WEBINAR

Inclusive Alliance

SCN DESIGN TEAM PRESENTATION #1

Wednesday Feb. 21 | 12 PM - 1 PM

Presented by experts from

HMA

Who Should Attend?

This webinar is for health and social care professionals and representatives across Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego counties interested in the SCN.

Logistics & Learning Objectives

- Logistics:
  - Please send your questions in by using the Q&A box in Zoom
  - Slides & recording will be shared with registrants by Friday

- Part 1 (12-12:30): SCN Design Team Report Out
  - Learning Objectives:
    - Understand the Letter of Intent Process
    - Know the governance requirements for SCN lead applicants
    - Be aware of draft Approach to HRSN Outreach, Screening, & Navigation Developed by Screening, Navigation, & Care Management Workgroup

- Part 2 (12:30-1): Exclusive Breakout Session for:
  - Inclusive Alliance member organizations
  - Non-member CBOs planning to provide Letters of Intent (LOI)
  - Inclusive Alliance key partners

Inclusive Alliance

Inclusive Alliance

ABOUT US

Our Mission

To advance the growth and quality of cost effective and inclusive individual services for children and adults through innovation, collaboration and coordination.

Our Purpose

Prepare members for managed care and the transition to value-based payment (VBP)

Our Funders

CENTRAL NEW YORK COMMUNITY FOUNDATION

HRI HEALTH RESEARCH INCORPORATED

Health Foundation for Western & Central New York

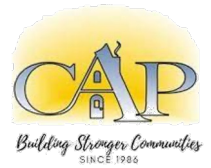
NY HEALTH FOUNDATION

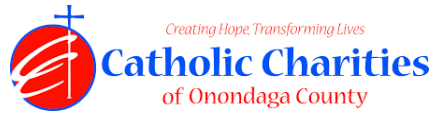
CNY CARE COLLABORATIVE

Independent Practice Association (IPA) of community-based organizations of varying sizes and scopes of services.

2016	501c3	7	40
Year Founded	Nonprofit	Counties	Members (& Growing!)

Meet Our Inclusive Alliance Members – Feb. 2024





Meet Our Board

Inclusive Alliance

Tania Anderson
ARISE

Stefanie Savory,
AccessCNY

Paulette Purdy
LAUNCH

Elizabeth Crockett
REACH CNY

Diane Cooper-Currier
Oswego County
Opportunities

Steven Bulger, ICAN

Brian Fay
Syracuse Northeast
Community Center

Mason Kaufman
Meals on Wheels
of Syracuse

Joan Royle
Westcott
Community Center

Shari Weiss
Cayuga Community
Health Network

Kristian Peterson, Catholic
Charities of Onondaga County

Lisa Alford
ACR Health

Central New York's Guide To New York Health Equity Reform (NYHER)

Lead Partners: Inclusive Alliance · ican IPA Independent Pratice Association · Omnes IPA All in for better health · healtheconnections

