required for additional PMPM and also an annual end of year reconciliation.
207.	6. Payments and Performance Evaluation	PMPM	Will there be a reconciliation process with a "true up" or a claw back of unspent funds following years 2 and 3 or will the reconciliation process referenced on page 25 only happen at the end of year 1?	There will be an annual reporting of Medicaid payments for every year the SCN is contracted with NYS DOH.
208.	6. Payments and Performance Evaluation	PMPM	What does the PMPM cover vs. the RFA funding?	Please see Section III.D Table 3: Details of Payment Flows of the RFA.
209.	6. Payments and Performance Evaluation	PMPM	Will the PMPM payment be made across the entirety of the Medicaid population in the region, or only for members that have had intake and assessment? Are there two levels of PMPM for those that are eligible for Level 1 and Level 2 services?	Please see Section III. D.1.b. HRSN Screening and Service Payments of the RFA.
210.	6. Payments and Performance Evaluation	PMPM	When will the referenced "maximum amount of HRSN screening and service payments that can be used to cover administrative expenses under the PMPM" be released?	The Department will be providing awardees the SCN Program and Billing Manual which will provide guidance on maximum amount for Administrative and Operational costs from PMPM payments made to MCOs and SCNs.
211.	6. Payments and Performance Evaluation	PMPM	Regarding Page 25, B. Paragraph 4: The SCN will submit claims for the screening and navigation of the FFS population and be reimbursed on a FFS basis."	SCNs will receive a PMPM and will pay CBOs based on the fee schedule for services provided.
212.	6. Payments and Performance Evaluation	Rates	Is there detail available on payment rates for screening, HRSN services and care management services yet?	Yes. The Department will be setting and releasing information on reimbursement rates for screening and each enhanced service, but it is not needed to respond to this application.
213.	6. Payments and Performance Evaluation	Rates	When will the FFS rates for HRSN services be known?	Rates for Medicaid FFS (screening and navigation) and Medicaid Managed Care (screening, navigation and Enhanced HRSN services) will be made publicly available and are not needed to respond to the application.

214.	7. Data and IT Infrastructure	HRSN Data and Coding	Have you published the billing codes that will be used? If you have not, where will it be published and when?	All social care coding, including but not limited to billing, will be released prior to the SCN contract start date.
215.	7. Data and IT Infrastructure	HRSN Data and Coding	Will the state provide a companion guide for the data sharing relationships with MCOs as detailed on pages 36-37, including details on social care encounter submissions?	Yes, the Program and Billing Manual and its attachments will provide more guidance on this. Section III. D. Payment and Performance Evaluation of the RFA also details what the social care claims (submitted to MCO by SCN) must include.
216.	7. Data and IT Infrastructure	HRSN Data and Coding	The RFA indicates bi-directional data exchanges should be near real-time. How is the state defining real-time?	SCN will define these requirements in Service Level Agreement (SLA) they procure with data and IT platform
217.	7. Data and IT Infrastructure	HRSN Data and Coding	How will DOH include NYS and local social services data (including but not limited to SNAP, cash assistance {TANF and Safety Net}, HEAP, etc.) in the universal affirmative written or electronic consents for SCN data systems?	NYS will track referrals to SNAP, WIC and TANF through SNOMED coding that will be used by the SCNs. Consent to access and disclose data will be governed by SHIN-NY policies which are intended to support access to information beyond clinical information including claims data and social services data. Those policies can be found here: v4.0 - Privacy and Security Policies with Appendices (ny.gov)
218.	7. Data and IT Infrastructure	HRSN Data and Coding	Fiscal Administration, Data and IT Requirements of SCN Lead Entity: Will the state provide a companion guide for social care encounter submission?	Yes, the SCN Program Manual and its attachments will provide more guidance on this. Section III D. Payment and Performance Evaluation of the RFA also details what the social care claims (submitted to MCO by SCN) must include.
219.	7. Data and IT Infrastructure	HRSN Data and Coding	Will data requirements for social care claims for a given Enhanced Service be the same/uniform across all Medicaid Managed Care Organizations?	Yes.
220.	7. Data and IT Infrastructure	HRSN Screening	CMS policy enables flexibility for SDOH screening tools used and national data governance exists to track and categorize social needs by domain. Can these allowances be leveraged to create more flexibility and reduce the inefficiency of starting with new screening tools?	SCNs and their networked CBOs must use the AHC CMS HRSN Tool. All other organizations seeking reimbursement for the screening must use the AHC tool or a comparable tool that asks all the same questions and has the same LOINC coding as NYS' subset of the AHC HRSN Screening tool. LOINC-encoded data will allow for mapping on the back end. The screening tool needs to be hosted electronically and sent to the QE or the SCN technology platform.

221.	7. Data and IT Infrastructure	HRSN Screening	If a member is screened by multiple entities, and those entities are not screening in the SCN platform, how is the SCN expected to link a screening encounter with subsequent referral and service activities? Will the SCN be responsible for adjudicating screenings that take place outside their platform?	CBOs/providers will only be reimbursed for screening if they are contracted with the SCN. CBOs/providers are eligible for the reimbursement of one screening per member annually (every 12 months not by calendar year) or upon a major life event. Contracted participants within the SCN Network will be provided licenses to use and access the SCN's Data and IT Platform. CBOs/providers will receive direct training from the SCN on how to check for duplication of screening efforts before screening a member. As a requirement of the RFA, the SCN's Data and IT Platform will have the functionality and coding to map screening, HRSN interventions, referrals, care coordination and billing.
222.	7. Data and IT Infrastructure	HRSN Screening	Will providers have to change tools as a function of the waiver? Can they keep using tools they already are using that aim to achieve the same thing? Will the data from different tools enable mapping on the back end?	SCNs and their network must use the AHC CMS HRSN Tool as it is built into the Social Care IT Platform. Partners not on the Social Care Platform must use the AHC tool or a comparable tool that asks all the same questions and has the same LOINC coding as NYS' subset of the AHC HRSN Screening tool. LOINC-encoded data will allow for mapping on the back end. The screening tool needs to be hosted electronically and sent to the QE or through the SCN IT platform.
223.	7. Data and IT Infrastructure	HRSN Screening	How does state plan to align the screening requirements of providers/MCOs across multiple payment models and requirements (i.e., this waiver, CMS payment models, NCQA requirements, AHIP requirements, CMMI requirements)?	The Department is requiring the use of validated, consensus-based, screening question and answer coded terminologies. SCNs and their networked CBOs must use the AHC CMS HRSN Tool. All organizations seeking reimbursement must use the AHC tool or a comparable tool that asks all of the same questions and has the same LOINC coding as NYS' subset of the AHC HRSN Screening tool.
224.	7. Data and IT Infrastructure	IT Platform	Can a SCN application include more than one referral technology?	Please see Section III. E. Data and IT Infrastructure of the RFA.
225.	7. Data and IT Infrastructure	IT Platform	Does the SCN Data/IT Platform have to be an all-encompassing platform or can it be a combination of integrated systems? E.g., From figure 5 page 36, the SCN Data and IT platform should "track FFS payments from SCN to entities within the network." Financial management technology solutions are often used to track accounts payable management processes and is often not the functionality of a social care referral platform.	The SCN Data/IT Platform can be a combination of disparate systems if they are seamlessly integrated and managed centrally by the SCN. The SCN will be required fulfil the requirements of section E Data and IT infrastructure of the RFA. Ideally, each SCN will have a comprehensive platform that meets all functional requirements.
226.	7. Data and IT Infrastructure	IT Platform	A SCN must "contract with Social Care IT" platform. Does a Social Care IT platform already exist? or Will there be an RFP for it?	Awardees that have a Social Care IT platform do not have to procure a new platform; however, they must ensure that their current platform can meet the requirements under Section III. E. Data and IT Infrastructure. If an applicant does not have a Social Care IT Platform or their current platform cannot meet the requirements of the RFA, the awarded applicant will procure a Social Care IT Platform.

