COMMUNITY HEALTH CARE ASSOCIATION of New York State

Social Care Network Operations Manual Overview

Introduction to the SCN Manual

The Social Care Networks (SCN) Operations Manual is an operational guide that details how screenings, services, care navigation, payments, and IT processes will be carried out under the SCN program. This manual serves as a living document, meaning updates and changes may be made over time as new information becomes available or as the program evolves. Currently, the manual is missing some critical information, such as the fee schedule for services. The SCN will develop regional fee schedules that will outline the reimbursement rates for various Health-Related Social Needs (HRSN) services. These fee schedules, once released, will be approved by the New York State Office of Health Insurance Programs (OHIP) and the Centers for Medicare & Medicaid Services (CMS).

Reimbursement Overview

Community Health Centers

Community Health Centers may contract with SCN Lead Entities to participate in the network and can contract with as many SCNs as they choose. Once contracted, community health centers that are part of the Network may be reimbursed for Screening, Navigation, and Enhanced HRSN Services.

Community health centers may only be reimbursed for SCN services if they have not already been reimbursed by Medicaid or third-party payers for those services.

For example, if a provider conducts a threshold visit with a patient and screens them, they would only be paid for the threshold visit with their PPS rate, and not reimbursed by the SCN for the screening. However, if that provider refers the patient to a social care navigator who works with them on a different date to connect them to services, the health center may be reimbursed for that navigation.

Additionally, community health centers should not report visits and revenue associated with SCN services on the Managed Care Visit and Revenue (MCVR) report, as these services are not eligible for the Supplemental Payment Program.

Reimbursement Breakdown

This section provides a quick overview of reimbursement for the three primary services covered under the SCN program: Screenings, social care navigation, and enhanced HRSN services. For a more detailed explanation of the operational components related to these services, refer to the following sections, and consult the full manual for comprehensive guidelines.

Fee Schedule

Each SCN will develop its own fee schedule to determine the payment rates for screenings and other services. While these fee schedules are created by the regional SCNs, they must still be

approved by OHIP and CMS. Once approved and released, the fee schedules will be made publicly available by the state and distributed by the SCNs.

Screening Reimbursement

Health centers can receive reimbursement for screenings. These screenings must use the standardized screening questions and answers, enter the SCN IT Platform, and involve 1:1 interaction with the member. See below for more detailed steps on what is needed to be reimbursed for screenings. It's important to note that screenings completed during threshold visits will not be reimbursed above the PPS rate by the SCN lead entities.

Social Care Navigation Reimbursement

Health centers can receive reimbursement for social care navigation services, which will be paid in 30-minute increments for direct engagement with members. Each interaction with a social care navigator is billable. It is assumed that care navigation conducted on the same day as a threshold visit will not be reimbursed, but not yet confirmed.

Community Health Workers (CHWs): The state expects that CHWs will often act as social care navigators. Outside of the SCN program, the state has proposed that community health centers be reimbursed for CHW services at a rate of $35 per session, with a maximum of 12 sessions per year, provided these services are not part of a threshold visit. This proposal is likely aimed at aligning CHW services within and outside of SCN services at health centers and is currently pending CMS approval.

Services Reimbursement:

Community health centers can receive reimbursement for Health-Related Social Needs (HRSN) services, which will be paid according to the regional SCN fee schedule. These services may be provided at the same address as licensed clinic sites operating under Article 28, 31, or 32.

However, HRSN service providers, including community health centers, cannot bill for Enhanced HRSN Services if they are already receiving payments or reimbursements from local, state, or federal sources for those same services.