Visit our 1115 Waiver Resource Center

inclusivealliance.org/1115

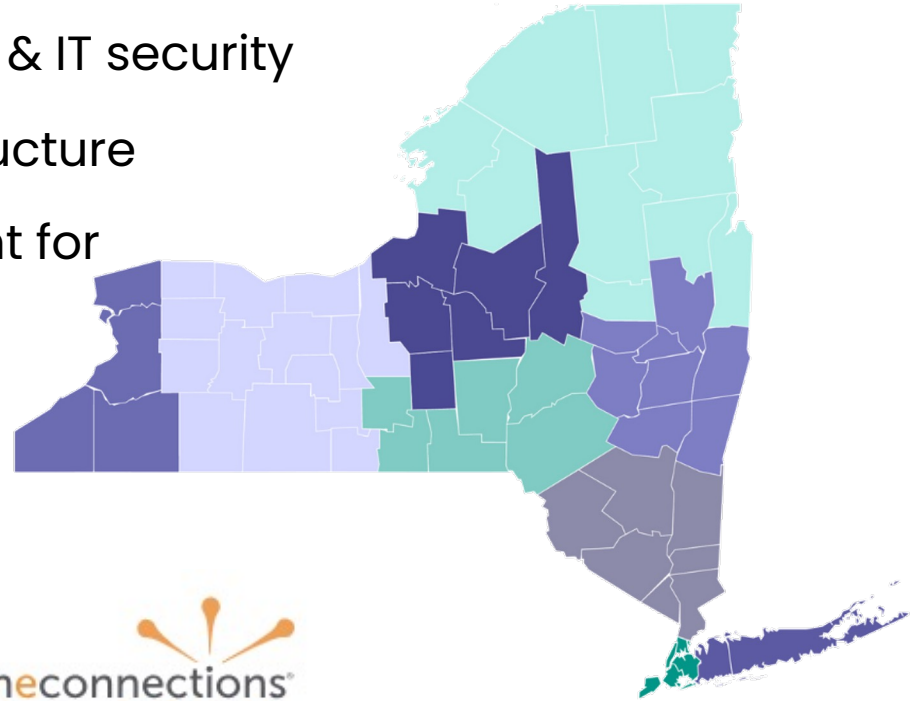
- Information about the waiver amendment request
- Recordings of our 1115 waiver monthly webinar series
- Link to sign up for our waiver resource newsletter
- Additional waiver-related resources based on community interest
- 1115 Medicaid waiver acronym & definitions list

Supporting Partner: Excellus

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Inclusive Alliance's Qualifications to lead a Social Care Network

- Non-profit IPA network covering all Region 7 counties & HRSNs (food, housing, & transportation)
- 2.5 years' experience co-managing a regional referral network (Unite Us)
- Data warehouse & experience assessing CBO data capacity & IT security
- Local CBO-lead, representative, democratic governance structure
- Central administrative hub for contracting, billing, & payment for evidence-based interventions delivered by CBOs
  - National Diabetes Prevention Program Umbrella Hub
  - Pathways Community HUB
- Key Partners:



ican IPA Independent Pratice Association

Omnes IPA All in for better health

Human Services Leadership Council of Central New York

healtheconnections

Inclusive Alliance . . . Strong, Trusted, & Local

Who is Planning to Apply as the SCN Lead in CNY?

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- IPA formed in CNY in 2016, fully virtual with CNY employees
- 501c3 nonprofit IPA
- CNY Board of Directors
- ~50 CNY CBO IPA members
- https://www.inclusivealliance.org

healthy alliance

- IPA formed in the Capital Region in 2018, with CNY office & employees
- 3 LLCs, nonprofit foundation
- Capital Region Board
- Local membership unclear
- https://healthyalliance.us

Forward Leading IPA
FLIPA
Common Purpose. Innovative Solutions.

- IPA formed in the Finger Lakes in 2017, merged with Upstate Community Health Collaborative IPA in 2021
- 501c3 nonprofit IPA
- Regional Board of Directors
- 21 members across 26 counties (FQHC, BH, & CBO), 4 FQHC members in CNY
- https://www.forwardleadingipa.org/

1115 SCN Letters of Intent- Due Diligence Guidance

- CBOs may provide letters of intent to multiple SCN applicants, but we encourage our members to consider providing an exclusive LOI
- Because SCN applicants must meet specific criteria, we encourage organizations to do their due diligence when considering whether to provide a letter of intent:

1. What is the name & DOS ID of the legal entity they intend to apply under? **Must be 501c3**
2. Which of the 3 allowable CBO activities have they been engaged in with CBOs from the CNY region for at least 3 years? What CBOs?
   - Contracting or fiscal administration with or on behalf of CBO
   - Leading CBOs within a network, consortium, coalition, or other organized group with the goal of coordination or planning
   - Leading care management with partners, including CBOs
3. What is their proposed governance model for the SCN?