227.	7. Data and IT Infrastructure	IT Platform	Regarding A.3 Paragraph 1 (p.13), Can the SCN Data and IT platform be comprised of multiple applications/vendors? (e.g., separate referral, billing, and reporting solutions)	Other types of IT needs, such as billing/payment, case management, etc., will be allowed if the IT social care platform does not have the functionality.
228.	7. Data and IT Infrastructure	IT Platform	<p>Are there any existing IT platforms on the market that currently meet the specifications and requirements of this SCN platform?</p> <p>If a person is receiving HRSN enhanced services and also health home services from the same care manager, will that HH care manager be expected to enter case notes into both their HH electronic health system and the SCN IT platform?</p> <p>If a person is receiving SCN HRSN enhanced services and also health home services from different care managers, how will the HRSN service navigator see the notes/activity of the health home care manager?</p>	<p>There are many social care referral platforms, for the purposes of the 1115 waiver, each SCN may choose their own platform and DOH does not promote one platform over others.</p> <p>The use of the platform depends on the relationship between a provider and SCN. Alternatively, all screening data will be sent to the SHIN-NY, and the SCN will have the ability to pull down screening data into their social care referral platform.</p>
229.	7. Data and IT Infrastructure	IT Platform	What are the specific expectations and requirements for technology use and data management within the SCN program, especially regarding the integration with population health platforms?	Please see the Data and IT requirements under Section III. E. Data and IT Infrastructure of the RFA.
230.	7. Data and IT Infrastructure	IT Platform	Will DOH be willing to assist SCN(s) in contract negotiations with the digital platforms to be used for referrals and closed-loop monitoring, given that there is a limited fixed budget for infrastructure for the SCN build?	DOH will provide TA related to the IT requirements and interoperability. SCNs may also pool their awarded funds for social care referral platforms.
231.	7. Data and IT Infrastructure	IT Platform	Is the applicant expected to name the IT platform in the application?	No. Please see Section V. 5. Data and IT infrastructure, question a.1 of the RFA.
232.	7. Data and IT Infrastructure	IT Platform	Does the SCN Data/IT Platform have to be an all-encompassing platform or can it be a combination of integrated systems (e.g., separate vendors for listed technology such as closed loop functionality, billing, SCN human resources, etc.)?	The SCN Data/IT Platform can be a combination of disparate systems if they are seamlessly integrated and managed centrally by the SCN. The SCN will be required to grant access to system components to enable impacted stakeholders to deliver HRSN services. Ideally, each SCN will have a comprehensive platform that meets all functional requirements.

233.	7. Data and IT Infrastructure	IT Platform	Related to Universal Affirmative Consents: When and Who will be responsible for collecting and storing it? Will a second consent for members with SUD and SMI be required? On Page 15 it states screening can be done via multiple modalities. If consent is cdds collected at time of screening and it is done via telephone, can a verbal consent be documented and used? What if texting is used as the modality? How will the state require that the SCN verify the text is being answered by the actual person?	The SCN shall integrate the Member Consent and Attestation form into the IT Platform for a member to complete prior to conducting screening and inputting member information into data and IT platform. SCNs should adopt a universal affirmative written or electronic member consent/attestation. More information will be detailed in the forthcoming SCN Program Manual.
234.	7. Data and IT Infrastructure	IT Platform	Please explain the use cases for the requirement of both "near real-time" and batch. What subset of superset of data information needs to be sent or received?	SCNs will need to share screenings, referral, and outcome data via their IT platform to the SHIN-NY and services through encounter and eMedNY claims. Bi-directional exchange of enrollee and eligibility information will be transported between the SHIN-NY and MCOs. 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 and complete navigation of the member services.
235.	7. Data and IT Infrastructure	IT Platform	Why is NYS allowing SCNs to choose social service referral platforms (up to 5 in NYC if 5 SCNs are awarded) that are different from the platforms used by healthcare systems, and what steps will be taken to avoid disconnects or barriers to referring patients to SCNs as a result?	Data and IT platform selection is up to the discretion of the SCN if it meets the key product features outlined in the RFA in Section III. E. Data and IT Infrastructure. Regions like NYC are strongly encouraged to collaborate and are allowed to combine funding for one IT platform. The SHIN-NY will be used to collect and share screening data.
236.	7. Data and IT Infrastructure	IT Platform	A SCN must "contract with Social Care IT" platform. Does a Social Care IT platform already exist? or will there be an RFP for it?	Each SCN may use an existing or new data and IT platform provided required business functions are met. SCNs may collaborate with other awarded SCNs and/or MCOs and/or provider systems to select one data and IT platform across multiple regions.
237.	7. Data and IT Infrastructure	IT Platform	Will Social Care Referral technologies be required to connect (within one or across multiple Social Care Networks) so that cross system Social Care Network Referrals can be made?	Social Care Referral Technologies (aka Data and IT platforms) will be required to share standardized data with the QE in each SCN region. This data will be accessible across SCNs in other regions through the SHIN-NY. SCNs are also allowed to combine IT platform funding to procure one platform that can cross multiple regions.
238.	7. Data and IT Infrastructure	IT Platform	Will the SCN's IT Platforms be required to support referrals across distinct SCN regions? This would support use case for both people who commute and travel.	Yes. Social care data, including referrals, will travel from the SCN IT platform to the SHIN-NY via QEs. This will allow information to be accessible to other SCNs via bi-directional exchange.

239.	7. Data and IT Infrastructure	IT Platform	Can the state provide the Program Manual to Data and IT platform vendors ahead of award to prepare for implementation?	The SCN Program Manual will be made available to SCN awardees prior to the SCN contracting start date. The Department will not supply it directly to IT platform vendors. The RFA and applicant attachments list the main technical requirements and functionality needed for the SCN IT Platform. Awardees will be expected to have Data and IT platform functionality within 6 months of contract execution with the Department using the vendor of their choice.
240.	7. Data and IT Infrastructure	IT Platform	Payment and fiscal administration: Draw upon NYS fee schedule for services delivered, enable CBOs to generate social care claims, and track reimbursements. Is it the expectation that this be integrated into the other system(s) implemented by the SCN?	Yes, it is the expectation that the SCN Data and IT Platform Features and Functionalities, include: Generating social care claims, facilitating payment to CBOs, tracking the status of social care claims to MCOs, submission to MCOs, and processing EDI transactions. The SCN Data/IT Platform can be a combination of disparate systems if they are seamlessly integrated and managed centrally by the SCN. The SCN will be required to grant access to system components to enable impacted stakeholders to deliver HRSN services. Ideally, each SCN will have a comprehensive platform that meets all functional requirements.
241.	7. Data and IT Infrastructure	IT Platform	Are there any more details on the requirement to include external provider directories into the IT/data platform via an API?	SCN Data and IT platform must be able to incorporate external provider directories onto website (via API with MCOs) using HL7 FHIR-based data exchange standards.
242.	7. Data and IT Infrastructure	SHIN-NY	On page 7 the RFA states, "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)" • What types of clinical and claims data will be shared on the SCN IT platform? (i.e., Salient data? MCO claims data?) • Will the shared clinical data be real time data, or will it have lag time?	Please see Section III. E. Data and IT Infrastructure of the RFA.
243.	7. Data and IT Infrastructure	SHIN-NY	How do MCOs integrate with SHIN-NY to validate data?	DOH will provide an Enhanced Population Template and guidance on the population that will be pulled from the MCO data. This information will be shared with the awarded SCNs. MCOs can also see screening data in the SHIN-NY for their members.
244.	7. Data and IT Infrastructure	SHIN-NY	What is the State's plan to expedite the lead SCN's access to Medicaid claims data? This data is essential for the SCN to understand need for HRSN services and collaborate within the healthcare ecosystem to deliver on the waiver's stated objectives. A delay on this element will have a significant negative impact.	The Department will provide claims-based information in the form of NYHER member eligibility rosters sent from the MCOs to the SCN.

