ECAC Meeting

June 6, 2024

NYS Early Childhood Advisory Council

nysecac.org

New York State

Early Childhood Advisory Council Meeting

June 6th, 2024

10:30am-3:30pm

Location: The New York State Museum, Albany, NY

Vision: All young children are healthy, learning, and thriving in families that are supported by a full complement of services and resources essential for successful development

Agenda Item	Topic	Presenters	Time
Welcome & Announcements	• Introductions • New nominee: Dr. Darren Brown-Hall, Williamsville Central School District • Data Disaggregation Fact Sheets: Brigit Hurley, The Children's Agenda • New PDGB5 Funding Opportunity • ECAC By-Laws	Dona Anderson & Patty Persell	10:30am-11:30am
State Agency Updates	• NYS Education Department • NYS Office of Children and Family Services • NYS Department of Health	Erik Sweet Nora Yates Ray Pierce	11:30am-12:15pm
ECAC Liaison Updates	• Child Care Availability Taskforce (CCATF)	Dona Anderson	12:15pm–12:30pm
LUNCH BREAK (please network)			12:30pm-1:30pm
Committee Recommendations	• Racial Equity Committee • Family & Community Committee • Workforce Committee • Policy Committee	Committee / Team Co-Leads	1:30 pm–2:30pm
New York Health Equity Reform	• NY Health Equity Reform (NYHER) Medicaid 1115 Amendment Update: April Hamilton, NYS DOH, Office of Health Insurance Programs	April Hamilton	2:30pm-3:00pm
NYS Budget Update	• Early Childhood Budget Update: Assistant Secretary to the Governor for Human Services and Mental Hygiene	Alyson Grant Tarek	3:00pm- 3:15pm
Next Steps	• Next Steps • Closing Remarks	Dona Anderson & Patty Persell	3:15pm-3:30pm

Introductions

- ✓ Name
- ✓ Agency you are representing
- ✓ Something you are looking forward to

New ECAC Nominee

Dr. Darren Brown-Hall,

Williamsville Central School District

NYS Early Childhood Advisory Council
nysecac.org

Counting All Kids:

Equity Through Data Disaggregation in New York's Early Childhood Systems

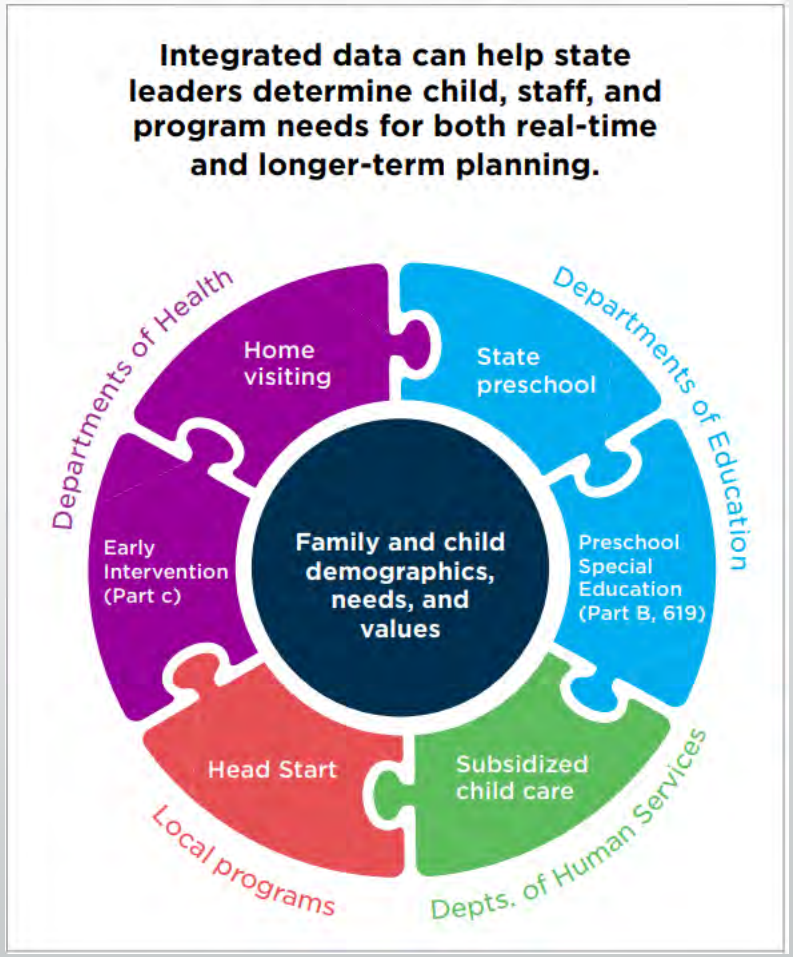
The Children's Agenda
6/6/24

Disaggregation & Integration

Insights from Child Trends & "Using Integrated Data to Increase Equitable Access to Early Childhood Programs"

Key Questions:

- Is there enough supply in all communities?
- Is care conveniently located?
- Is care affordable?
- Is care developmentally appropriate?
- Is care culturally inclusive?



Source: Child Trends & The Early Childhood Data Collective

Project Overview

Early Childhood Systems: Early Intervention, Child Care, Pre-Kindergarten & Preschool Special Education, Behavioral Health

Goals:

1. Gain an **understanding** of the current status of publicly available data in New York's early childhood systems
2. Identify **gaps** in data access for key disaggregated categories
3. Develop a set of **recommendations** to improve data disaggregation in NYS

Process

1

Identify

Developed a set of uniform disaggregation categories & ones specific to each system

2

Research

Reviewed publicly available/FOIL data for existing disaggregation

3

Design

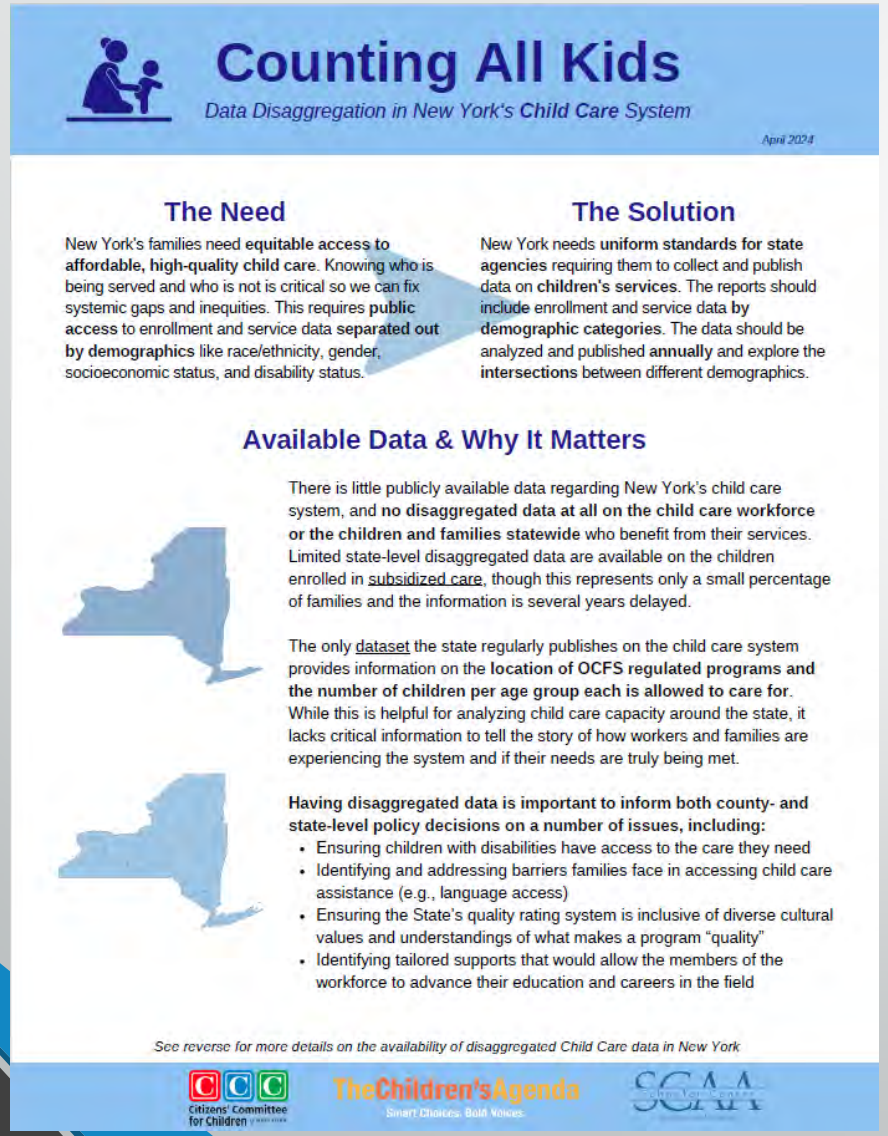
Created fact sheets specific to each early childhood system

4

Recommend

Developed suggestions for NYS to improve collection and public reporting

Fact Sheet Elements



Counting All Kids

Data Disaggregation in New York's Child Care System

April 2024

The Need

New York's families need **equitable access to affordable, high-quality child care**. Knowing who is being served and who is not is critical so we can fix systemic gaps and inequities. This requires **public access** to enrollment and service data **separated out by demographics** like race/ethnicity, gender, socioeconomic status, and disability status.

