

Community Based Organization Survey

Introduction

Dear Community Based Organization (CBO),

The purpose of this survey is to capture current services your organization provide that addresses Social Determinants of Health (SDH) and gauge CBO integration with the New York State VBP program. The goal is also for the State to learn about SDH initiatives to share with the community at large, and to use the information provided to build a public inventory of Tier 1, 2, and 3 CBOs that can be used to facilitate VBP contracting. CBOs will be asked to complete this survey on an annual basis.

* 1. Respondent Information

Name of Organization (CBO)

Physical Address

City/Zip Code

Email Address

Name of Survey Respondent

Title of Survey Respondent

* 2. Respondent Attestation

I attest to answer this survey on my organization's behalf truthfully, and to the best of my ability. I understand that my responses will be used to determine a self-reported CBO Tier designation. I understand that the State will independently review my organization's Tier designation in light of the responses I have given.

* 3. Please briefly describe the type of service(s) your organization provides.

4. Please select the SDH category that best aligns with the service(s) your organization currently provides.

- Economic Stability (E.g. housing security, employment food security, transportation)
- Education (E.g. language and literacy, early childhood education, high school education)
- Health and Healthcare (E.g. access to health care, health literacy access to trusted provider/primary care)
- Neighborhood and Environment (E.g. access to health foods, affordable/ quality housing, crime and violence)
- Social, Family, and Community Context (E.g. social cohesion, civic participation, incarceration/institutionalization)
- Other

Other (please specify)

* 5. Please identify the county/counties your organization serves.

<input type="checkbox"/> Albany	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Richmond (Staten Island)
<input type="checkbox"/> Allegany	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Rockland
<input type="checkbox"/> Bronx	<input type="checkbox"/> Kings (Brooklyn)	<input type="checkbox"/> Saint Lawrence
<input type="checkbox"/> Broome	<input type="checkbox"/> Lewis	<input type="checkbox"/> Saratoga
<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Livingston	<input type="checkbox"/> Schenectady
<input type="checkbox"/> Cayuga	<input type="checkbox"/> Madison	<input type="checkbox"/> Schoharie
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Monroe	<input type="checkbox"/> Schuyler
<input type="checkbox"/> Chemung	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Seneca
<input type="checkbox"/> Chenango	<input type="checkbox"/> Nassau	<input type="checkbox"/> Steuben
<input type="checkbox"/> Clinton	<input type="checkbox"/> New York County (Manhattan)	<input type="checkbox"/> Suffolk
<input type="checkbox"/> Columbia	<input type="checkbox"/> Niagara	<input type="checkbox"/> Sullivan
<input type="checkbox"/> Cortland	<input type="checkbox"/> Oneida	<input type="checkbox"/> Tioga
<input type="checkbox"/> Delaware	<input type="checkbox"/> Onondaga	<input type="checkbox"/> Tompkins
<input type="checkbox"/> Dutchess	<input type="checkbox"/> Ontario	<input type="checkbox"/> Ulster
<input type="checkbox"/> Erie	<input type="checkbox"/> Orange	<input type="checkbox"/> Warren
<input type="checkbox"/> Essex	<input type="checkbox"/> Orleans	<input type="checkbox"/> Washington
<input type="checkbox"/> Franklin	<input type="checkbox"/> Oswego	<input type="checkbox"/> Wayne
<input type="checkbox"/> Fulton	<input type="checkbox"/> Otsego	<input type="checkbox"/> Westchester
<input type="checkbox"/> Genesee	<input type="checkbox"/> Putnam	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Greene	<input type="checkbox"/> Queens	<input type="checkbox"/> Yates
<input type="checkbox"/> Hamilton	<input type="checkbox"/> Rensselaer	

6. How many clients does your organization serve annually?

7. Please describe your organization's main source of funding.

8. What is the age range of the population you serve?

- 0-20
- 21-40
- 41-65
- 66 and over
- All ages

* 9. Which of the following CBO Tier is your organization?