245.	7. Data and IT Infrastructure	SHIN-NY	How will the QE/HIE be funded? Is the SCN required to include funding of the QE and/or SCN Data Lake into the SCN Implementation Funds Budget?	The RFA describes that an SCN will need to work with a QE or QEs of its choosing to support the interoperability of screenings, referrals, and outcomes between the SCN and SHIN-NY Data Lake. Such work by a QE will be supported separately from the waiver. If a QE is providing the SCN other services (i.e., analytics, use of a technical platform, CBO technical support, system implementation support) that would need to be supported by the SCN as with any vendor.
246.	7. Data and IT Infrastructure	SHIN-NY	Is there a plan to share timely disaggregated data that the SHIN-NY collects with the public?	NYSDOH anticipates sharing aggregated data that the SHIN-NY collects with the public over the course of the program to demonstrate impact.
247.	7. Data and IT Infrastructure	SHIN-NY	Are we able to interface with SHIN-NY at this time, or will there be more details about the nature of a data interface between the SCN's IT/data platform and SHIN-NY to come later?	Certain entities already do interface with the SHIN-NY. SHIN-NY Interoperability Guidance specific to the NYHER waiver is forthcoming.
248.	7. Data and IT Infrastructure	SHIN-NY	How will DOH ensure and facilitate the inclusion of non-Medicaid HRSN and social care data in the data exchange platform that is intended to contribute to the evaluation of the program's success?	While the waiver can only support approved Medicaid activities, the SHIN-NY infrastructure has been built to support patients of all payer types and can be contributed QEs and to the data lake.
249.	7. Data and IT Infrastructure	SHIN-NY	Do we need to connect bidirectionally with the SHIN-NY or to the QEs?	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.
250.	7. Data and IT Infrastructure	SHIN-NY	Is connection with the RHIO/QE how the state envisions SCNs receiving screening and eligibility data for members screened outside the SCN designated platform? If so, is there any indicator of when the state anticipates that workflow to be operational?	Yes, screening data will flow through the QEs. This will be set up prior to the SCN contract start date.
251.	7. HRSN Data and Coding	Compliance	Will the Department allocate resources for the certification of entities who are already SSP certified to become HITRUST certified? Alternatively, is HITRUST certification an allowable infrastructure expense?	Yes, HITRUST certification is an allowable use of infrastructure funding awarded to SCNs (e.g., initial set-up and implementation of data and IT platform). NYS aspires for SCNs to become HITRUST certified.
252.	7. HRSN Data and Coding	Compliance	Do Data & IT vendor platforms need to become HITRUST certified?	Organizations that have third-party certifications have their technology, policies, and procedures assessed as a whole. The IT platform would contribute to that assessment with appropriate security controls, but it does not necessarily mean the SCN Data/IT platform needs to be certified separately.

253.	7. HRSN Data and Coding	Compliance	The RFA mentions several timelines related to FHIR for data transactions. What are the timeline expectations? How will we handle data elements not yet standardized in FHIR?	See Section III, E. Data and IT Infrastructure. The SHIN-NY Data Lake and QEs can receive data in multiple formats, but it is the intention of DOH to see transactions move towards the FHIR standard. As described in the RFA, applicants should be able to demonstrate a competency with FHIR data exchange within 90 days (Interoperability with the SHIN-NY should be established within 6 months). However, awardees will initially be able to use other data formats agreed to between the SCN and its selected QE but will still need to meet vocabulary standards defined by DOH. Yet, the SCN will be expected to transition to transmit data to the SHIN-NY Data Lake via FHIR within 1 year. (DOH OHIP understands that technology standards are being refined and expects to see evidence from applicants that they can adapt to and accommodate such changes.
254.	7. HRSN Data and Coding	Compliance	Are there compliance requirements for CBOs contracted with SCN to deliver HRSN services? (i.e., HIPAA, FWA, exclusions, insurance)	This information is not deemed pertinent to formulating an application response and will be provided to awardees in the SCN Program Manual.
255.	7. HRSN Data and Coding	Compliance	Does the HITRUST requirement supersede the NYS DOH SSP certification, or is SSP certification adequate? If SSP certification is not adequate and HITRUST is required, will DOH allow Health Homes that are awarded as SCNs to follow HITRUST requirements instead of SSP processes?	For SCNs that currently have a SSP certification the Department will work with them to identify the best path forward to meet the obligations of other programs.
256.	7. HRSN Data and Coding	Compliance	What is difference between Data Use Agreement and Business Associate Agreement and QE's existing Participation Agreements?	The SCN shall ensure participation agreements are in place with a regional QE(s) participating in the SHIN-NY data lake within 90 days of contract execution with NYS. QEs serve as HIPPA business associates of their participants. A standard business associate agreement will be part of the QE participation agreement with the SCN.

257.	7. HRSN Data and Coding	Compliance	<p>Are there compliance requirements for CBOs contracted with SCN to delivery HRSN services? (i.e., HIPAA, FWA, exclusions, insurance, BAA, Data Use Agreements) Page 23 Onboarding and training CBOs: does not mention the compliance on-boarding/training which may be needed.</p> <p>When will we learn more about these requirements? Ideally this will be available before the submission of the infrastructure budget.</p>	<p>Eligible CBOs that enter contracts with the SCN will be provided licensed access to the SCN IT Platform which will be designed to meet HIPPA, security, privacy, and data sharing requirements. SCN lead entities will be expected to provide technical assistance to CBOs to enable them to use the SCN data and IT platform, conduct data sharing and reporting, as needed. SCNs will provide their approach within their CBO contracts to authorize CBO users of the data and IT platform (e.g., two-factor authentication, ensuring users have completed data and IT platform and screening training requirements). CBOs will be required to designate 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. The SCN will validate the CBO's capability to receive and maintain training prior to contracting. All other specific privacy, security, compliance and data sharing expectations of the CBO will be outlined in the SCNs individual contract with the CBO.</p> <p>The SCNs will be asked to submit an infrastructure cost report on a quarterly basis starting 90 days after contract execution.</p>
258.	7. HRSN Data and Coding	Compliance	Are there any special, unique, or additional IT security requirements for healthcare ecosystem providers to access data from the SCN IT platform?	There are no additional security requirements for healthcare providers to access data that originates from SCN IT platforms outside of requirements laid out in this RFA.
259.	7. HRSN Data and Coding	Compliance	Will SCN's be required to follow NYCRR Title 18 Part 521 OMIG Compliance regulations or will the department provide a different set of regulations or guidance for the SCNs as they did for the PPS in 2015?	This information is not deemed pertinent to formulating an application response and will be provided to awardees in the SCN Program Manual.
260.	7. HRSN Data and Coding	Compliance	What measures does OHIP plan to implement to ensure that MCOs are held accountable and act in accordance with the DOH's vision for the waiver, which requires meaningful collaboration with lead SCNs?	The Department will have requirements of the funding including the PMPM calculations and payments to the SCN.
261.	8. Administrative Requirements	Regions	What is the expectation for SCNs to coordinate with one another for individuals who receive services in multiple regions?	A member will be assigned a SCN based on their place of residence. If someone moves, the SCN will coordinate with the new SCN.
262.	8. Administrative Requirements	Regions	<p>Related to NYC Boroughs</p> <p>How can services and screening/referrals be efficiently managed if a provider has patients or clients in multiple boroughs (regions) that use different referral platforms?</p>	All screening data will be in the SHIN-NY and can be shared across regions/ boroughs.

