

## **RFA: New York Health Equity Reform 1115 Waiver – Social Care Networks**

### **OVERVIEW**

On January 16<sup>th</sup>, the New York State (NYS) Department of Health (DOH) released a Request for Applications (RFA) that will provide a total of \$500 million to support new, regionally-based Social Care Networks (SCNs) developed as part of New York’s Health Equity Reform 1115 Waiver amendment (see SPG’s summary of the amendment [here](#)). DOH will award up to 13 entities across nine regions, with one award to be allocated in each of the five boroughs of New York City. Grant funding awarded through this RFA will support SCN start-up and infrastructure costs in each region during the award period. The contract term for awards will be from August 1, 2024 through March 31, 2027.

Through this RFA, awarded entities will become NYS-designated SCN leads and will enroll in eMedNY as a “Social Care Network Medicaid Provider.” SCNs will be responsible for coordinating the delivery of social care services to Medicaid members, including by providing Health-Related Social Needs (HRSN) screening to all Medicaid members and maintaining a comprehensive network of community-based organizations (CBOs) to support the delivery of “Enhanced” HRSN services (also known as Level Two services) to eligible members in need.

The RFA defines CBOs, which constitute the SCN network, as not-for-profit 501(c)(3) charitable organizations that work at the local level to meet community needs. This definition appears to extend to non-profit health care providers in addition to social services agencies who are not currently health care providers.

The RFA is available [here](#). Applications are due on March 27<sup>th</sup>. Below is a more detailed summary of the RFA components.

### **SCOPE OF WORK**

SCNs will be responsible for:

- **Social Care Services Navigation** – collaborating with CBOs, Managed Care Organizations (MCOs), health care providers, and care management organizations to conduct HRSN screening, validate member eligibility for reimbursed social care services, manage and close the loop on referrals, and navigate members to appropriate services. Medicaid members should be screened at least annually using the NYS-standardized version of the Accountable Health Communities (AHC) screening tool (see Attachment F of the RFA).
- **CBO Network Development** – creating and maintaining a network of contracted CBOs that will deliver social care services to eligible Medicaid beneficiaries.
- **CBO Capacity Building** – providing direct investments to CBOs to support staff hiring or the purchase of necessary equipment (e.g., computers) or training and technical assistance to build CBO capabilities with respect to HRSN screening or reporting/tracking data. The State will specify a minimum percent of funds that must be distributed to small CBOs (with annual net incomes of < \$5 million)

- **Fiscal Management** – contracting with MCOs to facilitate payments for social care services delivered by CBOs in the network.
- **Data and Technology** – establishing regional connectivity between the SCN, NYS, and other stakeholders, and supporting organizations that work directly with members by providing an accessible data and IT platform to support social care service navigation, data sharing and reporting, and CBO reimbursement. The platform should integrate with the Statewide Health Information Network for New York (SHIN-NY).
- **Performance Management** – collaborating with CBOs, MCOs, and providers on data-driven performance reporting.
- **Operations and Governance** – establishing and maintaining a governing body and executive leadership team that reflects and understands the unique needs of the region and effectively coordinates among other stakeholders in the region.

The State anticipates that SCN lead entities will perform most of these responsibilities directly, thereby limiting the subcontracting of functions to an as-needed basis.

## FUNDING

SCNs will be supported through the following three sources of funding:

- **Infrastructure funding**, including initial network infrastructure, referral system(s), staffing, CBO network development, and contracting.
- **HRSN screening and services payments** (*not part of the funding awarded through this RFA*), for services provided by CBOs and for ongoing operating costs incurred by the SCN, provided as a per member per month (PMPM) payment from MCOs and reconciled annually by the State.
- **Bonus performance funding** (*not part of the funding awarded through this RFA*), in which the SCN may receive additional performance-based payments from MCOs based on a pre-defined set of metrics.

## Infrastructure Funding

This RFA will provide infrastructure funding on a regional basis that reflects the number of eligible Medicaid beneficiaries, as outlined in the table below, to support SCNs with various start-up costs, including but not limited to:

- Onboarding of CBOs;
- Initial set-up and implementation of data and IT platform;
- Hiring and recruiting staff;
- CBO capacity building activities and technical assistance; and
- Community and health system partner engagement.

Additional details on activities covered by infrastructure funding are available in Table 4 of the RFA.