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How to Get Involved

- Community Advisory Committee & Workgroups
  - Time commitment – est. 1-2 hrs. per month in meetings, 2-4 hrs. per month of work outside of meetings
  - Expectations – represent perspective of sector/community, seeking input from others you represent, flag issues, help identify others who need to be engaged
  - Seeking diversity/representation by race, ethnicity, nationality, geography, etc.
  - Interest Form: https://share.hsforms.com/13Vr8KTilRGi2_xf9sR_8Uwcggh8
- Letter of Intent – Stay Tuned!
  - Definition of 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)."
  - Eligible CBOs must provide at least one HRSN service (housing, nutrition, transportation, HRSN screening & navigation)
  - **CBOs MAY provide letters of intent for multiple SCN lead entity applicants in a region**

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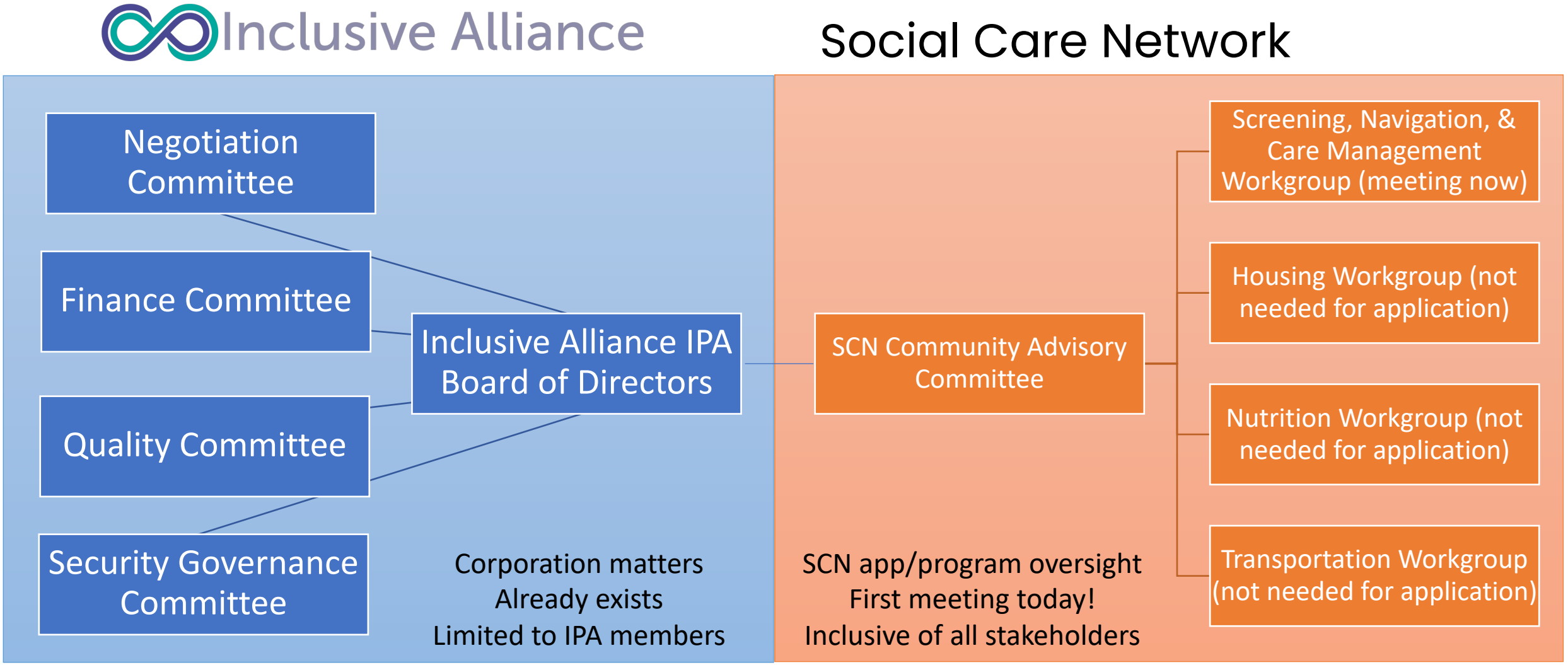
Inclusive Alliance's Approach to Preparing for the SCN RFP



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Social Care Network (SCN) Update

THE SCN: INFRASTRUCTURE FOR HRSN SCREENING, SERVICE NAVIGATION, QUALITY MANAGEMENT

THE SCN LEAD ENTITY:

GOVERNANCE INFRASTRUCTURE FOR HRSN SCREENING, SERVICE NAVIGATION, QUALITY MANAGEMENT

Formally coordinate CBOs to ensure sufficient capacity to screen members for HRSN, validate member eligibility for reimbursed social care services, navigate to HRSN, and close referral loops.