263.	8. Administrative Requirements	Regions	Related to NYC Boroughs • Will the address of the Medicaid enrollee be considered for the enrollment in the region for the SCN or will it be determined by where the Medicaid enrollee receives care?	It will be determined by the members' place of address.
264.	8. Administrative Requirements	Regions	If a Medicaid Member is attributed to a lead SCN in one region (SCN/Region A), but received a referral and HRSN services in a county outside of that region (SCN/Region B), which SCN is responsible for the CBO reimbursement for those services? • If it is SCN B, but the payer for that Medicaid member is not in Region B (and therefore does not have a contract or data connection to the payer), how does the information about the claim get forwarded to the payer? • If it is SCN A and SCN A's billing platform is different than the one used by SCN B, how does the service get billed by the CBOs in Region B?	The SCN is assigned based on the person's address. The SCN Program Manual will provide additional information on regional crossover but is not pertinent to formulating an application response.
265.	8. Administrative Requirements	Regions	Related to NYC Boroughs • How will NYS ensure coordination and efficiency across the five NYC regions, potentially with five different SCN entities? Will NYS consider special requirements for the five NYC regions to ensure consistency and reduce duplication of effort across the potential five SCNs?	The Department will work with awardees to ensure coordination between regions.
266.	8. Administrative Requirements	Regions	Is there any opportunity to reclassify a county within the Social Care Network regions identified in Table 2 on Page 9 (SCN Regions and Funding)?	No. The Department is unable to change the SCN regions.
267.	8. Administrative Requirements	Staffing	DOH lists Human Resources as a skillset for SCNs. Does DOH anticipate issuing mandatory HR capabilities or positions at a later date, or is the intent that the SCN is generally supported by appropriate HR infrastructure?	The Department does not at this time have mandatory HR capabilities.
268.	8. Administrative Requirements	Subcontractor	Can you clarify definition of subcontractors? Compared to vendor?	Subcontractors and Vendors are the same for this RFA. See Section III last paragraph, for subcontractor information.
269.	8. Administrative Requirements	Subcontractor	• Page 3 indicates "... awarded entities will become New York State designated SCN lead entities upon award and will enroll in eMedNY as a Social Care Network Medicaid Provider." • Can a SCN subcontractor and newly formed entity	Only the awarded entities will become a Department designated SCN. Other entities that partner with the SCN may also be a Medicaid provider enrolled in eMedNY but not under the SCN designation.

			as part of a SCN multi-entity collaboration serve as the Medicaid Provider enrolled in eMedNY?	
270.	8. Administrative Requirements	Sustainability	What is the expectation for the SCNs' lifespan, after the waiver funding ends?	SCNs are intended to establish financially and operationally sustainable, self-innovating ecosystems that will continue to deliver services after the end of the 1115 waiver amendment period.
271.	8. Administrative Requirements	Transportation	How will transportation be provided to eligible Medicaid populations? Will it run through the NEMT Broker? Or will transportation providers become downstream providers within a SCN?	The SCN will be able to determine how the HRSN transportation will be provided.
272.	8. Administrative Requirements	Funding	In reference to the establishment of financially and operationally sustainable, self-innovating ecosystems that will continue after the end of the 1115 waiver amendment period what does that mean? Is there no funding for the individual services in Attachment E?	At the end of this RFA contract, the SCN will need to operate without infrastructure dollars and participate in Value Based Payment Arrangements. Under Value Based Arrangements, it is expected the SCN lead entity may take on upside and downside risk. A fee schedule for services will be released prior to the implementation of the SCNs.
273.	9. Application	CBO	Do CBO's have to formally participate in the application submitted by a Lead Entity? Can CBOs participate in more than one application for the same region?	It is up to the discretion of the CBO to participate in a SCN during or after the application process.
274.	9. Application	CBO	Can a CBO be in multiple SCN applications in the same region, or must they pick to be included in one SCN application in a region?	CBOs can participate in multiple regions.
275.	9. Application	Application	Attachment J Column G asks the SCN to "Indicate whether this CBO has an annual net income of <\$1M". The RFA references "small CBOs with annual net annual budget of < \$5,000,000" throughout including in Table 5Q. Please confirm which net income value should be used in Attachment J.	See Addendum #1 posted on February 20, 2024. Attachment J should read "Indicate whether this CBO has an annual net income of <\$5M".
276.	9. Completing the Application	Application	Can a SCN lead apply for more than 1 region?	Yes. Per Section V.C Review and Award Process, 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.

277.	9. Completing the Application	Application	Please clarify, if you are applying for Queens, Bronx and Brooklyn, are you submitting one application to cover the three counties or are you submitting three applications (one for each county). RFA says one per region.	Per Section V.C Review and Award Process, Applicants may apply to be the lead entity in more than one (1) region/borough but must submit a separate application for each region/borough for which they are applying.
278.	9. Completing the Application	Application	Will SCN candidates be evaluated more favorably for supporting features that go beyond the minimum requirements?	No. SCN applicants will only be scored based on the questions in the application.
279.	9. Completing the Application	Application	I can't find the submission forms on either Grants Gateway or SFS. When will they be available?	All attachments can be found in the Pre-Submission uploads section of Grants Gateway online application.
280.	9. Completing the Application	Application	Will DOH detail which offices or members of OHIP staff will be scoring the proposals?	No. OHIP will follow the awards process in the RFA Section V. C. Review and Award Process.
281.	9. Completing the Application	Application	Location(s) of the office(s) and number of employees that will provide the services in the RFA- is this only for the lead entity organization or does this include all the CBO offices who will be providing the HRSN services, and any subcontractor offices who will be providing elements of the project (i.e., data integration, performance evaluation). What constitutes requirements to support the requirements in the RFA?	This section is asking about the lead entity that is applying.
282.	9. Completing the Application	Application	Related to 1.b: Does/Can the historical information requested include programs and services delivered by our CBO Network Members? 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.	Historical information can include programs and services delivered by your CBO network if they are represented within your current or proposed governing body.
283.	9. Completing the Application	Application	Can the state clarify when the performance period of the grant is?	See Section IV. G Term of Contract in the RFA.
284.	9. Completing the Application	Application	The budget template in Grants Gateway does not align with the template in Attachment L. Will clarity about how to crosswalk the two be provided?	Please see Section V.A. 6. Budget of the RFA. The Grants Gateway year one budget is your estimated costs for year 1. Attachment L: Amount of Infrastructure Funding Needed During the RFA Period is the amount of infrastructure funding needed during the RFA contract and how the Applicant plans to use allocated funds within the proposed budget for infrastructure funding during the RFA period across allowable categories.