SCN Contract Requirements for Providers and CBOs

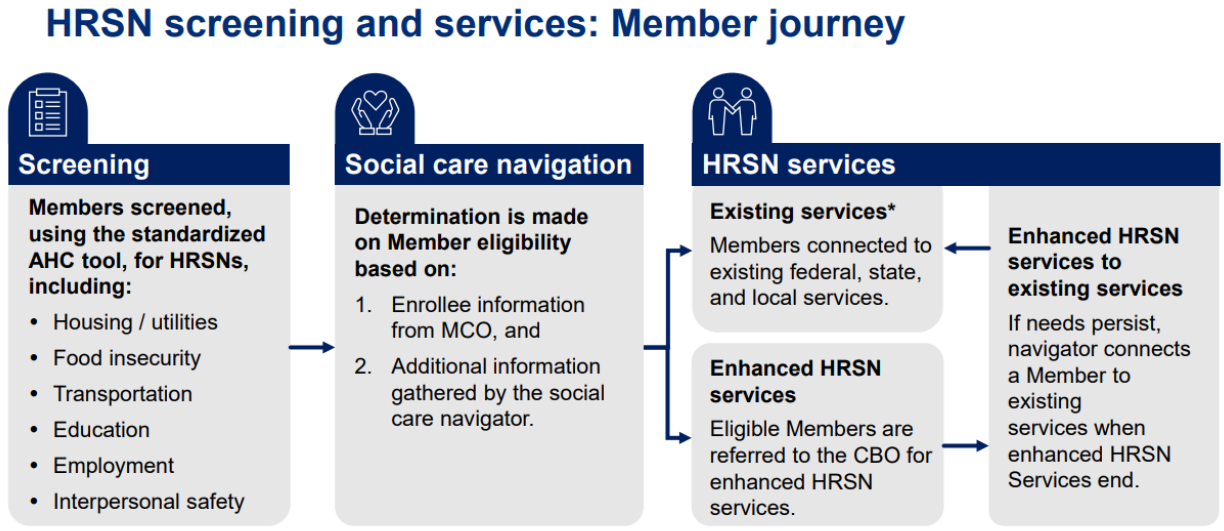
- **Service Delivery Expectations**: Clearly defined roles and responsibilities, including service types and standards.
- **Data Sharing Agreements**: Requirements for data sharing, compliance with data privacy regulations, and use of the SCN IT Platform.
- **Reimbursement Terms**: Payment terms, including fee schedules, performance-based incentives, and reimbursement timelines.
- **Reporting Requirements**: Expectations for reporting on service delivery, Member outcomes, and other key metrics.

- **Capacity Building**: Provisions for training and support to ensure that providers and CBOs can meet SCN program demands.

Screenings

What is a Screening?

A screening is the first step in identifying the Health-Related Social Needs (HRSNs) of Medicaid Members. It involves assessing various social determinants of health, such as housing, food security, and transportation, to determine what specific services a Member may need.



Who Can Conduct Screenings?

- Social Care Navigators: The primary professionals trained to conduct HRSN screenings.
- Healthcare Providers: Including community health centers, primary care physicians, and behavioral health providers, who may conduct screenings, especially when directly interacting with Medicaid Members.
- Community Based Organizations (CBOs): CBOs that are part of the SCN may also conduct HRSN screenings.
- Managed Care Organizations (MCOs): MCOs may participate in screening, particularly for their enrolled Members, using the SCN IT platform. MCOs are encouraged to conduct screening but will not be reimbursed.

Tool to Be Used: AHC HRSN Screening Tool
The AHC HRSN Screening Tool is a standardized instrument designed to assess various social needs that can impact a Member's health. It covers domains such as housing instability, food security, transportation, and interpersonal safety. The tool is coded using LOINC (Logical

Observation Identifiers Names and Codes) to ensure consistency and interoperability across the SCN.

Screenings must use the AHC HRSN Screening Tool or another assessment instrument with identical LOINC coding for question-and-answer pairs. The questions cannot be altered or adjusted. Alternative screening tools are allowed as long as they maintain the same LOINC coding and the exact language of the questions. More info on the AHC HRSN Screening tool LOINC codes.

How to Be Reimbursed for Screenings
To receive reimbursement for conducting HRSN screenings:

- Not already reimbursed**:** The screening must be separate from any threshold visit or other visit that has already received reimbursement from Medicaid or a third-party payor.
- Conducted on Behalf of a Medicaid Member: Only screenings for eligible Medicaid Members (both FFS and Managed Care) are reimbursable.
- Use of Standardized Tool: Screenings must utilize the AHC HRSN Screening Tool without modifications.
- Completion of Screening: All questions (except for interpersonal safety) must be answered for reimbursement. Declined questions should be logged as DataAbsentReason.
- Data Entry: Screenings must be entered into the SCN IT Platform or a compatible platform.
- Annual Screen or Verified Re-Screen: Reimbursement is available for one annual screen or a verified re-screen due to a major life event.
- 1:1 Member Interaction: Screenings must include a 1:1 interaction between the screener and the Member.