The Solution

New York needs **uniform standards for state agencies** requiring them to collect and publish data on **children's services**. The reports should include enrollment and service data **by demographic categories**. The data should be analyzed and published **annually** and explore the **intersections** between different demographics.

Available Data & Why It Matters

There is little publicly available data regarding New York's child care system, and **no disaggregated data at all on the child care workforce or the children and families statewide** who benefit from their services. Limited state-level disaggregated data are available on the children enrolled in subsidized care, though this represents only a small percentage of families and the information is several years delayed.

The only dataset the state regularly publishes on the child care system provides information on the **location of OCFS regulated programs and the number of children per age group each is allowed to care for**. While this is helpful for analyzing child care capacity around the state, it lacks critical information to tell the story of how workers and families are experiencing the system and if their needs are truly being met.

Having disaggregated data is important to inform both county- and state-level policy decisions on a number of issues, including:

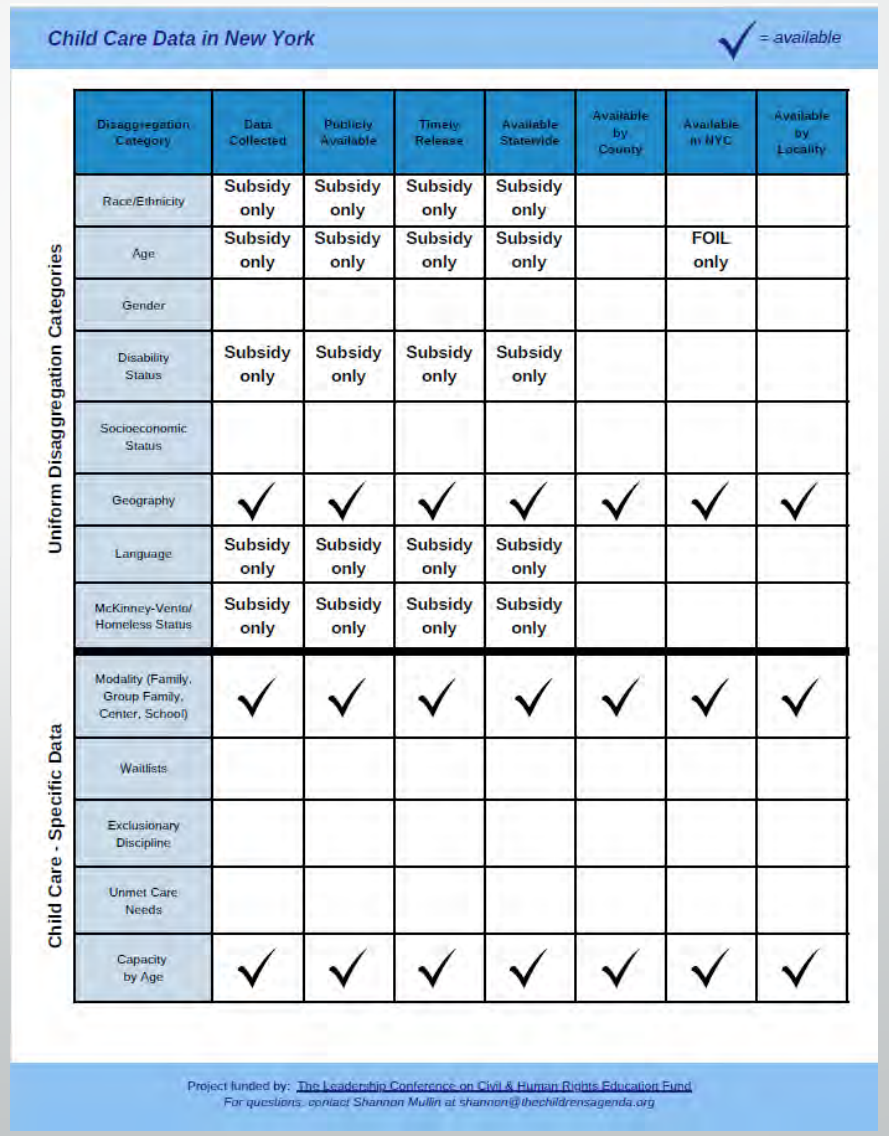
- Ensuring children with disabilities have access to the care they need
- Identifying and addressing barriers families face in accessing child care assistance (e.g., language access)
- Ensuring the State's quality rating system is inclusive of diverse cultural values and understandings of what makes a program "quality"
- Identifying tailored supports that would allow the members of the workforce to advance their education and careers in the field

See reverse for more details on the availability of disaggregated Child Care data in New York

Citizens' Committee for Children

TheChildren'sAgenda
Smart Choices. Bold Voices.

SCAA



Child Care Data in New York

✓ = available

	Disaggregation Category	Data Collected	Publicly Available	Timely Release	Available Statewide	Available by County	Available in NYC	Available by Locality
Uniform Disaggregation Categories	Race/Ethnicity	Subsidy only	Subsidy only	Subsidy only	Subsidy only			
	Age	Subsidy only	Subsidy only	Subsidy only	Subsidy only		FOIL only	
	Gender							
	Disability Status	Subsidy only	Subsidy only	Subsidy only	Subsidy only			
	Socioeconomic Status							
	Geography	✓	✓	✓	✓	✓	✓	✓
	Language	Subsidy only	Subsidy only	Subsidy only	Subsidy only			
	McKinney-Vento/ Homeless Status	Subsidy only	Subsidy only	Subsidy only	Subsidy only			
Child Care - Specific Data	Modality (Family, Group Family, Center, School)	✓	✓	✓	✓	✓	✓	✓
	Waitlists							
	Exclusionary Discipline							
	Unmet Care Needs							
	Capacity by Age	✓	✓	✓	✓	✓	✓	✓

Project funded by: The Leadership Conference on Civil & Human Rights Education Fund

For questions, contact Shannon Mullin at shannon@thechildrensagenda.org

Overview of Key Findings

Early Intervention

- Some data available in yearly federal reports
- Yearly NYC report could serve as a model

Child Care

- Virtually no system-wide data on children receiving care
- Limited data on families enrolled in subsidized care

Pre-Kindergarten & Preschool Special Education

- Disaggregated Pre-K data included in annual reports
- No additional data on students enrolled in Special Education

Behavioral Health

- Complex system with minimal disaggregation of access and utilization data

Recommendations

State & Local Leaders

1. Review data currently being collected to **identify additional opportunities** for disaggregated categories in collection and public reporting
2. **Develop uniform standards** between state-level agencies requiring the collection and publication of disaggregated data
3. **Create or improve public-facing data platforms** that make information more accessible to wide audiences

Advocates

1. **Educate your networks and elected officials** on the importance of accessible disaggregated data for equity among New York's children
2. Consider the **disproportionate impact of the bills** you support on subgroups made vulnerable by factors like systemic racism and poverty
3. **Advocate for data reporting bills** which mandate transparency through data disaggregation, and ensure adequate funding is included in the bill

Access the fact sheets here:

thechildrensagenda.org/data-disaggregation-reports/

For questions, please contact Shannon Mullin at shannon@thechildrensagenda.org

Preschool Development Grant Birth through 5 Funding Opportunity

ECAC By-laws

State Agency Updates

NYS Education Department

NYS Office of Children and Family Services

NYS Department of Health

Office of Early Learning: Update to the ECAC, June 2024

Erik Sweet, Executive Director
NYSED Office of Early Learning
Email: (erik.sweet@nysed.gov)
Phone: 518-474-5807