285.	9. Completing the Application	Application	<p>Could you provide a recommended workflow for managing applicants who complete a virtual HRSN application? How should this process integrate with the roles of 'boots on the ground' partners and population health platforms?</p>	<p>Applicants should demonstrate how they would manage this type of workflow under Section V. A.2. HRSN Screening and Navigation to Services of the RFA.</p>
286.	9. Completing the Application	Application	<p>Are teaming applications allowed?</p> <p>If teaming is allowed, how would we put multiple entity info in the portal when submitting the application?</p> <p>If teaming is not allowed, can we submit under one partner that will be the lead responsible partner with certain delegated responsibilities for the other partners under a partnership or subcontractor agreement and pool the groups experience to meet:</p> <p>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:</p> <ul style="list-style-type: none"> • 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 	<p>One lead applicant is eligible to apply if they meet all of the criteria identified in Section II of the RFA. Applicants may subcontract and delegate responsibilities as they wish.</p>
287.	9. Completing the Application	Application	<p>Does (3) years of experience working with community-based organizations national organization count if the experience did not include working with the chapter in the region that that we are applying for?</p>	<p>No. Applicants must have at least three (3) years of experience working with community-based organizations in the region that they are applying for.</p>

288.	9. Completing the Application	Application	<p>Page 11, 2) last paragraph states: 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.</p> <p>What functions are being referred to here? Will an application be scored lower if some functions are subcontracted (i.e. social care screening and navigation, performance measurement, referral process)?</p>	<p>This paragraph refers to the operational support functions. Subcontracting is allowed under this RFA as needed. For example, the SCN lead entity may perform the management of the network, CBOs, partnerships, data and IT, and HR communications but subcontract out the finance and accounting.</p>
289.	9. Completing the Application	Application	<p>Are the infrastructure “maximum funds” the maximum per period (every 6 months) or total?</p>	<p>Funding under this RFA is from 8/1/2024-3/31/2027.</p>
290.	9. Completing the Application	Application	<p>Page 36 states: that the SCN website must be operational “by the time of the award.” How will a potential SCN fund this if they do not know if they will receive the award?</p>	<p>Clarification on Section III. E. Data and IT Requirements of SCN lead entity. Bullet 2, The awarded lead entity shall ensure SCN lead entity has (or will have by time of award by time of screening and services initiation Contracting or fiscal administration with or on behalf of CBO) a member-facing website that includes publicly available CBO directory.</p>
291.	9. Completing the Application	Application	<p>How will interested parties be notified about updates to this RFA and/or answers to questions?</p>	<p>Any Addendums and the Questions & Answers document will be posted on Grants Gateway opportunity page.</p>
292.	9. Completing the Application	Application	<p>The RFP currently lists the points and percentages associated with each of the sections. Will DOH provide further details on points associated with specific questions?</p>	<p>No, the Department does not share the per question points. Applicants are encouraged to provide full answers to all questions.</p>
293.	9. Completing the Application	Application	<p>Column C note: Number should match or reference relevant row in Table 3A. Where is Table 3A ?</p>	<p>Number should match or reference relevant row in Table 3A, should be changed to: Number should match or reference relevant row in Attachment H</p>
294.	9. Completing the Application	Application	<p>Will the DOH validate Attachment N, "Attestation of at least 3 years of experience working with community-based organizations in the region in which the Applicant is applying prior to award? As in, will CBOs in the region being served be asked if the applicant has performed the stated function(s) for them?</p>	<p>The Department will review the attestation and the other eligibility criteria under who may apply. The Department reserves the right to contact that applicant and those named to confirm information that is provided.</p>
295.	9. Completing the Application	Application	<p>Table 6Q - What is ‘program specific HRSN data’, for example, NYS Health data? Is the question how this capability</p>	<p>Table 6Q is referring to member information, screening, referral and service delivery, payment and fiscal administration, performance management compliance and user access, data exchange and interoperability within the chart/ Attachment K.</p>

296.	9. Completing the Application	Application	In Attachment J Column F, SCN is asked to "Indicate whether this CBO will be designated to screen." Is the response provided limited to an input for the application or will it lead to a CBO designation post SCN award? Will the SCN have flexibility to modify this answer post award if the CBO does not meet the criteria and/or decides not to take on this responsibility?	The information will be used post award but can be changed as needed by the SCN.
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Department
of Health

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

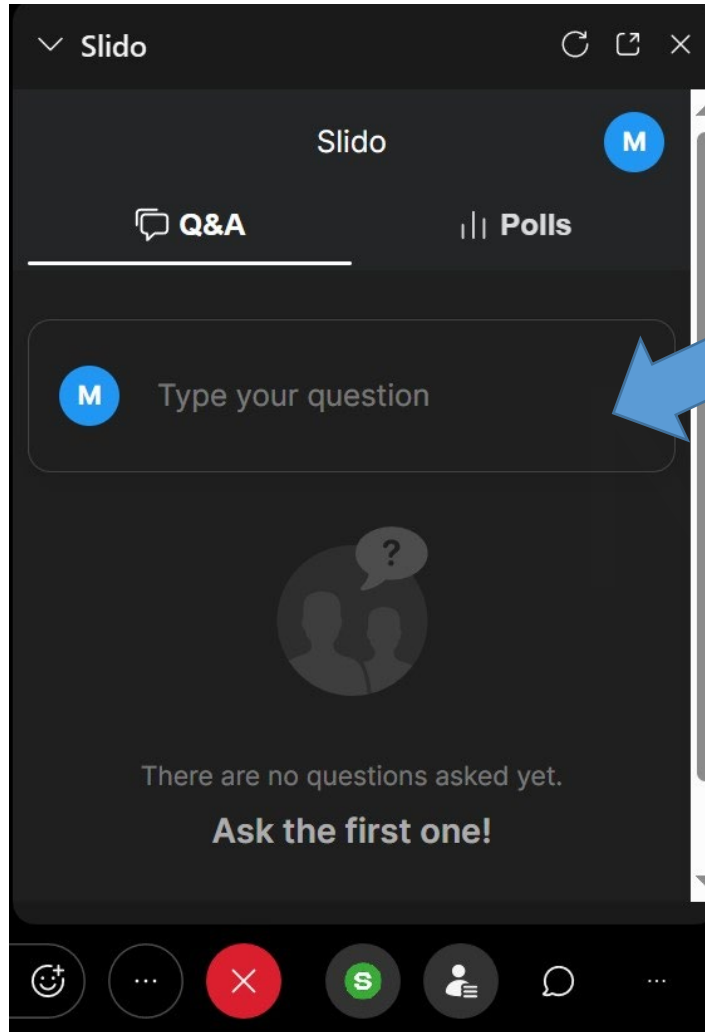
**Request for Applications (RFA)
Applicant Conference**

January 24, 2024

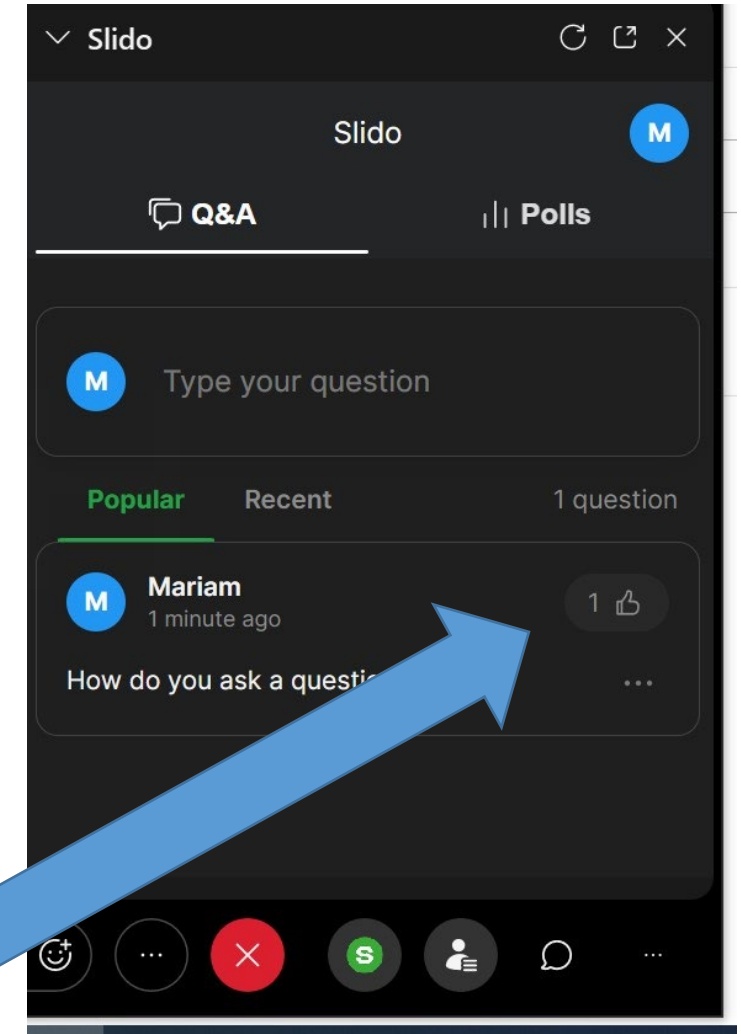
Housekeeping

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

Asking a Question in Slido



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



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

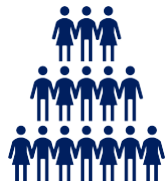
This will help us prioritize which questions to answer first.