CBO Capacity Building including training, technical assistance and direct investments to support hiring of staff or purchase of necessary equipment.

Establish shared data and IT platform to support service navigation, data sharing and reporting, performance management, and CBO reimbursement, including integration with clinical and claims data.

Contract with MCOs to facilitate reimbursement for services delivered by CBOs.

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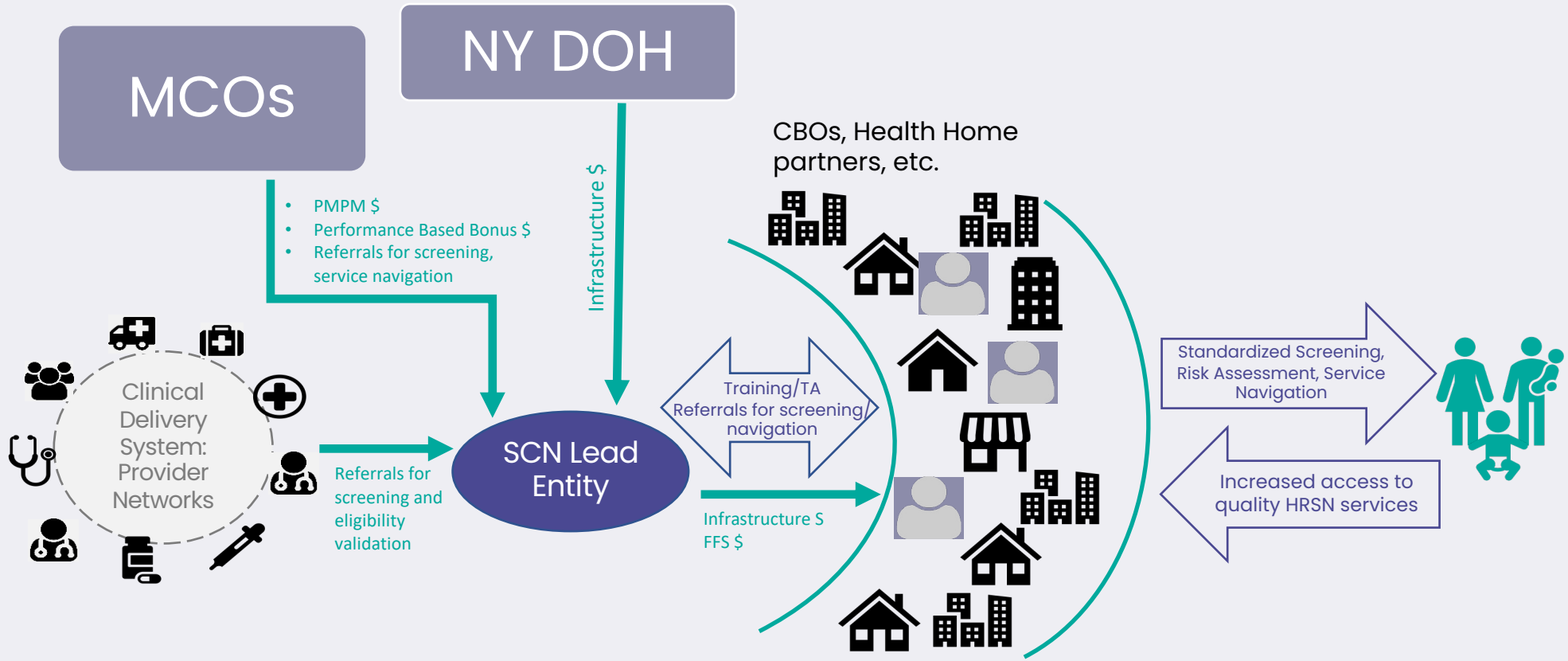
SOCIAL CARE NETWORK (SCN) STRUCTURE



Data and IT Platform: bidirectional sharing and reporting of data to support immediate eligibility validation, service navigation and referral tracking, CBO reimbursement, and measurement/evaluation of impact.