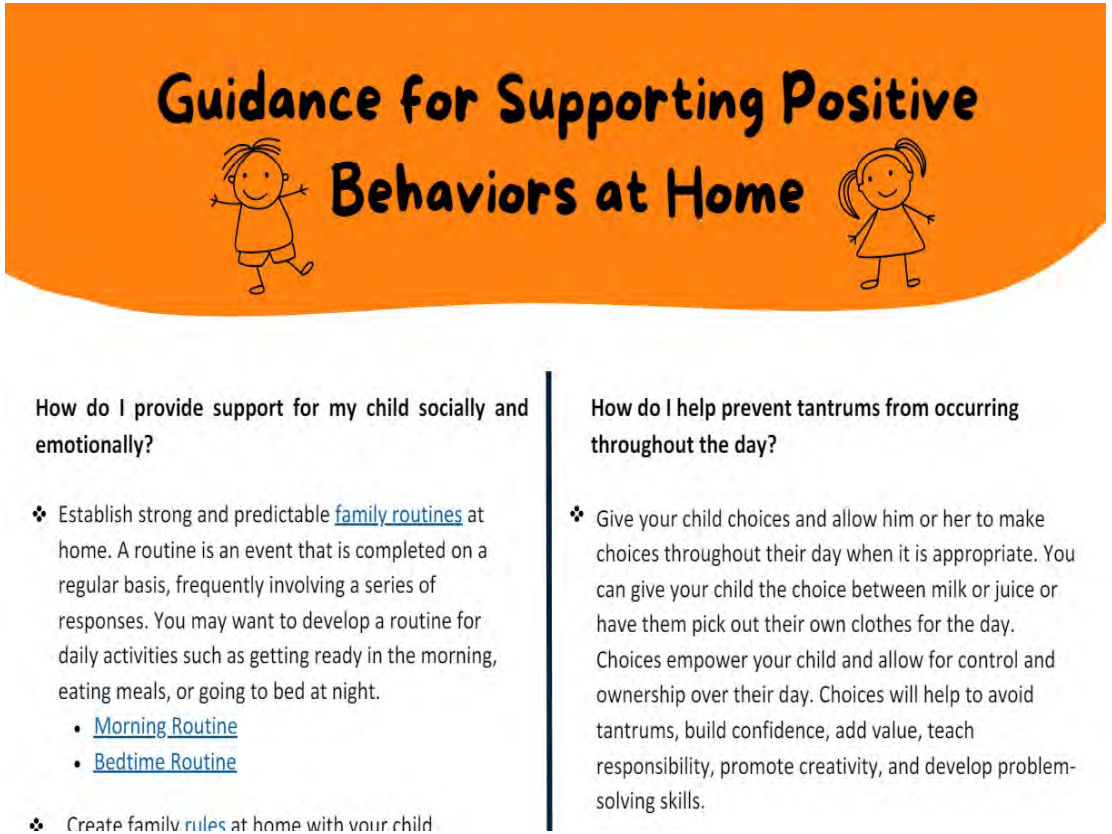
Current Projects & UPK Budget Updates

- RFP for expansion seats ($50 million). 64 districts awarded a total of 34 million
- *Navigating PreK Day 2024*: May 2, 2024: Presentations posted. Stay tuned for May 2025 event!
- Guidance on Emergent Multilingual Learners forthcoming
- P-3 Literacy Instructional Best Practices by January 2025
- UPK monitoring in 24-25: 200 districts
- 2024-25 Webinar series to be announced soon
- UPK Collaboration Council, jointly convened by OCFS and SED: to meet in 2024-2025

UPK Day: May 2024

Positive Behavior in Prekindergarten

Field Guidance



Guidance for Supporting Positive Behaviors at Home

How do I provide support for my child socially and emotionally?

- Establish strong and predictable family routines at home. A routine is an event that is completed on a regular basis, frequently involving a series of responses. You may want to develop a routine for daily activities such as getting ready in the morning, eating meals, or going to bed at night.
  - Morning Routine
  - Bedtime Routine
- Create family rules at home with your child

How do I help prevent tantrums from occurring throughout the day?

- Give your child choices and allow him or her to make choices throughout their day when it is appropriate. You can give your child the choice between milk or juice or have them pick out their own clothes for the day. Choices empower your child and allow for control and ownership over their day. Choices will help to avoid tantrums, build confidence, add value, teach responsibility, promote creativity, and develop problem-solving skills.

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NYSED's
Office of Early Learning
(518) 474-5807
oel@nysed.gov

http://www.nysed.gov/early-learning

State Agency Updates

NYS Education Department

NYS Office of Children and Family Services

NYS Department of Health

NEW YORK STATE | Office of Children and Family Services

Early Childhood Advisory Council Update

June 6, 2024

Nora Yates, Deputy Commissioner

CCDF 2024 Final Rule Update

Final Rule issued Feb. 28, effective 4/30/24

- Recent final rule issued 2/28 updated requirements for Lead Agencies in implementing CCDF
- Final Rule requires significant changes in payment practices that will require many system changes in NYS
  - Requires payment prospectively
  - Requires payment based on enrollment
- Final Rule requires use of some contracts or grants to increase supply for key populations (I/T, children with disabilities and underserved geographic areas)

CCAP Updates

Online Child Care Assistance Application

CCAA- Online Child Care Assistance Application is nearly ready for release!

Optional online application will simplify the application process

- Applicants can apply using their smart phone or other device
- Applicants can upload eligibility documentation (pay stubs, lease etc.) online

Direct Deposit

- Districts will be required to access the Child Care Facility System (CCFS) and to open a new bank account with JP Morgan Chase
- Providers will have to opt in to participate- this will be done using FAMS
- Providers will have the option to receive payments through direct deposit or continue to receive paper checks
- 2024-OCFS-INF-04 issued on May 13, 2024

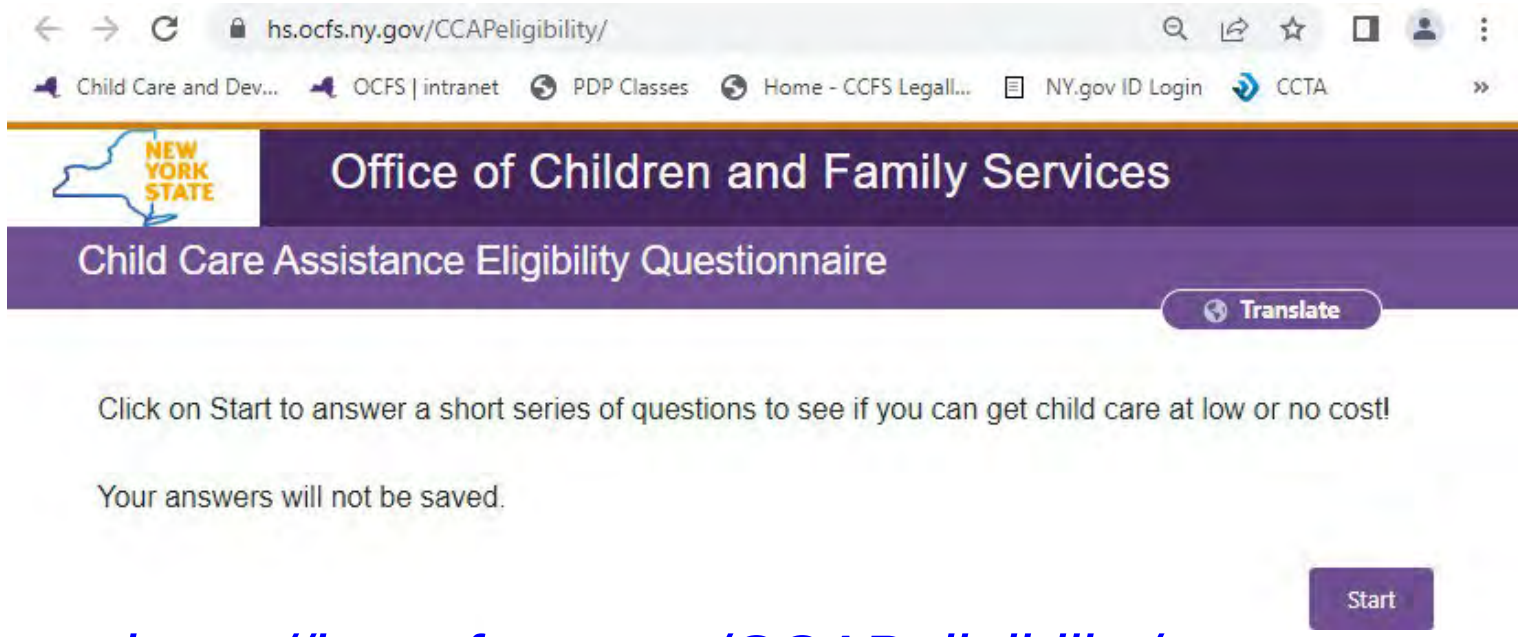
Increased Eligibility Threshold– 85 % State Median Income (SMI)