New York 1115 Waiver Amendment: Background and Objective

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

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

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



Population Health



Social Care Networks



Strengthening
the Workforce



Purpose of RFA

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

Defining a CBO:

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

Available Funding by SCN Region

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

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

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

Overview SCN Responsibilities

Organization

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

Contracting

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

Fiscal Administration

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

IT Platform/Data and Reporting

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

CBO Network and Capacity Building

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

Regional Partnerships

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

Key Dates

Event	Date
RFA Release	January 16, 2024
Application Conference – Registration Deadline	January 22, 2024
Applicant Conference	January 24, 2024
Questions Due	January 31, 2024
Questions & Answers Posted	February 9, 2024
Applications Due	March 27, 2024
Contract Start	August 1, 2024

Who May Apply

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

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

Note:

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

Application Content and Scoring

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

SCN Organizational Overview and Experience

1. Organizational Overview and Experience

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

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

Organizational Infrastructure and Operations

Organizational Infrastructure:

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

Program and Service Operations:

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

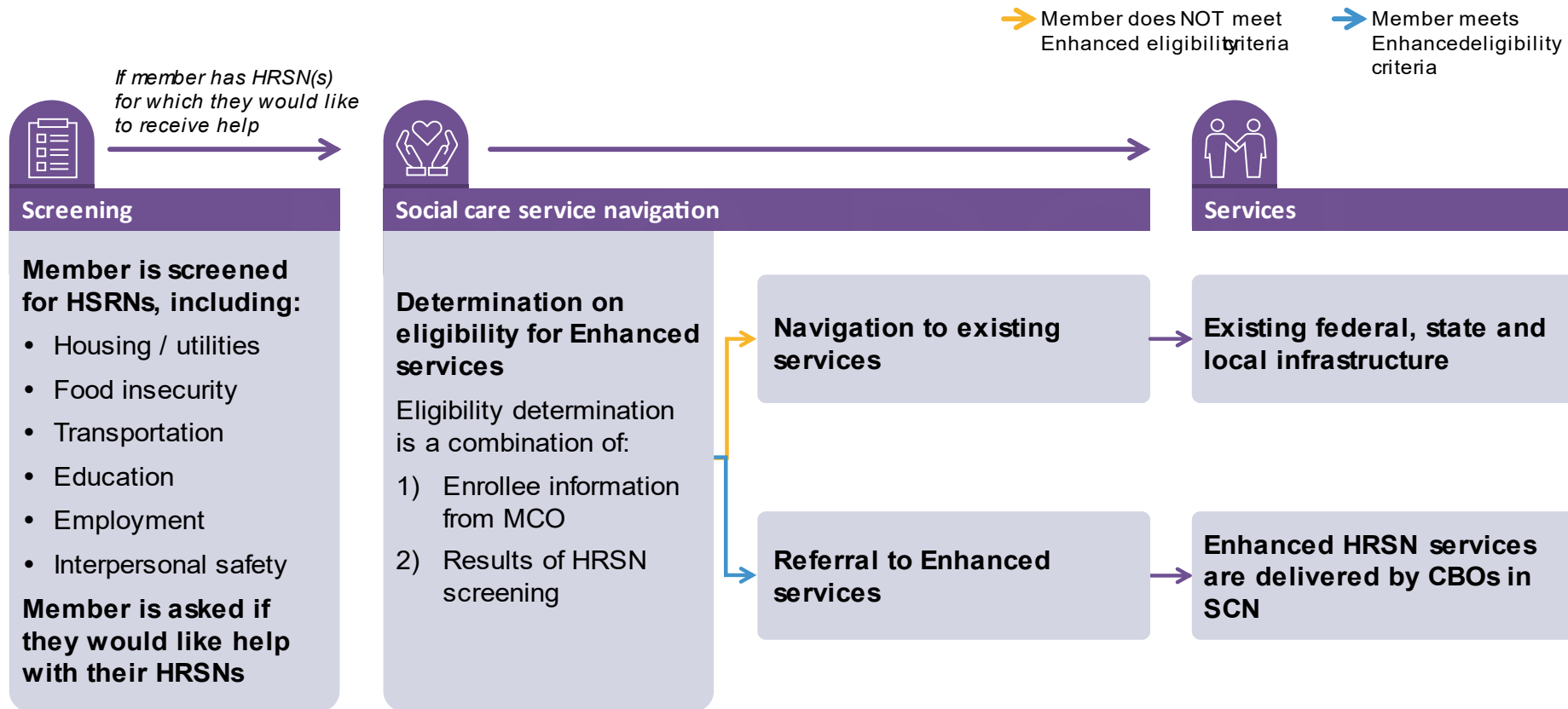
HRSN Screening and Navigation to Services

2. HRSN Screening and Navigation to Services

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

- a. HRSN Services
- b. Service Navigation

Member Journey Map



HRSN Screening

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

Service Navigation

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

Service Navigation

- Social care service navigation will be a core role within SCNs. Navigators will help to deliver a **seamless experience to members—from screening to service delivery**—and ensure members are able to access and receive services that are appropriate and tailored to their unique needs.

- **Social Care Service Navigators:**
 - May be employed by the SCN lead entity, the CBO within the SCN, MCO, healthcare provider, or care management provider;
 - Will **screen** members for HRSN, validate a member's **eligibility** for the Enhanced HRSN services (via the SCN's data and IT platform), perform **closed-loop referrals** to those HRSN services, and ensure HRSN **services were delivered**;
 - Act on screening data collected by other entities (i.e., MCO, healthcare provider or care management provider). For example, Social Care Service Navigators may validate eligibility and refer to enhanced services upon either a warm handoff from another organization or a flag generated by the SCN data and IT platform.

Populations Eligible for Navigation to Enhanced HRSN Services

Populations Eligible for Navigation	If a member does not meet the criteria for Enhanced HRSN services , they will receive navigation to pre-existing state, federal, and local programs to address HRSN.
Populations Eligible for Enhanced HRSN Services	<p>If a member is enrolled in Medicaid Managed Care + screens positive for an unmet HRSN + 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



Social Care Networks HRSN Services

Standardized HRSN Screening

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



Housing Supports

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



Nutrition

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



Transportation

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



Case Management

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

Network Administration, Capacity Building, and Partnerships

3. Network Administration, Capacity Building, and Partnerships

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

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

SCN Network Administration

- SCN lead entity responsibilities:
 - Design and maintain a **network of CBOs** that can serve members in each region.
 - **Screen** all Medicaid members for HRSNs, validate **eligibility** for reimbursed services, and **refer** to CBOs to **deliver** the appropriate services.
 - Network should **meet member demand for social care services** and provide sufficient choice on where and how to access services.