SCN Governance

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THE SCN: GOVERNANCE REQUIREMENTS OF SCN LEAN ENTITY

The awarded lead entity shall:

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

HRSN Outreach, Screening, and Navigation to Services

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THE SCN: APPROACH TO SCREENING

Inclusive Alliance's (IA) approach to reaching Medicaid members in the Central New York (CNY) region for Health Related Social Needs (HRSN) screening consists of four key elements:

1) **Targeted outreach** using data analytics to identify underserved communities with disparities.
2) Leveraging our **existing robust network of cross-system partners and local CBOs** who have extensive screening capabilities and deep ties to the community
3) **Building the capacity of local, grassroots organizations** that are most trusted by and embedded in communities with the most significant disparities.
4) **Monitoring** screening capacity and access.

THE SCN: TARGETED OUTREACH

Outreach strategy in collaboration with CBOs to reach members in neighborhoods identified as having health disparities to encourage HRSN screening.

- Hire/contract for data analytics/reporting staff to support ongoing flow of information across network and partners.
- Use SCN data reporting and the IA data warehouse to identify individuals actively or at risk of "falling through the cracks" via designated criteria and prioritize member outreach assignment distribution across network based on pre-defined metrics that reflect CBO capacity, expertise, and engagement in highly disparate neighborhoods.
    - Ongoing workgroups/advisory council to evaluate metrics utilized/outcomes achieved.
- Develop hard copy and digital marketing materials translated in multiple languages and alternate formats (large print, etc.) and made available for CBOs to distribute in libraries, places of worship, shopping locations, etc.
- Website to have a directory of screening locations, languages spoken, and screening modalities offered as well as a language translation option.
- Provide necessary training materials for CBOs to utilize in preparing staff for community engagement/screening efforts.

THE SCN: ROBUST CBO NETWORK

Identifying organizations to conduct screening in the region to ensure sufficient coverage and capacity.

- Health Homes: Already screening and providing care management services to many of these individuals already. Demonstrated history with list-based outreach throughout Health Home and ability to manage walk-in referrals depending on care management agency (CMA).
- Care Coordination Organizations (CCOs): : Already screening and providing care management services to individuals with developmental disabilities. Able to screen FFS Medicaid members who will not be eligible for level 2 services by the nature of their coverage program.
- Community Pharmacies: Best suited for walk-in screening capacity.
- Independent Living Centers: Well-situated to conduct screening/navigation for clients/their families.
- Early Childhood Alliances/Early Intervention: Well-situated to conduct screening/navigation for caregivers of the children they support.
- Community Health Workers: Field-based staff who are best positioned to target areas that are least well-served.
- Single Point of Access (SPOA): Centralized screening and referral system for adults with SMI and children with SED.
- 211: Already screening and providing navigation services

THE SCN: BUILD CAPACITY OF LOCAL, GRASSROOTS ORGANIZATIONS

- Intentionally cultivate partnerships with culturally congruent community based/grassroots organizations with either capacity to be trained to offer screening, or ability to help facilitate connections to screeners through traditional referrals or cooperation with mobile screening capable SCN members.
- Use of Mobile Vans/Units enable Community Health Workers (CHWs) and other field-based staff to engage members who are the most in need of services but have not historically been connected to the health or social service system.
    - Mobile Units offer a private, HIPPA-compliance space to screen members at accessible community locations such as:
        - Community and pop-up events
        - Food banks/soup kitchens
        - Diaper banks
        - Senior centers
        - Free clothing closets
- Leverage CBO partners with CHWs embedded in locations such as family court, probation office, housing authority units, WIC/SNAP offices, and county Department of Social Services (DSS) offices and are already conducting screenings in those sites.