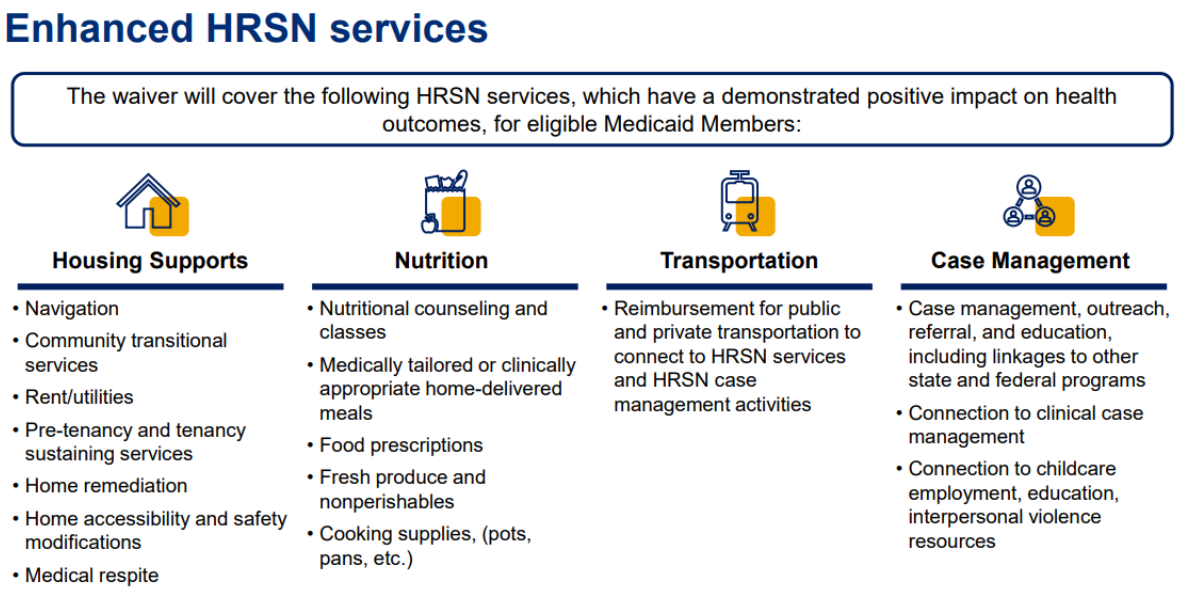
Each SCN will develop its own fee schedule, which will specify how much the SCNs will pay for screenings and other services. These fee schedules have not yet been released.

What Does the Screening Entail?

- Member Consent: Obtain consent before starting the screening.
- Screening Process: Can be conducted in-person, virtually, or by phone, ensuring cultural and linguistic appropriateness.
- Documenting Results: Enter results into the SCN IT Platform for coordination and follow-up.
- Follow-Up: If unmet HRSNs are identified, the screener should coordinate the next steps, such as referrals or creating a Social Care Plan.

Services

What Services Can Be Provided?



Who Can Provide These Services?

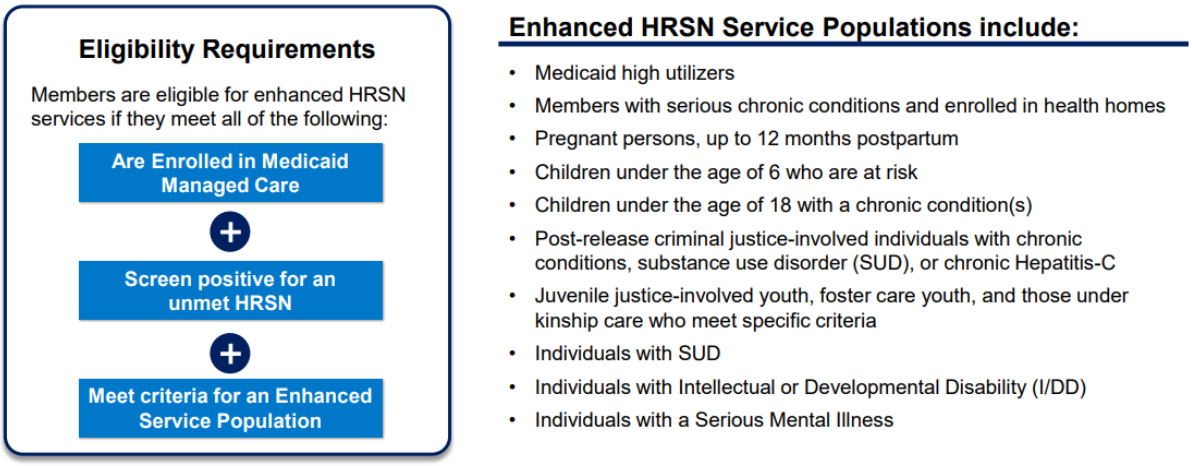
- **CBOs:** Typically the primary providers of HRSN services within the SCN.
- **Healthcare Providers:** May also provide services such as care management or nutritional counseling.
- **For-Profit Organizations:** May be included in the SCN if non-profits are unable to meet service demands.

How Are They Reimbursed?

Services provided to eligible Medicaid Members are reimbursed under the SCN program. The reimbursement rates are based on the regional SCN fee schedule, with specific service durations and limitations.