- SCNs will be comprised of CBOs that are 501c3 non-profits. **CBOs that wish to receive reimbursement for Navigation and the Enhanced HRSN Services must be a part of the SCN.**

- Enhanced HRSN Services will span the following **HRSN domains**:
 - **Social care service navigation**: Navigation to social care services (including housing, utilities, food insecurity, transportation, employment, education, childcare, or interpersonal safety)
 - **Housing / Utilities**: Community transitional supports, home remediation and education services, rent / temporary housing
 - **Food Insecurity**: Medically tailored meals, nutritional counseling and classes, home delivered meal / pantry stocking, cooking supplies
 - **Transportation**: Public and private transportation to reach HRSN services.

CBO Capacity Building

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

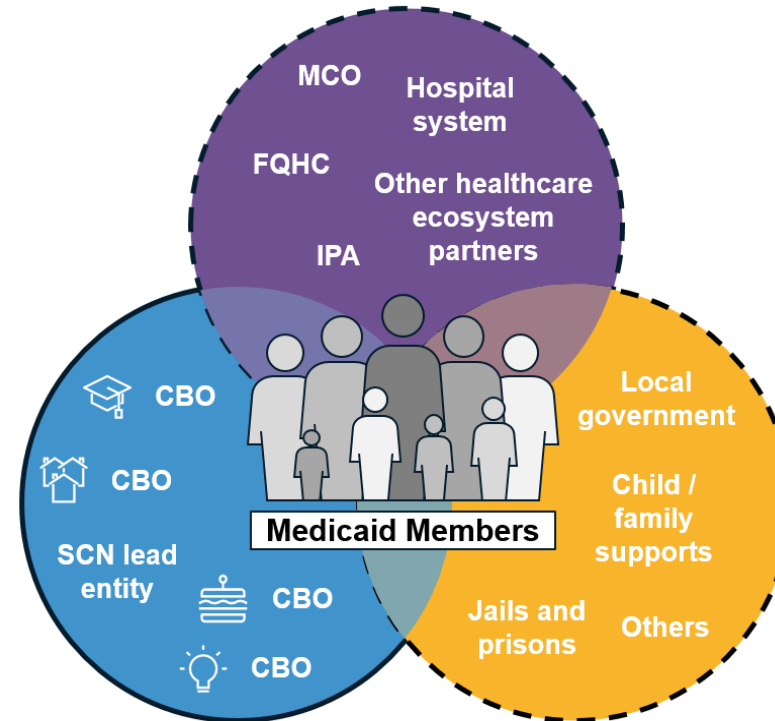
Role of Entities in Social Care Network (SCN) Ecosystem

Community Based Organizations (CBOs):

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

Managed Care Organizations (MCOs):

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



1. Where entities above are not part of SCNs

- Social care network (SCN)
- Healthcare ecosystem partners¹
- Other ecosystem partners¹

Impact of future state system on Medicaid members

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

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

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

SCN Partnerships

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

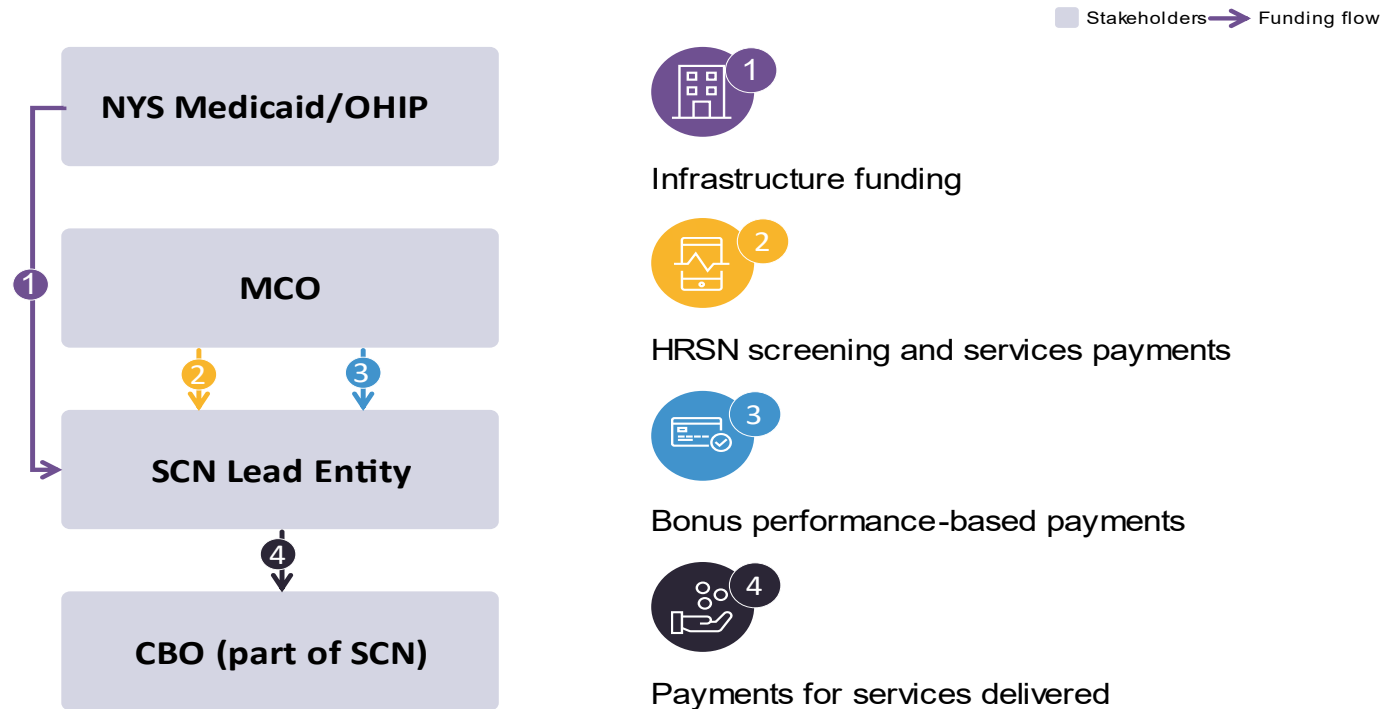
Payments and Performance Evaluation

4. Payments and Performance Evaluation

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

- a. Payments
- b. Performance Evaluation

Funds Flow Overview



Payment Structure

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



Infrastructure Funding

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



HRSN Screening and Service Payments

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



Performance-based Bonus Payments

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

Infrastructure Funding v. HRSN Screening and Services Payments

Function	Type of Cost	Infrastructure Funding	HRSN Screening and Services Payments (PMPM payments)
Data and IT	<ul style="list-style-type: none"> • 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, navigation to services and Enhanced Services • Screening and Navigation for FFS Medicaid Members will be billed directly through eMedNY.



Payments (cont.)

