February [ ], 2024

[Your Organization]

[Address]

**Re:New York Health Equity Reform; Social Care Networks**

**Letter of Intent to Support Lead Entity Designation for Brightpoint Care**

Dear Colleague,

Brightpoint Care (or “***we***”) is excited to partner with [Your Organization] (“***Participant***” or “***you***”), a Community Based Organization (“***CBO***”), in connection with the New York Health Equity Reform (“***NYHER***”) 1115 Waiver and its designation of lead entities to become a Social Care Network (“***SCN***”) under Request for Application #20417 (the “***RFA***”). As stated in the RFA, the New York State Department of Health (“***DOH***”) created the NYHER Waiver and SCNs to “build a more resilient, flexible, and accessible social care delivery system that reduces health disparities and advances health equity.” Joining Brightpoint Care’s SCN application presents Participant with a unique opportunity to participate in the advancement of the New York State Medicaid program’s goals under the NYHER Waiver, including through expanding access to, and the delivery of, care and services to, Medicaid recipients to address social determinants of care, representing a unique payment opportunity for you.

In response to the RFA, Brightpoint Care intends to submit an application for designation as a SCN lead for Region 3: Hudson Valley, inclusive of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties (the “***SCN Region***”). By executing this non-binding, non-exclusive letter of intent (“***LOI***”), you agree to allow Brightpoint Care to list Participant as a CBO in our network on our application. Being listed on our application does not obligate you to participate in the SCN, should Brightpoint Care be selected, but allows us to show DOH what Brightpoint Care’s CBO network may look like if it is selected as an SCN. Any participation in Brightpoint Care’s SCN will be subject to a separate Participation Agreement (as defined below) between Brightpoint Care and you.

Please note that if you elect to participate as a network CBO within Brightpoint Care’s SCN, DOH has the right to ask you certain program integrity questions regarding your services, including confirming your satisfaction of its CBO network participation requirements. According to the DOH requirements, each CBO in the SCN’s network must:

1. Provide at least navigation of, or one of the Enhanced Health Related Social Need (“***HRSN***”) Services (which are listed in Exhibit A);
2. Maintain a coverage area that includes zip codes within the SCN Region;
3. Hold not-for-profit status upon initial addition into the SCN, as validated by the CBO with an active EIN, or provide a social service that has received DOH approval (if CBO is a for-profit entity). For-profit entities will only be considered when there is not a non-profit that can cover the service for part of the region (i.e., accessibility modifications to someone’s home);
4. Designate contact(s) in their organization to engage with and be trained on the SCN data and IT platform and validate the accuracy of CBO information on routine intervals;
5. Demonstrate cultural and linguistic competency;
6. Commit to accepting referrals and providing services and collaborating with the SCN and other stakeholders to coordinate the delivery of HRSN services; and
7. Be able to assess or project potential capacity constraints and estimate need (if any) for capacity building funding from the SCN.[[1]](#footnote-1)

If our application is accepted by DOH, Brightpoint Care will be asked to enter into an agreement with DOH governing the terms of the program, and you will be asked to enter into a similar agreement (called a “***Participation Agreement***”) with Brightpoint Care that will describe in more detail your role and responsibilities under the SCN Waiver as a network CBO. The Participation Agreement will set forth, among other things, the infrastructure funding arrangement with Brightpoint Care, if applicable. The Participation Agreement will also validate the requirements for network CBOs. We will notify you and provide you a copy with the Participation Agreement should Brightpoint Care be awarded lead SCN. Whether you elect to participate in Brightpoint Care’s SCN should the opportunity be available to you is in your sole discretion.

We appreciate your interest in participating in Brightpoint Care’s SCN and look forward to continuing to partner with you to improve the health of New York’s most vulnerable residents. Please sign and date this LOI in the space provided below to confirm the non-binding mutual understandings and agreements set forth in this LOI.