THE SCN: EVALUATING CBO READINESS TO SCREEN MEMBERS

- Inclusive Alliance will hire a full-time staff person dedicated to validating CBOs meet requirements for conducting screening.
  - CBO identified point persons identified and tracked through utilization of IA's CRM/data systems.
  - Screening modality captured and reported to SCN through attestation form and monitored via claims and electronic referral platform to support ongoing SCN quality/capacity improvement efforts.
- CBO screening staff will be required to take the free, online cultural competency training offered by the US Department of Health and Human Services (HHS), Office of Minority Health education program, Think Cultural Health to fulfill the requirement for annual cultural competency training.
  - CBOs with established comparable internal training options can submit an attestation instead.
  - CBOs need to verify completion of the cultural competency training by submitting the Attestation Form to Inclusive Alliance.
- CBO Screening Requirements would be included in contracts with CBOs and monitored in an ongoing audit process.
- Annual attestation process to validate CBO capacity to conduct screenings in required modalities.

CBO Screening Criteria

1. CBO has designated point person(s) for screening members.
2. CBO has capability to conduct screenings in-person and via telephone, virtual, website, and text messaging.
3. CBO is willing and able to receive training(s) on screening members for HRSN with cultural and linguistic competency.

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THE SCN: MONITORING TO IDENTIFY AND ADDRESS GAPS IN SCREENING PROVISION

Continually identify and address gaps in the availability and accessibility of screening within the region.

- Use the screening data captured in the IT and Data platform to:
  - create heat maps to identify areas in that region that are not being screened to evaluate network adequacy.
  - track how long it takes for members to be screened and subsequently connected to services within the network.
- Continual assessment linguistic, cultural, or other communication needs of the region and continuous effort to recruit CBOs to the network that reflect those needs.
- Gather consumer feedback through a sub advisory group of the governing body about screening access and social service availability.
- Facilitate ongoing quality improvement/capacity building workgroups to support CBO peer level engagement and problem solving across service categories/functions.

Network Administration, Capacity Building, and Partnerships

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THE SCN: APPROACH TO CBO NETWORK

- Build on current foundational network to establish a directory of CBO providers that offer identified HRSN services
- Provide capacity building support, IT integration, and training to support CBO readiness to provide HRSN services
- Leverage HealtheConnections and 211s to support closed loop referrals
- Track and monitor referrals
- Regularly provide CBOs with performance data and technical support
- Continue to host monthly webinars for our members and regional partners to receive updates, including data about member engagement and our delivery of HRSN; We will continually expand access to this forum, transparently report our progress addressing social health needs, and provide a forum for members to highlight gaps and opportunities for our growth via partnerships.
- Conduct network expansion to ensure access to HRSN services in geographic areas and for targeted populations that are underserved and require additional CBO engagement

OUTSTANDING ISSUES

- Social service navigation workflow(s), tool(s) used, and any improvement(s) made to processes over time, including helping Medicaid members navigate to services beyond social care services delivered by CBOs in the network (e.g., WIC, SNAP).
    - Warm handoff process between the front desk screener and a level 2 case manager or other HRSN service for eligible members.
    - For entities that screen members but lack access to the necessary eligibility information, handoff process to the SCN lead entity by phone or through transmission of screening data to the Statewide Health Information Network-New York (SHIN-NY).
- Understanding of different stakeholders in the region who serve target populations and the nature of the Applicant's relationship with each
    - Names and brief description of stakeholder and context of relationships.
    - Proposed plan to engage key stakeholders with whom the Applicant does not have an existing relationship.

Coming Attractions – Upcoming Webinars

Subject to change:

- **March 20, 12-1:** Inclusive Alliance SCN Design Team Presentation #2
- **April 17, 12-1:** Inclusive Alliance's NDPP (National Diabetes Prevention Program) Umbrella Hub: Benefits of Joining & Partnering with a Hub
- **May 15, 12-1:** Inclusive Alliance's CCH (Community Care Hub): What Is a Community Care Hub & Benefits of Joining & Partnering with a CCH

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Stay Involved & Get in Touch!

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- Sign up for our Network Scoop newsletter
- Visit our website: inclusivealliance.org