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

Performance Metrics

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

SCN network:

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

HRSN Screening:

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

Referral:

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

Performance Metrics

Intervention/ service delivery:

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

Payments:

- Financial performance of SCN

Operational efficiency:

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

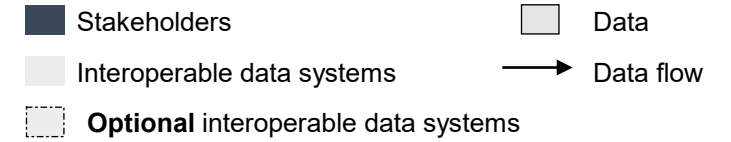
Data and IT Infrastructure

5. Data and IT Infrastructure

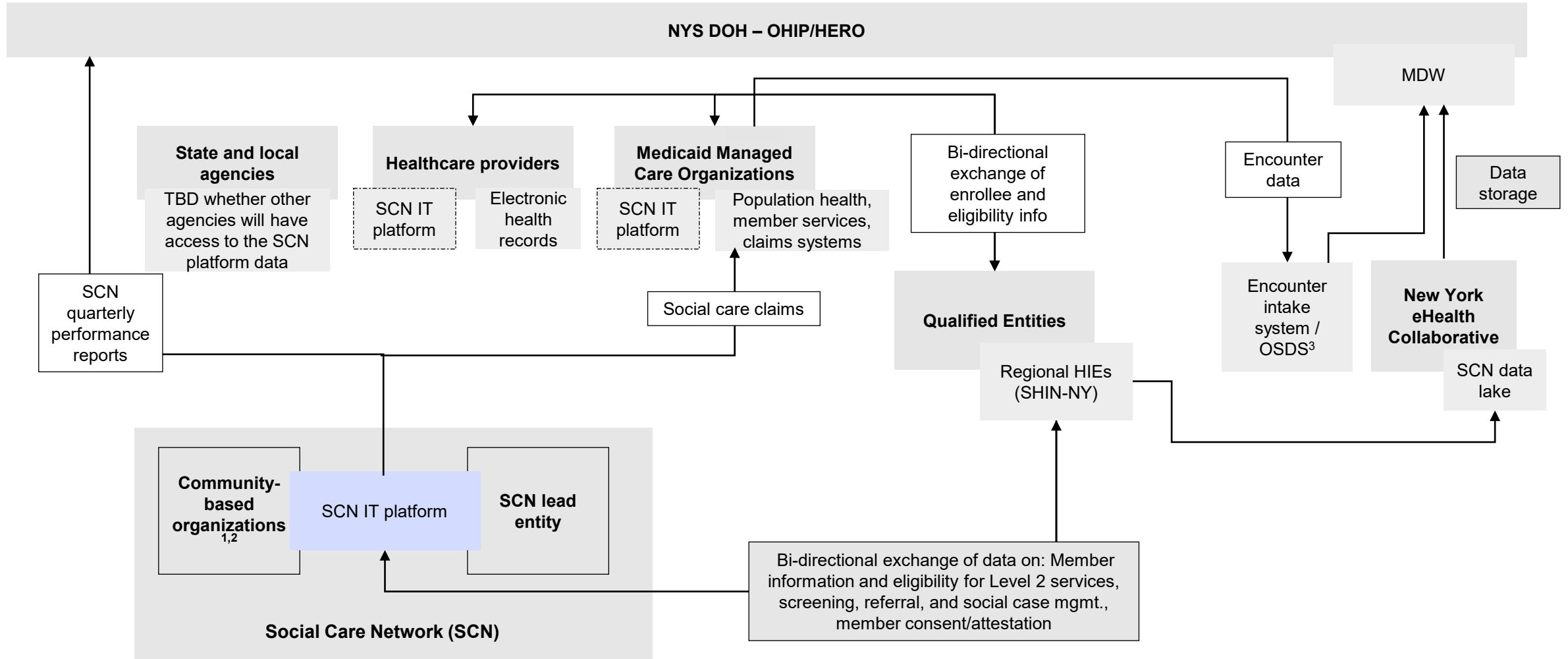
Fully respond to the questions set forth in the application. The section includes:

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

Network data/IT architecture



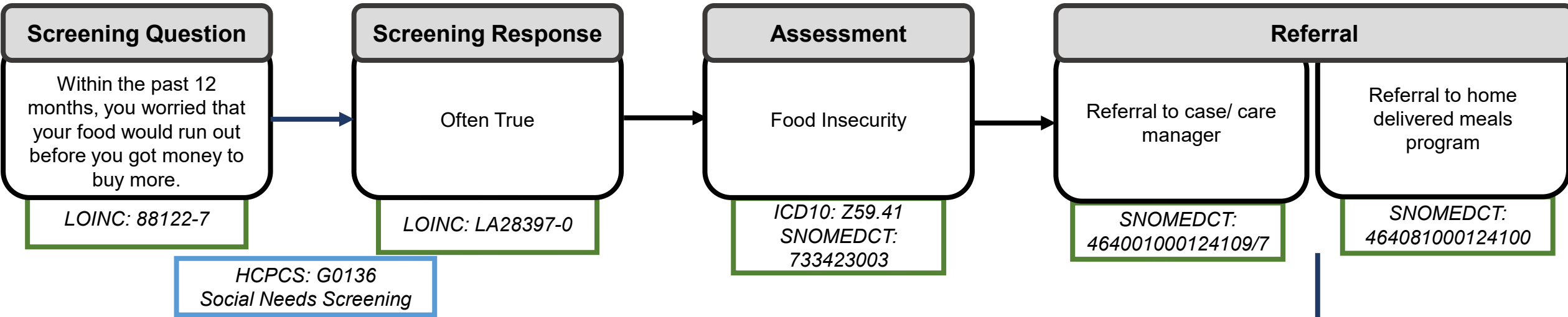
Preliminary



1. Some CBOs may not formally participate in the SCN
 2. If CBO does not have access and/or ability to input data directly in SCN IT platform in early stages of implementation, the SCN lead entity will be required to manually include screening information from CBOs
 3. All-payer claims database (APCD)

Example Mapping: Screening to HRSN Service

food insecurity



Key

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

Billing Codes (claims/encounters)

SCN Data and IT Platform Functionality

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

Data Exchange & Interoperability

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

Consensus-Based Data Standards:

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

Privacy, Security, and Compliance

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

Budget

6. Budget

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

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

Application and Award Process

How To Apply

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

IMPORTANT NOTE: Due to system conversion (Transition to SFS) expected on January 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.

Application Scoring

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

RFA Review and Award Process

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

Contact us

- All substantive **questions by Applicants with respect to any aspect of the RFA** must be submitted in writing to New York State Department of Health, Office of Health Insurance Programs, at: OHIPContracts@health.ny.gov

- Questions **regarding application completion, policy prequalification and registration** must be submitted to:
 - Grants Gateway Team
 - Email: grantsgateway@its.ny.gov
 - Phone: 518-474-5595
 - Hours: Monday thru Friday 8am to 4pm

- Questions regarding **navigating Statewide Financial System** can be submitted to SFS Help Desk helpdesk@sfs.ny.gov

Recording

- To access the recording for this applicant conference, please click [here](https://meetny.webex.com/meetny/ldr.php?RCID=cb4ff0e6aa6c457aeeb78cdb15954da6).
(<https://meetny.webex.com/meetny/ldr.php?RCID=cb4ff0e6aa6c457aeeb78cdb15954da6>)

Appendix

Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) 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?	Never (1) Rarely (2) Sometimes (3) Fairly often (4) Frequently (5)								
10. How often does anyone, including family and friends, insult or talk down to you?	Never (1) Rarely (2) Sometimes (3) Fairly often (4) Frequently (5)								

	Lack of heat	None of the above
3. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Yes 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?	Never (1) Rarely (2) Sometimes (3)	Fairly often (4) Frequently (5)
10. How often does anyone, including family and friends, insult or talk down to you?	Never (1) Rarely (2) Sometimes (3)	Fairly often (4) Frequently (5)
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)

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

4/6/2023 template



Attachments the applicant must fill out and upload

Attachment A: Vendor Responsibility Attestation

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

Attachment C: Workplan

Attachment G: SCN Lead Entity Proposed Staffing Across Function

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

Attachment I: Proposed Approach to Building a CBO Network

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

Attachment K: SCN Data and IT Platform Features and Functionalities

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

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

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

Attachments to assist the applicant

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

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

Attachment O: DOH provided SCN Regional Member Demographics