New York State CCAP Income Standard June 1, 2023-May 31, 2024	
Family Size	**85% SMI**
1	$51,610.13
2	$67,490.17
3	$83,370.21
4	$99,250.25
5	$115,130.29
6	$131,010.33
7	$133,987.84
8	$136,965.35

New York State CCAP Income Standard June 1, 2024-May 31, 2025	
Family Size	**85% SMI**
1	$56,488.48
2	$73,869.56
3	$91,250.63
4	$108,631.70
5	$126,012.77
6	$143,393.84
7	$146,652.80
8	$149,911.75

How Do Families Know if they are Eligible?

Information on the CCAP and Eligibility Levels is on the OCFS web site: OCFS.NY/GOV/CCAP



https://hs.ocfs.ny.gov/CCAPeligibility/

Eligibility Questionnaire

NEW YORK STATE | Office of Children and Family Services

Pandemic Grant Funding

Workforce Retention Grant Program Additional Payment

- A total of $280M will be distributed to existing Workforce Retention grantees
- Over $220M has been distributed to over 10,000 providers for the additional payment!!

Program Type	Staff Retention Award Amount *Per Staff*	Payroll Tax Assistance Award Amount *Per Staff*	Staff Recruitment Award Amount *Per Program*
DCC	$ 2,250	$ 172	$ 12,000
FDC	$ 2,250	$ 172	$ 2,000
GDC	$ 2,250	$ 172	$ 12,000
GFDC	$ 2,250	$ 172	$ 4,000
SACC	$ 1,725	$ 132	$ 12,000

Workforce Retention Grant Overview

- OCFS is issuing an additional payment to existing awardees who signed an attestation, met and continue to meet all grant requirements.
- Programs will not be eligible to receive this additional award if they have not completed required expense reports for all OCFS child care grants

Child Care Workforce Retention Grant Survey Results

Survey Details

- Purpose: Ask providers about the impact of the Workforce Retention Grant (WRG) 2023
- Eligibility: CC Workforce Retention Grant 2023 awardees
- Survey open: April 1 – 24, 2024

Response Rate

	#
Potentially Eligible Providers (WRG Recipients)	13,604
Duplicate Email Addresses	2,058
Survey Invitations (1 per email)	11,546
Responses (full and partial*)	5,593 (48.4%)
- Single Email Address	5,258
- Multi Email Address *(n=51 of 335 excluded, cross-modality or cross-region)*	335

**Responses for partial surveys included where available.*

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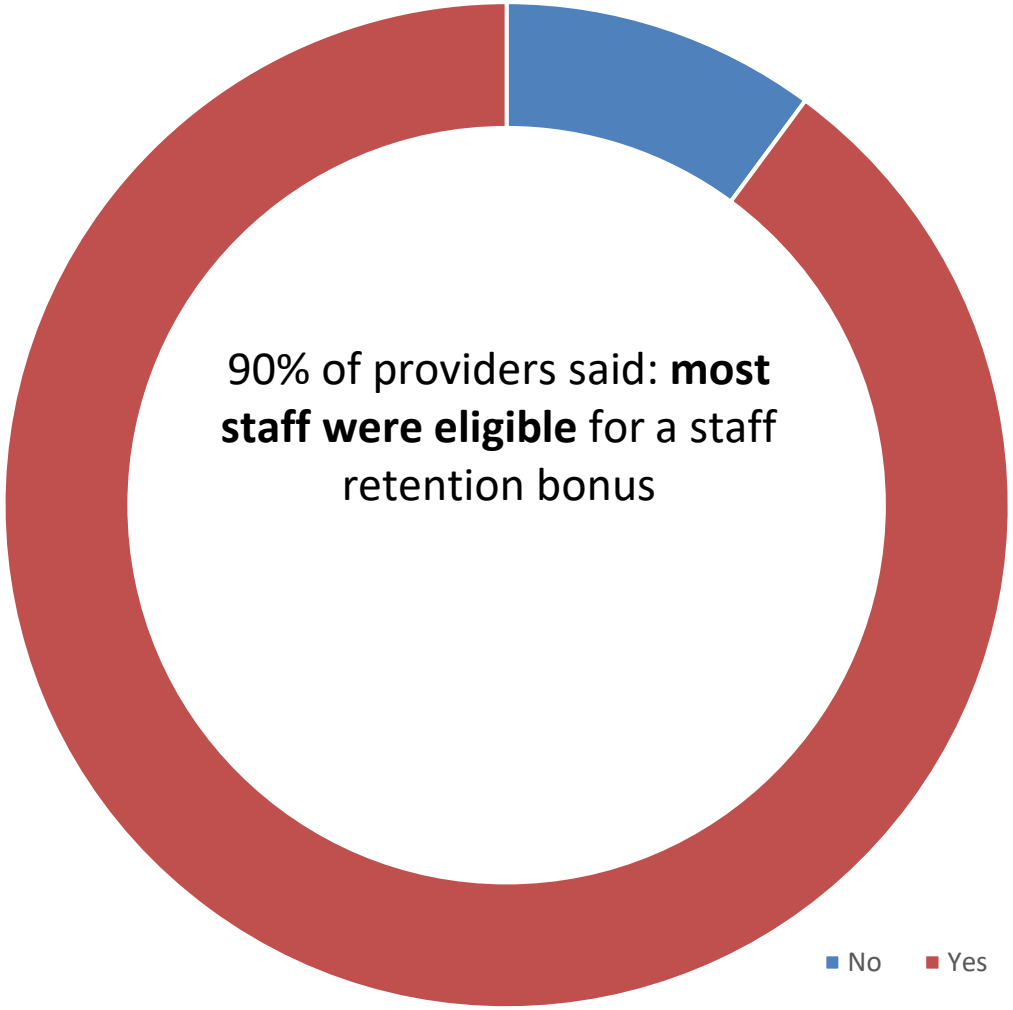
Who Responded to the Survey?

Region	FDC & GFDC	DCC & GDC	SACC	Total
ARO	273	90	25	388
BRO	166	130	17	313
LIRO	428	198	15	641
NYCDOH	2,044	526	150	2,720
RRO	330	82	12	424
SRO	376	88	28	492
WRO	313	224	27	564
Total	3,930	1,338	274	5,542

Eligibility for staff retention bonus

- Reason(s) Cited for Staff Ineligibility:
  - Date cutoff (n=216)
  - Too few hours/floater (n=179)
  - Not “caregiving” role (n=85)
  - Roster/CBC issues (n=33)
  - Staff not on payroll (n=22)



