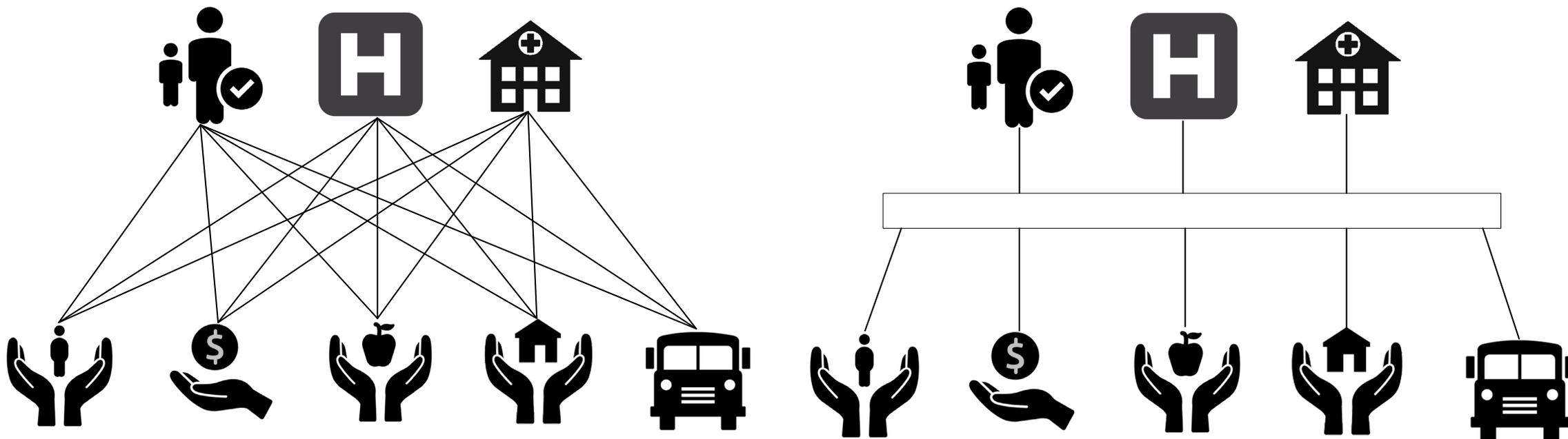


New York's Section 1115 Medicaid Redesign Team Waiver Amendment: *Social Care Networks*

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SOCIAL CARE NETWORKS

Simplifying complicated relationships with a single platform



SCN IN THE ECOSYSTEM OF CARE

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 of 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)

SCN REQUIRED FUNCTIONS

Screening and Referral

SCNs will provide HRSN screening and referral services to eligible Medicaid beneficiaries

Service Delivery

- SCNs will be contracted providers with managed care organizations (MCOs) when HRSN services are provided to beneficiaries enrolled in Medicaid managed care.
- SCNs must establish a network of providers and ensure the CBOs have sufficient experience and training in the provision of the HRSN services being offered.
- SCNs must use rates set by the state for the provision of applicable HRSN services.

Accountability

SCNs will work with the Health Equity Regional Organization (HERO) to submit provider data that supports the HERO's implementation activities and responsibility to submit quarterly and annual monitoring progress reports to CMS.

SCN - HRSN INFRASTRUCTURE AND SPENDING

- » NY will implement SCNs in nine regions.
- » SCNs will establish networks of community-based organizations (CBOs) that provide approved HRSN services.
- » \$500 million approved for infrastructure investments to support the development and implementation of HRSN services.
- » \$3.173 billion approved for HRSN services

	DY 25 (ends 3/31/24)	DY 26 (ends 3/31/25)	DY 27 (ends 3/31/26)	DY 28 (ends 3/31/27)	Total
HRSN Infrastructure	\$0	\$260,000,000	\$190,000,000	\$50,000,000	\$500,000,000
HRSN Services					\$3,173,000,000

