## Social Care NEEDS (SCN) Intervention Status Report

## Effective January 1, 2018, all new and existing Value Based Payment (VBP) Level 2 and 3 arrangements must include at least one social determinant of health intervention. This requirement pertains to Managed Care Organizations (MCO), Programs of All-Inclusive Care for the Elderly (PACE), and Managed Long Term Care (MLTC) Plans. The purpose of this annual report is to obtain feedback on the implementation of SCN interventions consistent with the NYS VBP Roadmap[[1]](#footnote-2). Please complete this status report for all SCN interventions approved by DOH to support a VBP Level 2 or 3 arrangement.

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| Plan Name: Plan Contact Person:  |
| VBP Contractor Name:  |
| Entity that implements SCN Intervention:(CBO, VBP Contractor, Provider w/in VBP arrangement)  |
| If the entity that implements the SCN intervention is a CBO, is the CBO Tier 1? Yes No\_\_\_\_\_ |
| SCN Intervention Launch Date: Report Date:  |

**Do you give DOH permission to share high level description of your SCN intervention, which may include names of entities implementing the intervention? YES**\_\_\_ **NO\_\_\_**

## Provide a brief description of your approved VBP SCN intervention.

(Include design, scope, target population and estimated volume, geographic location)

## Explain a measurable reason why the SCN intervention was chosen.

(For example, results of a community need assessment, SCN screening efforts, etc.)

## Explain the performance metrics used to track the intervention’s success.

(Include why the metrics were chosen, how the metrics were tracked and reported back to the MCO, and actual outcomes per each metric).

## Attach the evaluation report or analysis conducted on the approved SCN intervention.

(For example, pre and post analysis of performance metrics, cost benefit analysis, comparison group analysis, etc.)

## Report on utilization of the “funding advance” that entities implementing the SCN intervention received from MCOs in Level 2 and 3 arrangements.

(Include the amount of the funding advance and description of funding advance utilization. Also include total funding for the intervention to date, and description of how the provider is reimbursed (services rendered, quality bonus, pay for performance etc.)

## Please complete the information below for each of your approved VBP SCN interventions.

 ***\*If a value is zero, please enter the number zero and do not leave cells blank.\****

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| Health Plan  | VBP Contractor  | VBP Level  | # of Attributed Members  | # of Members Impacted/Served **to Date** by this VBP SCN Intervention  | \*\*Funding Advance (seed-money) for SCN Intervention ($)  | \*\*Level of Funding to Date for SCN Intervention (including funding advance) ($)  |
| *Example:* *ABC Health Plan*  | *Healthy People IPA*  | *Level 2*  | *62,000*  | *950*  | *$10,000*  | *$65,550*  |
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\*\*Value Base Payment arrangement for Level 2 or higher are required to implement at least one Social Determinant of Health (SCN) intervention. MCOs and providers in Level 1 VBP arrangements may also implement Social Determinant of Health interventions. Expenditures made to support DOH approved VBP SCN interventions should be included in Other Medical Services in MMCOR and MLTCCR. These expenditures should also include the “funding advance” (seed money) that is made to support SCN interventions in Level 2 and 3 arrangements. MCOs may only include SCN related expenditures in Other Medical Services, if the expenditure supports a DOH approved SCN intervention within a DOH approved VBP (Level, 1, 2 or 3) arrangement.

## Please share any best practice(s) developed in relation to how this intervention was designed, implemented, and marketed to network partners and health plan members.

## I the undersigned attest and affirm the information provided herein to New York State Department of Health is true, accurate and complete. I agree to keep records necessary and to furnish those records upon request to New York State Department of Health or contractor acting on the department’s behalf.

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. NYS VBP Roadmap, June 2019, pg. 50: “The contractors should also create a report explaining a measurable reason why the SCN was selected and identify metrics that will be used to track its success.”; “…providers and MCOs will be required to evaluate the SCN programs implemented and report back to the State annually..”; & “In order to ensure that funding advances are put toward addressing SCN, all recipients of this funding will need to report on fund utilization to NYSDOH.” [↑](#footnote-ref-2)