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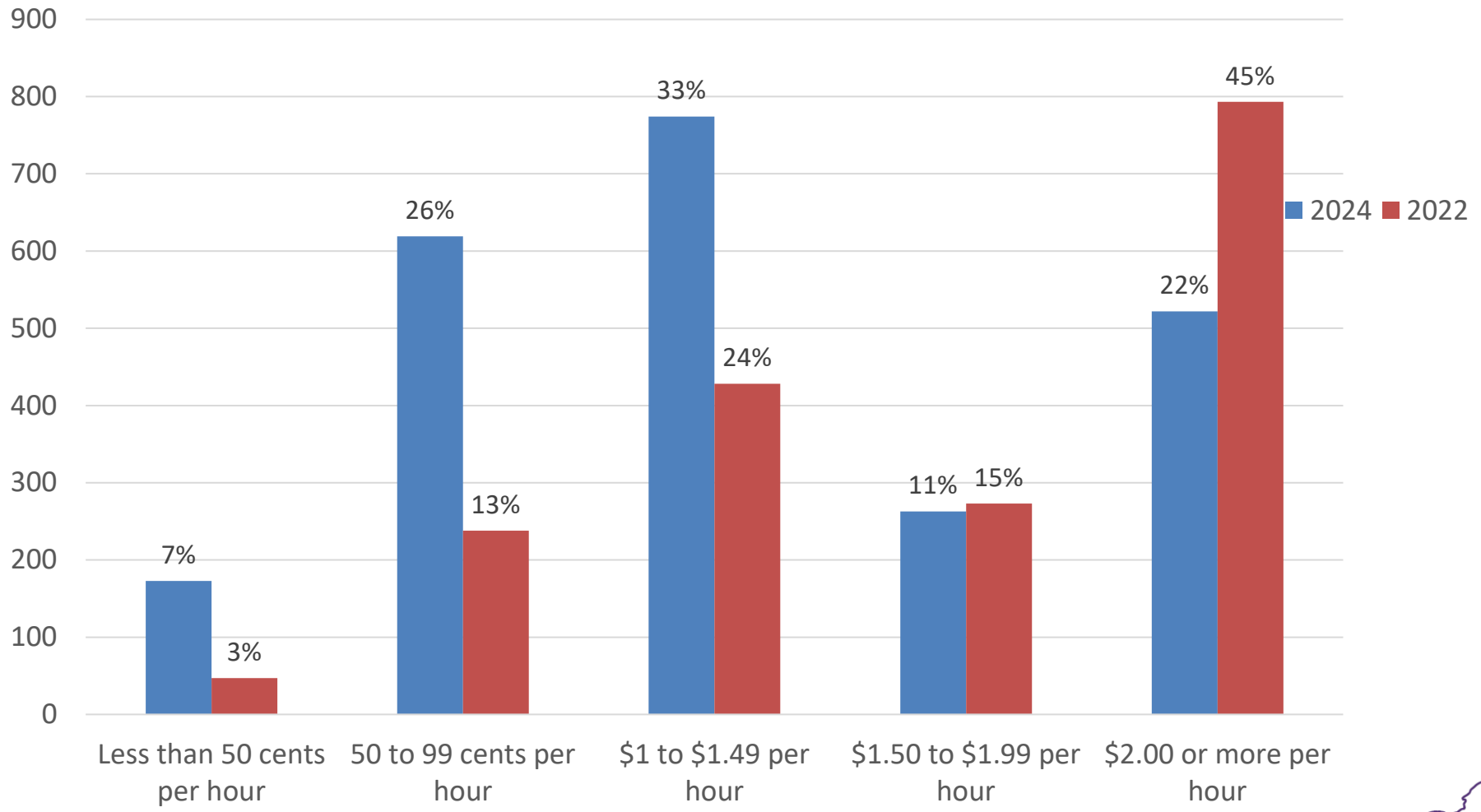
How much were raises? 2022 vs. 2024 survey



Child Care Availability Task Force (CCATF) Update


Lunch
WATER

ECAC Meeting

June 6, 2024

NYS Early Childhood Advisory Council

nysecac.org

ECAC Committee Recommendations

- Racial Equity Committee
- Family and Community Committee
- Workforce Committee
- Policy Committee

Racial Equity Committee

Family and Community Resources Committee

Workforce Committee

Policy Committee

New York Health Equity Reform (NYHER) Medicaid 1115 Amendment Update for the Early Childhood Advisory Council

June 6, 2024

April Hamilton, Deputy Director
Division of Program Development and Management
Office of Health Insurance Programs
New York State Department of Health
April.Hamilton@health.ny.gov

Agenda

- NYHER Waiver Overview
- Social Care Networks (SCN) and Partnerships
- Health-Related Social Need (HRSN) Services
- SCN Payments and Performance
- Continuous Coverage for Children up to Age 6

New York Health Equity Reform (NYHER) Amendment Summary

On January 9, 2024, CMS approved a $7.5 billion package for the New York Health Equity Reform (NYHER) 1115 Waiver Amendment that includes nearly $6 billion of federal funding.

The NYHER Amendment will be effective until March 31, 2027.

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 Delivery System Reform Incentive Payment (DSRIP) 1115 waiver program to scale delivery system transformation, improve population health and quality, deepen integration across the delivery system, and advance health-related social need (HRSN) services.
- 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:***

Strengthen the Workforce ($692 million)

Career Pathways Training (CPT) Program ($646 million)

The CPT program will support: educational programs, professional placement support, and participant support services for new and current healthcare professionals.

- **Service Commitment:** Three-year commitment of service to Medicaid providers that serve at least 30 percent Medicaid members and/or uninsured individuals.
- Three high-performing Workforce Investment Organizations (WIOs) will manage the CPT program, with one WIO per region. WIOs will recruit students and providers, coordinate educational programs, and provide educational and job placement support to participants.

Job Titles Eligible for Career Pathways Training Program:

- **Nursing:** Licensed Practical Nurse, Associate Registered Nurse, Registered Nurse to Bachelor of Science (BS) in Nursing, Nurse Practitioner
- **Professional Technical:** Physician Assistant, Licensed Mental Health Counselor, Master of Social Work, Credentialed Alcoholism and Substance Abuse Counselor, Certified Pharmacy Technician, Certified Medical Assistant, Respiratory Therapist
- **Frontline Public Health Workers:** Community Health Workers, Patient Care Managers

Student Loan Repayment ($48 million)

The NYHER amendment includes student loan repayment for healthcare professionals to support recruitment and retention.

- **Service Commitment:** Four-year commitment to maintain a personal practice panel or work at an organization that includes at least 30 percent Medicaid and/or uninsured members.
- Award process will take criteria into account, including geographic distribution of applicants, regional need, commitment to working in underserved communities, and linguistic and cultural competency.

Job Titles Eligible for Student Loan Repayment Program:

- Psychiatrists, with a priority for Child/Adolescent Psychiatrists
- Primary Care Physicians
- Dentists
- Nurse Practitioners
- Pediatric Clinical Nurse Specialists

Population Health and Health Equity

Medicaid Hospital Global Budget (up to $2.2 billion)

Goal: Stabilize and transform targeted financially distressed voluntary hospitals to advance health equity and improve population health in communities with the most evidence of health disparities. Aligns with the Center for Medicare and Medicaid Innovation (CMMI) States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model.

Structure: Incentive funding to stabilize Medicaid dependent financially distressed safety net hospitals and develop necessary capabilities to:

- Advance health equity; participate in advanced value-based payment (VBP) arrangements; and deepen integration with primary care, behavioral health, and HRSN services

Incentive payments would be tied to transformational activities & quality improvement measures, including those related to health equity.

AHEAD is a total cost of care model that seeks to drive state and regional health care transformation and **multi-payer alignment**, with the goal of improving the total health of a state population and lowering costs.

Primary Care Delivery System ($492 million)

Goal: Statewide approach to advancing primary care and enable providers to move toward advanced value-based payment (VBP) arrangements. Aligns with the CMMI Making Care Primary (MCP) and primary care investments through the AHEAD model.

This will have a special focus on care for children and moving further towards VBP

- This initiative will be authorized outside of the 1115 Waiver

Structure: Enhanced monthly payments for all Patient-Centered Medical Home (PCMH) primary care practices for their Medicaid Managed Care members for two years

- In subsequent years, payments will transition to bonus payments, linking payments to quality and efficiency, and then to a value-based payment model.

MCP is a voluntary **Medicare** primary care model. Through MCP, investments in primary care are increased so patients can access more seamless, high-quality, whole-person care.

Population Health and Health Equity

Health Equity Regional Organization ($125 million)

An independent statewide entity that will convene and collaborate with a diverse and comprehensive range of stakeholders to inform the State's plan to advance health equity and reduce health disparities across the state.

Activities include:

- Data Aggregation
- Regional Needs Assessment & Planning
- VBP Design & Development
- Program Evaluation

Substance Use Disorder (SUD) ($22 million in annual State savings)

Through the 1115 Waiver, NYS will offer beneficiaries access to high-quality, evidence-based Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) treatment services across a comprehensive continuum of care, ranging from residential and inpatient treatment to ongoing chronic care for these conditions in cost-effective community-based settings.

This will include services provided in residential and inpatient treatment settings that qualify as an institution for mental diseases (IMD).