- Tier 1: Non-profit, non-Medicaid billing. E.g. housing, social services, religious organizations, food banks
- Tier 2: Non-profit, Medicaid billing, non-clinical service providers. E.g. transportation providers, care coordination providers
- Tier 3: Non-profit, Medicaid billing, clinical and clinical support service provider; licensed by a State agency
- Unsure

* 10. Which of the following Performing Provider Systems (PPS) are located in the region that you serve?

Click [HERE](#) for the PPS list, by county.

<input type="checkbox"/> Adirondack Health Institute, Inc.	<input type="checkbox"/> Community Care of Brooklyn (Maimonides Medical Center)	<input type="checkbox"/> SBH Health System updated
<input type="checkbox"/> Advocate Community Providers, Inc.	<input type="checkbox"/> Millennium Collaborative Care	<input type="checkbox"/> Samaritan Medical Center
<input type="checkbox"/> Albany Medical Center Hospital	<input type="checkbox"/> Montefiore Medical Center	<input type="checkbox"/> Sisters of Charity Hospital of Buffalo, New York
<input type="checkbox"/> Alliance for Better Health Care, LLC	<input type="checkbox"/> Mount Sinai PPS, LLC	<input type="checkbox"/> Suffolk Care Collaborative
<input type="checkbox"/> Bassett PPS LLC	<input type="checkbox"/> NYU Lutheran Medical Center	<input type="checkbox"/> Staten Island Performing Provider System, LLC
<input type="checkbox"/> Bronx–Lebanon Hospital Center	<input type="checkbox"/> Nassau Queens Performing Provider System, LLC	<input type="checkbox"/> The New York and Presbyterian Hospital
<input type="checkbox"/> Care Compass Network (Southern Tier Rural Integrated Performing Provider System, Inc.)	<input type="checkbox"/> New York City Health & Hospitals Corporation	<input type="checkbox"/> Westchester Medical Center
<input type="checkbox"/> Central New York Care Collaborative, Inc.	<input type="checkbox"/> New York–Presbyterian/Queens	<input type="checkbox"/> I Don't Know
<input type="checkbox"/> Finger Lakes Performing Provider System, Inc.	<input type="checkbox"/> Refuah Community Health Collaborative	

Comment:

11. Please select the Managed Care Organization(s) that have members in the region that you serve. Click [HERE](#) for the MCO list, by county.