Very truly yours,

Meghann Hardesty

Network Development

Brightpoint Care Social Care Network

|  |  |  |
| --- | --- | --- |
| Name of Organization: |  |   |
| Name of Authorized Officer (print): |  |   |
| Signature of Authorized Officer: |  |   |
| Title: |  |   |
| Date: |  |   |

Exhibit A

Potential New York State HRSN Enhanced Services

| Category | Service Name | Description |
| --- | --- | --- |
| Screening | Screening | Social needs Screening of Medicaid Member using the Centers for Medicare and Medicaid Services Accountable Health Care Communities HRSN Screening tool.[[2]](#footnote-2) |
| Multi Domain | Navigation Case Management | Linkages to other local, state, and federal benefits and programs. |
| Multi Domain | HRSN 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. |
| Housing | Navigation | Housing navigation services. |
| Housing | Community Transitional Supports | One-time transition and moving costs (e.g., security deposit, first month’s rent, brokers fees, utility activation fees, movers, relocation expenses, pest eradication, inspection fees, pantry stocking, and the purchase of household goods and furniture). |
| Housing | Utility Set up/ Assistance | Utility costs including activation expenses and back payments to secure/keep utilities. Service is limited to individuals receiving rent/temporary housing. |
| Housing | Rent/ temporary housing for up to 6 months | Rent/temporary housing (+/-utilities) for up to 6 months. Limited to individuals transitioning out of institutional care/congregate settings or individuals who are homeless, such as nursing facilities, large group homes, congregate residential settings, institutions for mental diseases, correctional facilities, and acute care hospitals; individuals who are Medicaid high utilizers who are homeless as defined by 24 CFR 91.5; and youth transitioning out of the child welfare system including foster care. |
| Housing | Pre-tenancy and tenancy sustaining services | Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention. |
| Housing | Home remediation | Repairs or remediation for issues such as mold or pest infestation if repair or remediation provides a cost-effective method of addressing occupant’s health condition, as documented by a health care professional, and remediation is not covered under any other provision such as tenancy law. |
| Housing | Home accessibility and safety modifications | Medically necessary air conditioners, humidifiers, air filtration devices, and refrigeration units as needed for medical treatment and prevention. Minor medically necessary home accessibility modifications. |
| Housing | Medical respite | Medical respite is a temporary setting for homeless individuals that will provide lower-intensity care setting for individuals who would otherwise lack a safe option for discharge and recovery or would require a hospital stay. |
| Nutrition | Nutritional counseling and classes | Nutrition counseling and education, including on healthy meal preparation. |
| Nutrition | Home delivered meal | Home delivered meals, up to 3 meals a day delivered in the home or private residence, for up to 6 months. |
| Nutrition | Medically tailored meal | Up to 3 prepared meals a day, delivered to the home or private residence, for up to 6 months. Meals approved by a Registered Dietician Nutritionist.  |
| Nutrition | Fruit and vegetable prescription | Medically tailored or nutritionally-appropriate food prescriptions (e.g., fruit and vegetable prescriptions, protein box), delivered in various forms such as nutrition vouchers and food boxes, for up to 6 months. |
| Nutrition | Pantry stocking | Pantry stocking, fresh produce and nonperishable groceries for up to 6 months. For children and Pre/ Postpartum populations. |
| Nutrition | Cooking supplies | Cooking supplies that are necessary for meal preparation and nutritional welfare of a beneficiary when not available through other programs (e.g., pots and pans, utensils, microwave, refrigerator).  |
| Transportation | HRSN public and private transportation | Reimbursement for HRSN public and private transportation to connect to HRSN services and HRSN case management activities listed above.  |

1. *See Request for Applications*, *supra* note 2. [↑](#footnote-ref-1)
2. *See Accountable Health Communities Model,* Ctrs. for Medicare & and Medicaid Servs.*,* <https://www.cms.gov/priorities/innovation/innovation-models/ahcm> (last visited Feb. 7, 2024). [↑](#footnote-ref-2)