Social Care Network (SCN) Infrastructure ($500 million)

DOH will award one Social Care Network (SCN) per region (with up to five awards in New York City), with up to 13 SCNs statewide. Each SCN will be a designated Medicaid provider and serve as the lead entity in their region for:

- Fiscal Administration
- Contracting
- Data Collection
- Referral Management
- CBO* Capacity Building

HRSN Screening and Navigation Services: *All Medicaid members* will be screened for HRSNs and eligible for navigation to existing federal, state, and local social programs

Targeted High-Need Populations Eligible for Enhanced HRSN Services

- Medicaid High Utilizers
- Individuals with serious chronic conditions (e.g., two or more chronic conditions, HIV/AIDS) and enrolled in a Health Home
- Individuals with Substance Use Disorder, Serious Mental Illness, or Intellectual and Developmental Disabilities
- Pregnant persons, up to 12 months postpartum
- Children aged 0-6
- Children under 18 with chronic conditions
- Foster care youth, juvenile justice-involved, and those under kinship care
- Post-release criminal justice-involved individuals with serious chronic conditions

Housing Supports

Nutrition

HRSN Transportation

HRSN Case Management

*CBO – Community-Based Organization

HRSN Screening and Navigation to Services

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.

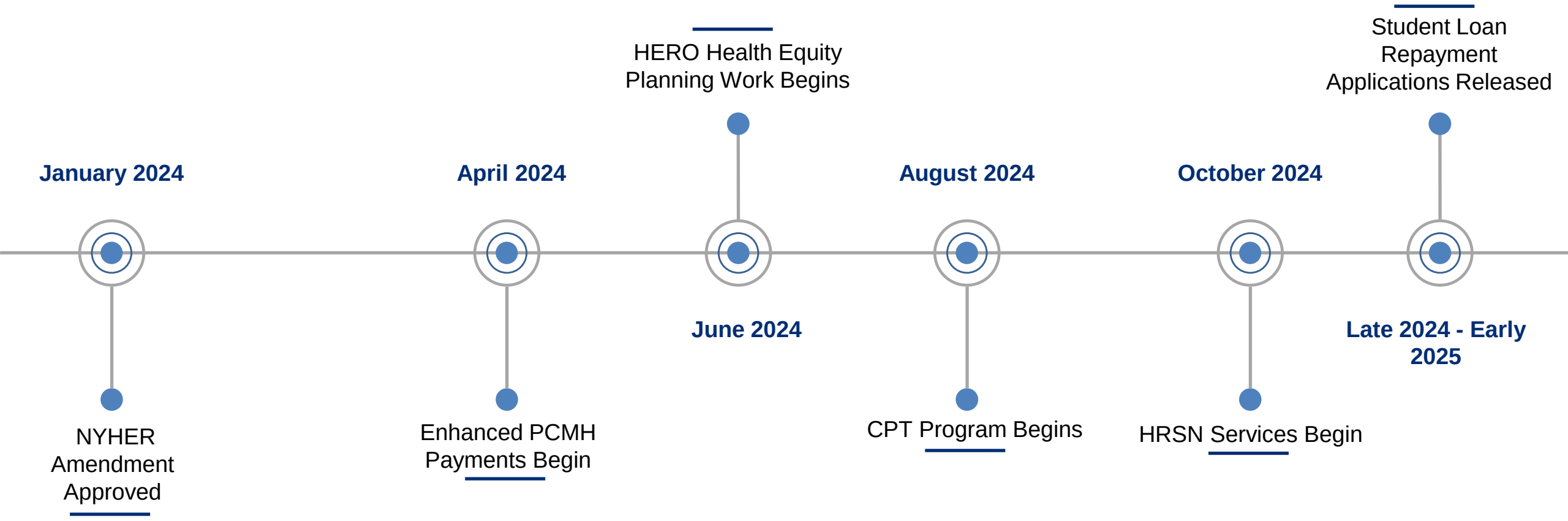
- SCN lead entities will be accountable for ensuring that **eligible members are navigated** to appropriate social care services delivered by CBOs in their network.

- 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).

Projected Milestones for 2024

**Milestones subject to change*



2024

Social Care Networks and Partnerships

NEW YORK STATE | Department of Health

Role of Entities in Social Care Network (SCN) Ecosystem

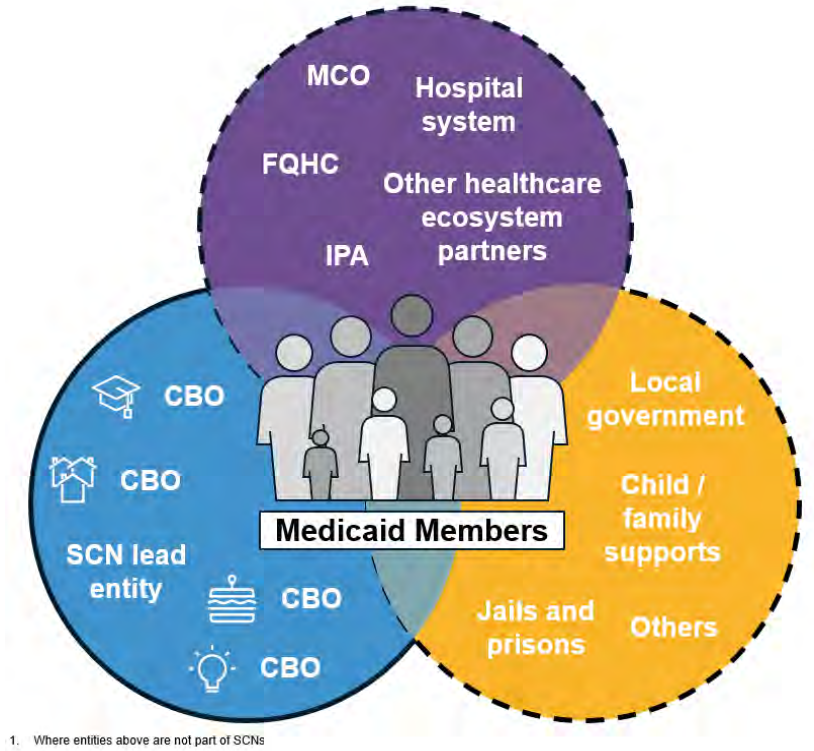
Community Based Organizations (CBOs):

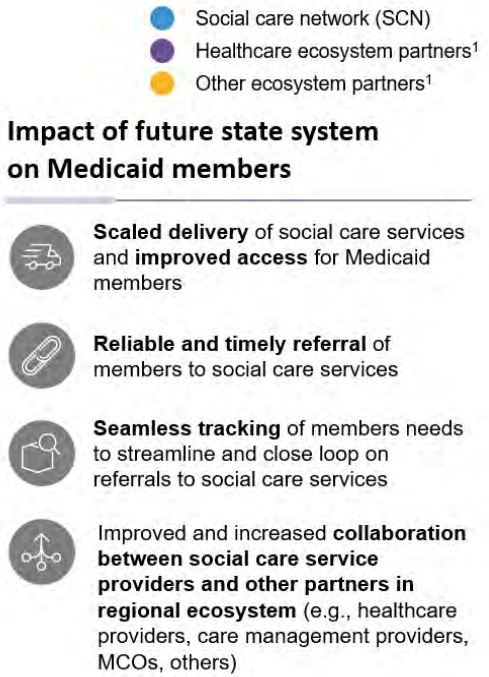
Contracted as part of the SCN and may also participate in the **screening** of Medicaid members for HRSN and service **navigation**, and **care management** upon meeting screening criteria.

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.