Regions	Infrastructure Investment	Estimated HRSN Service Funding*	
North Country	\$24,773,317	\$75,231,893	
Capital Region	\$29,240,628	\$119,363,906	
Central	\$31,414,924	\$132,419,992	
Southern Tier	\$22,639,240	\$59,800,059	
Finger Lakes	\$38,604,750	\$193,964,386	
Western	\$31,449,829	\$177,266,010	
Hudson Valley	\$48,389,444	\$307,079,409	
Long Island	\$42,179,889	\$314,879,363	
NYC	Bronx	\$54,541,802	\$415,210,027
	Kings	\$65,676,397	\$585,422,712
	Queens	\$34,602,335	\$497,512,177
	New York	\$52,080,677	\$216,327,310
	Richmond	\$22,509,718	\$78,522,756

HRSN ENHANCED SERVICES

Screening

- Social Needs Screening
- Accountable Health Communities tool

Case Management

- Navigation CM
 - Linkages to public programs
- HRSN CM
 - Outreach
 - Referral mgmt
 - Education
 - Application assistance
- Linkages to:
 - Clinical CM
 - Education
 - Childcare
 - IPV resources
 - Follow-up

Housing

- Navigation
- Community Transitional support
 - One time moving
- Utility set up/Assistance
- Rent/temporary housing (6 mo.)
- Pre-tenancy/Tenancy sustaining
- Home remediation
- Accessibility/Safety modifications
- Medical Respite

Nutrition

- Counseling and classes
- Home delivered meal
- Medically tailored meals
- Fruit and Vegetable prescription
- Pantry stocking
- Cooking supplies

Transportation

- Public and Private transportation to and from HRSN services and HRSN Case Management activities

HRSN BENEFIT ELIGIBILITY FOR BENEFICIARIES

New HRSN benefits are available at two eligibility levels:

Level 1	Everyone	Navigation and linkage to existing State and Federal Social Services.
Level 2	Eligible populations	Enhanced HRSN services: case management, nutrition supports, housing supports, and limited transportation. Availability based on risk criteria.

- » HRSN must be clinically appropriate and have reasonable expectation of improving or maintaining health
- » Beneficiaries may opt out; other healthcare services cannot be contingent on acceptance of HRSN services.

Medicaid Beneficiaries Eligible for Level 2 HRSN Services

- High utilizers
- Health home enrollees
- People with SUD
- People with serious mental illness (SMI)
- People with intellectual and developmental disabilities (IDD)
- People who are homeless
- Pregnant persons, up to 12 months postpartum
- Post-release criminal justice-involved people with serious chronic conditions
- Youth involved in the juvenile justice system, foster care system, or kinship care
- Children under the age of 6
- Children under 18 with one or more chronic conditions

WHAT THIS MEANS FOR MEDICAID MEMBERS...

AND THE AGENCIES THAT SERVE THEM

Screening

Beneficiaries will be screened more frequently; screening fatigue is a risk

Messaging: why are screenings needed, what to expect, impact of new benefits

Referrals

Ties to reimbursement creates need for more documentation and impact measurement

Difference between the most meaningful referral and services vs. the most referrals and services

Trust

“Social” services are innately more “personal.”

Establishing trust with service recipients is even more important

Staff and beneficiaries may need coaching to communicate effectively

What else?



HEALTH EQUITY REGIONAL ORGANIZATIONS

Up to \$125 million for the HERO, a contracted statewide entity designed to develop regionally focused approaches to reduce health disparities, advance quality and health equity for overall populations, and support the delivery of HRSN services.



- Data aggregation, analytics, and reporting on statewide demonstration implementation
- Evaluate needs/ gaps in access to physical health, behavioral health, and HRSN services



- Regional needs assessment and planning:
- data-driven annual regional planning,
- draft and publish a PUBLIC statewide health equity plan
- identify health care workforce-related needs and gaps. managed care plans required to share data with HERO



- Convene regional stakeholder engagement sessions



- Make recommendations to support advanced value-based arrangements and develop options for incorporating HRSN into VBP methodologies



- Conduct program analysis, such as publishing initial health equity plans and health factor baseline data on Medicaid populations

**MORE
QUESTIONS?**

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