SCN Region	Counties	Total Funding
<b>Region 1: Capital Region</b>	Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, and Schoharie	\$ 29,230,628
<b>Region 2: Western NY</b>	Cattaraugus, Chautauqua, Erie, Niagara	\$ 36,859,552
<b>Region 3: Hudson Valley</b>	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	\$ 44,886,771
<b>Region 4a: New York City</b>	Bronx	\$ 54,541,802
<b>Region 4b: New York City</b>	Kings (Brooklyn)	\$ 65,676,397
<b>Region 4c: New York City</b>	Queens	\$ 34,602,335
<b>Region 4d: New York City</b>	New York (Manhattan)	\$ 52,080,677
<b>Region 4e: New York City</b>	Richmond (Staten Island)	\$ 22,509,718
<b>Region 5: Finger Lakes</b>	Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates	\$ 38,604,750
<b>Region 6: Southern Tier</b>	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins	\$ 22,639,240
<b>Region 7: Central New York</b>	Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego	\$ 31,414,924
<b>Region 8: Long Island</b>	Nassau, Suffolk	\$ 42,179,889
<b>Region 9: North Country</b>	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, and Washington	\$ 24,773,317

Applicants may apply for multiple regions; however, a separate application is required for each region to which the applicant is applying.

### HRSN Screening and Services Payments

MCOs will pass through funding to SCN lead entities to cover HRSN screening for all Medicaid members and approved Enhanced HRSN services (see Attachment E in the RFA for a detailed list of services) for eligible Medicaid members.

Funding will be provided as a per member per month (PMPM) payment for each Medicaid managed care member in the region. SCNs will use the PMPM payments to reimburse for HRSN screening (conducted at least annually for each Medicaid member) and for each delivered Enhanced HRSN service, which will be paid to CBOs on a fee-for-service (FFS) basis based on a regional fee schedule (not yet available). SCNs may determine the frequency of FFS payments to CBOs, based on CBO preference.

SCNs will be responsible for generating a social care claim to reflect each HRSN screening, navigation or Enhanced Service delivered. Social care claims will be reported to MCOs solely for purposes of tracking and will not facilitate any payment for services.

For Medicaid members who are not in managed care, the SCN will submit claims and be reimbursed for screening and navigation on a FFS basis. Each region will have a funding cap for the FFS population. The Medicaid FFS population and Medicaid members that do not meet eligibility for Enhanced HRSN services will be referred to existing federal, state, or local social care services.

The State will reconcile PMPM payments at the end of the first contract year based on actual expenditures and either provide additional “true up” funding, or claw back unspent funds. The State will adjust PMPM payments in Years 2 and 3 based on actual expenditures in the prior year. Future guidance will detail the maximum portion of the PMPM payment that can be used for administrative and operational costs.

### **Performance-based Bonus Payments**

SCNs may receive performance-based bonus payments in Year 1 based on achieving project milestones and submission of quarterly performance reports. In Years 2 and 3 of the contract, an SCN may receive performance-based payments based on whether it meets/exceeds performance benchmarks across metrics included within quarterly performance reports. SCNs that are not meeting performance requirements may be subject to reduced funding and/or initiation of a performance improvement plan. Bonus payments will be administered by MCOs.

Following the initial contract award period, the State intends to enable delivery of social care services through value-based payment (VBP) models that involve the SCN taking both upside and downside risk.

### **ELIGIBLE APPLICANTS**

Eligible applicants are not-for-profit 501(c)(3) organizations, including:

- Community-based organizations;
- Independent Practice Associations (IPAs);
- Health Homes;
- Behavioral Health Collaboratives;
- Federally Qualified Health Centers (FQHCs); or
- Performing Provider Systems (PPS).

Applicants must have at least three years of experience working with CBOs in the region for which they are applying. 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; and/or
- Leading care management with partners, including CBOs.

CBOs are defined as not-for-profit 501(c)(3) charitable organizations that work at the local level to meet community needs.

### **GOVERNANCE REQUIREMENTS**

The State expects SCNs, within 60 days of being awarded, to develop or evolve a governing body that is inclusive stakeholders who are representative of the region and of individuals across race, ethnicity, disability, age, and socioeconomic status. Such stakeholders may include, but are not limited to:

- CBOs;

- Health and care management providers (at least one provider with mental health and substance use disorder experience is preferred)
- Advocacy organizations;
- Medicaid beneficiaries (at least two current members with HRSN); and
- Community members.

CBOs should represent at least 51 percent of members within the governing body and have majority share in voting rates.

## TIMELINE

Applications are due on March 27<sup>th</sup>. Questions may be submitted to [OHIPContracts@health.ny.gov](mailto:OHIPContracts@health.ny.gov) with a reference to the RFA section and paragraph to which the question refers through January 31<sup>st</sup>. Answers to questions will be posted on February 9<sup>th</sup>.

There will be an optional applicant conference on January 24<sup>th</sup> at 12pm. Interested parties may register [here](#) by January 22<sup>nd</sup> to attend the conference. A maximum of two representatives from each applicant organization will be permitted to attend the conference.