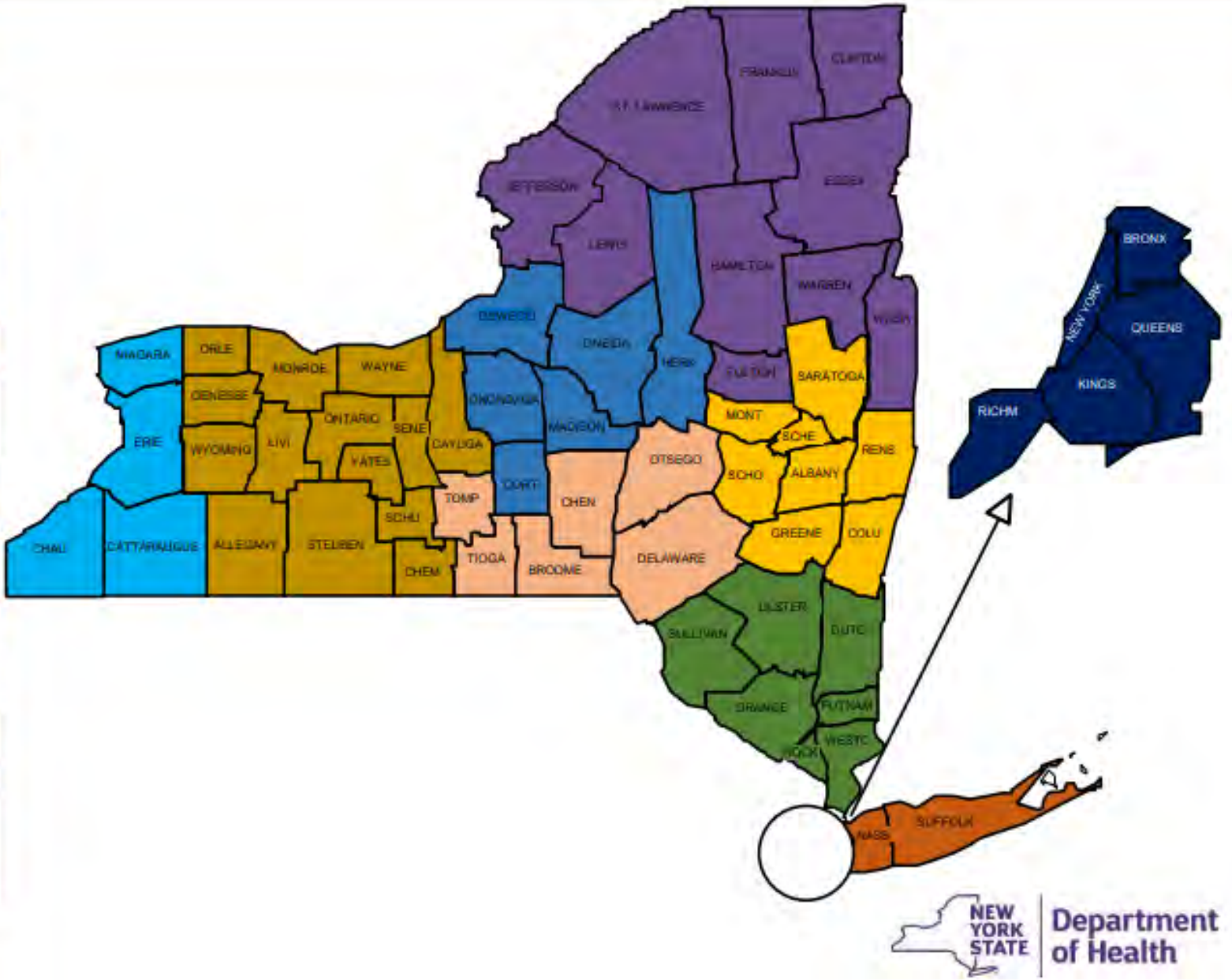
Providers (Healthcare, Behavioral Health, and Care Management):

- 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).

NEW YORK STATE | Department of Health

SCN Coverage Areas

Social Care Network (SCN) Regions	Counties
Region 1: Capital Region	Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, and Schoharie
Region 2: Western NY	Cattaraugus, Chautauqua, Erie, Niagara
Region 3: Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Region 4: New York City	Bronx, Kings, Queens, New York, Richmond
Region 5: Finger Lakes Region	Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Region 6: Southern Tier	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins
Region 7: Central New York	Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego
Region 8: Long Island	Nassau, Suffolk
Region 9: North Country	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, and Washington



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.

SCN 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.

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.

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-I agencies (Voluntary Foster Care Agencies), local governments, jails, prisons, and other stakeholders.

Health-Related Social Needs Services

NEW YORK STATE | Department of Health

Health Related Social Needs (HRSN) Services ($3.4 billion)

Standardized HRSN Screening

- Screening Medicaid Members using questions from the CMS Accountable Health Communities HRSN Screening Tool and collecting 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
- Medically tailored or clinically appropriate home-delivered meals
- Food prescriptions
- Fresh produce and nonperishable groceries
- Cooking supplies, such as pots, pans, utensils, microwaves, etc.

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

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.

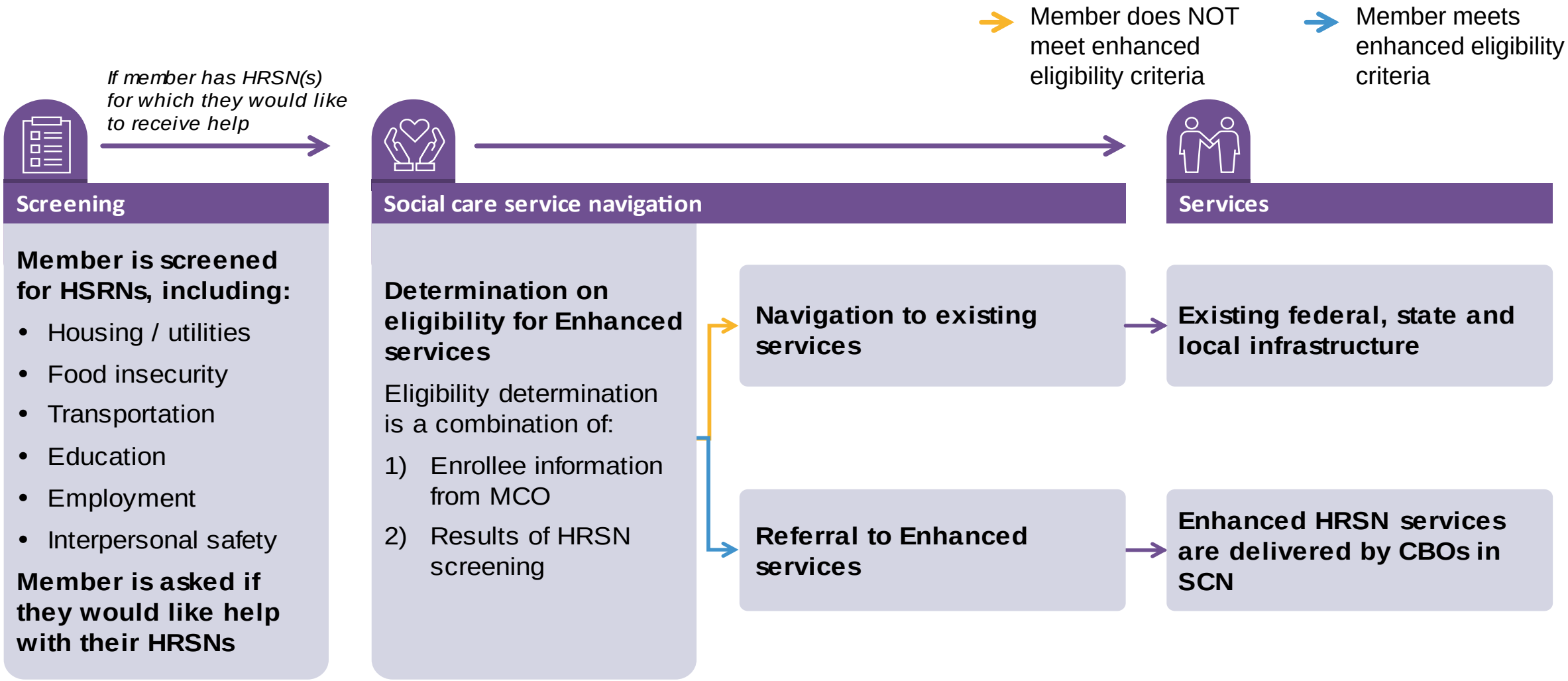
- **Social Care Service Navigators**:

  - 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.