<input type="checkbox"/> Affinity Health Plan	<input type="checkbox"/> Elderplan Inc., MA	<input type="checkbox"/> iCircle Care
<input type="checkbox"/> Amerigroup	<input type="checkbox"/> Group Health Inc	<input type="checkbox"/> Independence Care System, Inc. (ICS)
<input type="checkbox"/> CDPHP	<input type="checkbox"/> Guildnet Medicaid Advantage	<input type="checkbox"/> Integra MLTC, Inc
<input type="checkbox"/> Crystal Run	<input type="checkbox"/> Liberty Health Advantage	<input type="checkbox"/> Montefiore HMO MLTC
<input type="checkbox"/> Excellus	<input type="checkbox"/> Managed Health Inc	<input type="checkbox"/> Niagara Advantage - d/b/a Elderwood Health Plan
<input type="checkbox"/> Fidelis (Original)	<input type="checkbox"/> Senior Whole Health	<input type="checkbox"/> North Shore-LIJ Health Plan Inc
<input type="checkbox"/> Healthfirst	<input type="checkbox"/> Touchstone Prestige	<input type="checkbox"/> Prime Health Choice, LLC MLTC Partial
<input type="checkbox"/> Healthnow	<input type="checkbox"/> Aetna Better Health MLTC	<input type="checkbox"/> Senior Health Partners
<input type="checkbox"/> HIP	<input type="checkbox"/> AgeWell New York, LLC	<input type="checkbox"/> Senior Network Health LLC
<input type="checkbox"/> Hudson Health Plan (WPHSP)	<input type="checkbox"/> AlphaCare of New York, Inc.	<input type="checkbox"/> Village Senior Services (VillageCare Max)
<input type="checkbox"/> IHA	<input type="checkbox"/> Archcare Community Life(Catholic MLTC)	<input type="checkbox"/> VNA Homecare Options MLTC
<input type="checkbox"/> MetroPlus	<input type="checkbox"/> Centerlight Healthcare Select MLTC	<input type="checkbox"/> Catholic Health - Life Pace (CHS Buffalo)
<input type="checkbox"/> MVP	<input type="checkbox"/> Centers Plan for Healthy Living MLTC	<input type="checkbox"/> Complete Senior Care
<input type="checkbox"/> Total Care	<input type="checkbox"/> HHH Choices Health Plan LLC	<input type="checkbox"/> Independent Living for Seniors d/b/a ElderONE
<input type="checkbox"/> United Healthcare of NY	<input type="checkbox"/> Elant Choice, Inc	<input type="checkbox"/> PACE CNY (Loretto)
<input type="checkbox"/> YourCare (f.k.a. Univera Community Health, Inc.)	<input type="checkbox"/> Elderserve	<input type="checkbox"/> Senior Care Connection (d/b/a Eddy)
<input type="checkbox"/> Wellcare	<input type="checkbox"/> Kalos Health	<input type="checkbox"/> Total Senior Care PACE
<input type="checkbox"/> AmidaCare SNP	<input type="checkbox"/> Extended MLTC, LLC	<input type="checkbox"/> Partners Health Plan Inc
<input type="checkbox"/> NY-Presbyterian System Select Health	<input type="checkbox"/> Fallon Health (frmly TAIPP)	<input type="checkbox"/> Other/None
<input type="checkbox"/> VNS SNP	<input type="checkbox"/> Hamaspik Choice	

Comment:



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CBO Engagement in Value Based Payment and Social Determinates of Health

* 12. Have you met with a Managed Care Organization(MCO) or VBP Contractor (such as Hospital, IPA, ACO) to determine what your role could be in a VBP arrangement?

Yes

No

If "Yes" or "No", please explain

* 13. Are you currently participating in a SDH intervention as part of a VBP arrangement?

Yes

No

If "Yes" or "No", please explain

14. Please describe the SDH intervention you are supporting or intend to support in a VBP arrangement. Enter N/A if you are not supporting or intend to support a VBP arrangement.

* 15. Which of the following SDH category does your VBP intervention best align?

<input type="checkbox"/> Poverty	<input type="checkbox"/> Enrollment in Higher Education	<input type="checkbox"/> Health Literacy
<input type="checkbox"/> Housing Security and Stability	<input type="checkbox"/> Language and Literacy	<input type="checkbox"/> Affordable/Quality Housing
<input type="checkbox"/> Employment	<input type="checkbox"/> Social Cohesion	<input type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Food Security	<input type="checkbox"/> Civic Participation	<input type="checkbox"/> Access to Healthy Foods
<input type="checkbox"/> Transportation	<input type="checkbox"/> Perceptions of Discrimination and Equity	<input type="checkbox"/> Crime and Violence
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Incarceration/Institutionalization	<input type="checkbox"/> Other
<input type="checkbox"/> Early Childhood Education and Development	<input type="checkbox"/> Access to Health Care	
<input type="checkbox"/> High School Education	<input type="checkbox"/> Access to Primary Care/Trusted Provider	

Other (please specify)

16. What resources/supports, if any, do you need in order to successfully participate in VBP?

DOH uses the Medicaid Redesign Team Listserv to notify interested parties that new information has been posted on the MRT website.

If you would like to be added to MRT Listserv, please send an email to <mailto:listserv@listserv.health.state.ny.us>

In the body of your message, type:

SUBSCRIBE MRT-L YourFirstName YourLastName

E.g. SUBSCRIBE MRT-L John Doe