Eligibility for Enhanced HRSN Services
Enhanced HRSN Services are available to enrolled Medicaid Managed Care Members who meet specific criteria. Members from the covered populations (Enhanced Populations) are eligible to receive Enhanced HRSN Services if they satisfy the applicable social risk factors and clinical criteria, and if the Enhanced HRSN Services are determined to be medically appropriate:

Populations eligible for enhanced HRSN services



Service Duration and Limitations

Enhanced HRSN Services are typically provided for up to six months, with some services eligible for longer durations based on the Member's needs, such as up to 11 months for nutrition services related to high-risk pregnancies. For detailed information on service duration and limitations, please review the SCN Operations Manual, Covered HRSN Services, page 80 of 195.

Details on Enhanced Services in the SCN Manual

A detailed list of enhanced services, including housing support, nutritional assistance, transportation, and care management, is available in the SCN Manual. This information can be found on page 89, Table 5-11. For a concise example of a service and the information available, see below. Similar details are provided for every service in the manual.

Example: Medically Tailored or Clinically Appropriate Meals

Eligibility: Available to enhanced populations with a social risk factor, specifically those who screen positive and are assessed to have unmet needs under the food security domain.

Service Limits: Up to 3 prepared meals per day for up to 6 months at a time. Pregnant or postpartum individuals may receive additional months. Meals must be approved by a registered dietitian.

Contact Requirements at End of Service: Contact the patient 60 days and 10 days before the end of the service delivery period to offer connections to WIC or SNAP benefits.

Tech/Coding: HCPCS Code - S5170; SNOMED-CT Code - 464431000124105.

For detailed information on all services, including eligibility and requirements, refer to Table 5-11 on page 89 of the SCN Manual.

Social Care Navigators

What Are Social Care Navigators?
Social Care Navigators are responsible for guiding Medicaid Members through the process of addressing their HRSNs. They ensure that Members are connected with the appropriate services from screening to delivery, serving as the main point of contact throughout the process. The Social Care Navigator is responsible for providing outreach, Eligibility Assessment, Referral management, care coordination, and education. They confirm with the Member whether the Referral was accessed and if their needs were met. Additionally, Navigators coordinate the Member's benefit program application assistance and connection to clinical care management if applicable. The Social Care Navigator also creates Social Care Plans with the Member to determine ongoing service needs, including Enhanced HRSN Services, and handles referrals, tracking, and follow-up for services the Member is eligible for and opts into.

Who Can Be Social Care Navigators?
Navigators can be employed by the SCN Lead Entity, HRSN service providers, healthcare providers, or MCOs. Although New York State does not require it, OHIP envisions that Navigators will be Community Health Workers.

Reimbursement
Reimbursement is based on the regional SCN fee schedule, paid in 30-minute increments for direct engagement with Members. Attempts to contact Members without engagement are not reimbursable.

FAQ Section

1. Can community health centers get paid for screenings and services provided, including care navigation?

Community health centers may contract with SCN Lead Entities to participate in the Network. Contracted community health centers that are part of the Network may be reimbursed for services such as Screening, Navigation, and Enhanced HRSN Services. However, community health centers may be reimbursed for SCN services only if they have not already been reimbursed by Medicaid Fee-For-Service, Medicaid Managed Care, or a third-party payer for those services.

2. If a patient is screened during a threshold visit, can they be reimbursed for the screening?

No, the screening will be included as part of the threshold visit.

3. If a patient is seen for a threshold visit and a screening or service navigation is performed on the same day by someone other than the provider, can the screening be reimbursed?

It is currently assumed that screenings and care navigation conducted on the same day as a threshold visit will not be reimbursed. However, we will need to confirm this with the state for additional guidance.

4. Should payments for screenings and services paid for by the SCN go on MCVRs?

No, community health centers should not report visits and revenue associated with SCN services on the Managed Care Visit and Revenue (MCVR) report, as these services are not eligible for the Supplemental Payment Program.

5. Do screenings need to be conducted with the AHC HRSN Screening Tool?

Screenings must use the AHC HRSN Screening Tool or another assessment instrument with identical LOINC coding for question-and-answer pairs. The questions cannot be altered or adjusted. Alternative screening tools are allowed as long as they maintain the same LOINC coding and the exact language of the questions. More info on the AHC HRSN Screening tool LOINC codes.

6. How are patients assigned to SCNs? Can a health center participate in multiple SCNs?

Patients are assigned to an SCN based on their most recent residential address by county, not the location of the clinic where they receive care. As a result, patients must work with the SCN that corresponds to the region of their home address. For example, if a patient is seen at a clinic in the Bronx but lives in Staten Island, they will be assigned to the Staten Island SCN.

Health centers can participate in multiple SCNs and are encouraged to join networks that cover the regions where their patients live, even if the center doesn't have a physical clinic in those areas.