Member Journey Map



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	If a member is enrolled **in Medicaid Managed Care** + **screens positive** for an unmet HRSN + meets one of the following criteria: • **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** • **Individuals with Substance Use Disorder, Intellectual or Developmental Disability (I/DD) or Serious Mental Illness**

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	Pests such as bugs, ants, or mice Mold Lead paint or pipes Lack of heat	Oven or stove not working Smoke detectors missing or not working Water leaks 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.	A score of 11 or more when the numerical values for answers to [the four questions] are added shows that the person might not be safe	
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.	A score of 11 or more when the numerical values for answers to [the four questions] are added shows that the person might not be safe	
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)

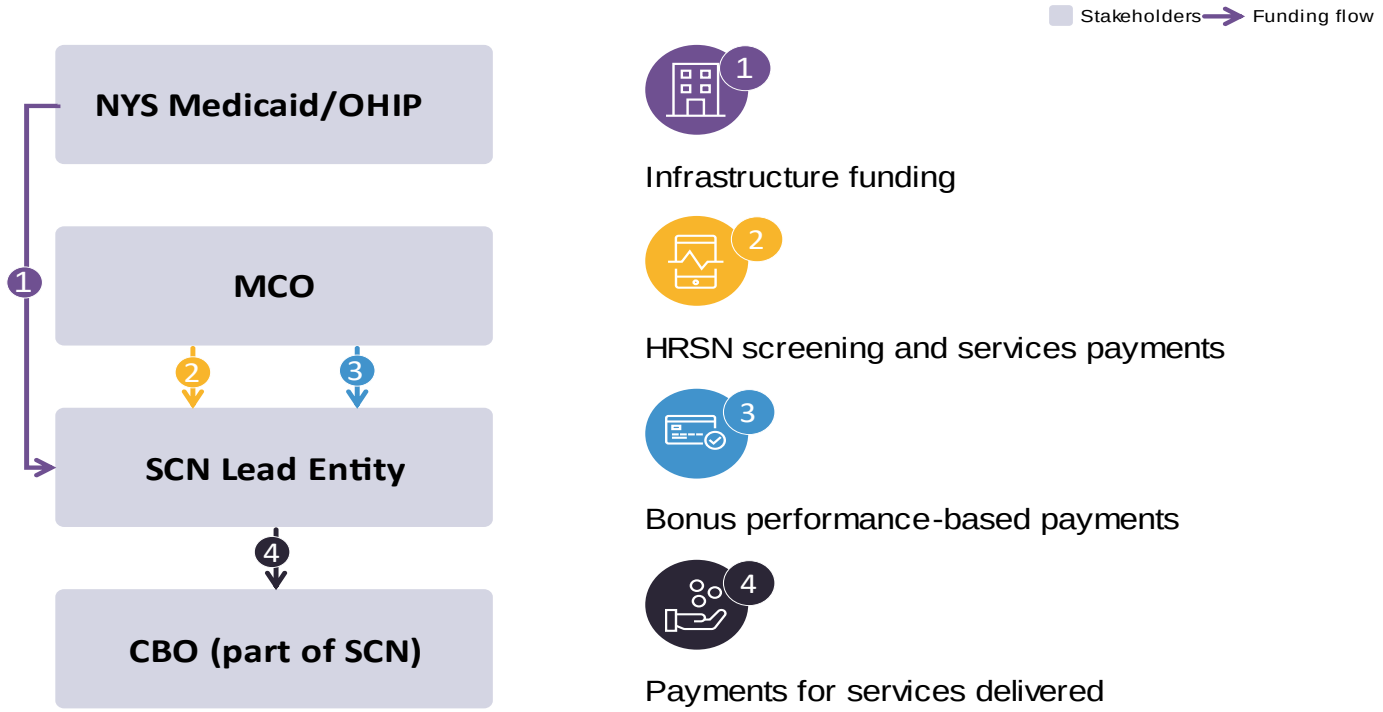
4/6/2023 template

NEW YORK STATE Department of Health

SCN Payments and Performance

NEW YORK STATE | Department of Health

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 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	• People (salaried or vended) • Vendor • Software/ hardware	• All set-up costs associated with procurement/ implementation and/or build out of data and IT platform	• Ongoing licensing and other expenses • Maintenance costs
Network and partnerships/ communication	• People (salaried or vended) • Materials	• Initial network set-up • Partner engagement • CBO capacity building and technical assistance	N/A
Screening and service delivery coordination	• People (salaried or vended)	• Hiring / recruiting • Salaries + benefits for new positions (until MCO contracts are in place and PMPM payments begin)	• 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	• People (salaried or vended)	• Administration of contracts (MCO + CBO contracts)	• Implementation of performance management activities • Claims processing
Other administrative expenses	• People (salaried or vended)	• Hiring / recruiting • Salaries + benefits for new positions (until MCO contracts are in place and PMPM payments begin) • Training and education	• Salaries + benefits for new positions (once MCO contracts are in place and PMPM payments begin)
Physical space	• Real estate • Utilities	• Set-up of physical space	• Rent and utilities
Cost of reimbursable services	• Service related		• Screening, navigation to services and Enhanced Services • Screening and Navigation for FFS Medicaid Members will be billed directly through eMedNY.

NEW YORK STATE OF OPPORTUNITY. Department of Health

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 SCN's 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.

SCN 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 (#, %)

SCN 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

NEW YORK STATE | Department of Health

Pending 1115 Waiver Amendment

Continuous Eligibility for Children up to Age 6

Continuous Eligibility for Children up to Age Six

New York State is seeking to amend the 1115 MRT Waiver to authorize continuous eligibility for children in the Medicaid and Child Health Plus (CHP) Programs, up to their sixth birthday.

Goals: Prevent gaps in coverage, improve continuity of care, and promote health equity in the state.

New York would be the fourth state to offer continuous eligibility for children under six, along with Oregon, Washington, and New Mexico.

We received strong support for continuous eligibility for children during the NYHER Public Comment period in 2022

New York's Current Continuous Eligibility Policy

12-Months Continuous Eligibility:

- Since 1999, the New York has had continuous 12-month eligibility for all members
- While the current policy is effective in maintaining coverage during the 12 months between redeterminations, coverage losses at redetermination continues to be an issue for children in Medicaid and Child Health Plus
- This proposal will not change income eligibility limits for Medicaid or Child Health Plus for the initial eligibility determination.

Current Income Eligibility Criteria	
Eligibility Group	**Income Level**
Children in Medicaid 0–1–Year–Old	223% FPL
Children in Medicaid 1 up to 6 Years Old	154% FPL
Children in Child Health Plus 0 up to 6 Years Old	400% FP

Impact of Continuous Eligibility Change

Continuous eligibility for children up to age six would allow a child to **remain enrolled in Medicaid or CHP** regardless of changes in household information, until their sixth birthday.

Under this 1115 Amendment:

- The State will continue to make renewal determinations each year.
- Children under age six will remain eligible for Medicaid or CHP, regardless of changes to household information at redetermination (e.g., changes in household income).
- Certain exceptions will apply (e.g., child moves out of state or was enrolled in error).
- It is still important to keep household information up-to-date.

Benefits to Members:

- Easier to develop care plans for health, behavioral health, and health-related services
- Avoid costly and disruptive changes in coverage
- Improve short- and long-term health outcomes

Follow Medicaid Waiver Implementation

Sign up for the ListServ at: Medicaid Redesign Team (MRT) LISTSERV

Visit the New York 1115 Medicaid Waiver Information Page (ny.gov) for more information:

- Waiver Terms and Conditions and CMS Approval Letter
- NYHER 1115 Waiver Amendment Overview Presentation Recording - February 21, 2024 https://www.youtube.com/watch?reload=9&v=a57m80_qSYQ&feature=youtu.be
- Social Care Networks RFA: IntelliGrants - Grant Opportunity Portal (ny.gov). Applications due 3/27/2024
- Send questions to NYHER@health.ny.gov

Continuous Coverage for Children up to age 6 1115 Waiver Amendment

- Draft Amendment and Public Notice
- Public Hearings Presentation Recording: Continuous Medicaid & Child Health Plus Eligibility for Children 0-6: 1115 Amendment Public Hearing (youtube.com)
- Send questions to 1115waivers@health.ny.gov

Questions?

April Hamilton, Deputy Director
Division of Program Development and Management
Office of Health Insurance Programs
New York State Department of Health
April.Hamilton@health.ny.gov

NEW YORK STATE | Department of Health

Executive
Early Childhood
Budget Update

- **Alyson Grant Tarek**, Executive Chamber, Assistant Secretary to the Governor for Human Services & Mental Hygiene

ECAC Next Steps

Next ECAC Meetings

September 26th	10:30a-3:30p	The Empire State Plaza 100 S Mall Arterial Albany, NY 12242
December 12th	10:30a-3:30p	The Empire State Plaza 100 S Mall Arterial Albany, NY 12242