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New York Supports Vulnerable Communities Through Social Care Networks

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August 30, 2024

On Aug. 7, 2024, New York State Governor Kathy Hochul wrote into law the creation of nine Social Care Networks (SCNs) across the State. Their mission, in the words of New York State Health Commissioner James McDonald, is to “help address health disparities by connecting Medicaid members with subsidized nutritional meals, housing supports, transportation, and other critical services.”

As part of the State’s new 1115 Health Equity Reform Waiver, the program will receive \$500M in funding as part of a nearly \$6B investment in improving the health of Medicaid recipients in New York State, with measures going well beyond traditional forms of healthcare to include a full spectrum of social services. The Social Care Networks will facilitate doctors’ access to these services. SCN Lead Entities will connect Medicaid members to critical support by contracting with social service providers to help Members navigate and access services.

Each SCN Lead Entity will be a designated Medicaid provider and coordinate the delivery of services, including housing, transportation, nutrition, and care management, in their region. Medicaid members who need assistance with their unmet health-related social needs will be connected to existing resources, such as housing, nutrition, transportation, and care management.

Research has shown that being mindful of attending to patients’ so-called “health-related social needs” sharply improves health outcomes. For example, a housing support program designed to aid homeless New Yorkers produced a 40 percent drop in inpatient days, a 44 percent reduction in the number of inpatient substance use rehab admissions, and an overall 15 percent reduction in inpatient admissions, among other benefits.

Forward Leading IPA, Inc. Executive Director Patty McMahon spoke of the importance of integrating the work of community-based organizations “within the existing primary care and

behavioral health care system,” adding that “it is well established that physical health only accounts for about 20 percent of overall health and well-being.”

This finding also suggests the limitation of hospital-based care, which is unable to dig down to social levels of care. By contrast, thanks to the Social Care Networks, Medicaid recipients who need assistance with their social needs will be connected, via their local doctors’ offices, to vital local resources, such as housing, nutrition, transportation, and care management. This is social care’s moment. Yet, this reality should not obscure the fact that the social care concept has flourished for quite some time.

SOMOS Healthcare Providers Chief Operating Officer Lidia Virgil said, “SOMOS has pioneered Social Care in underserved communities for many years now. As the largest minority-led network of physicians in New York, we work at the intersection of health care and social care; that is who we are. SOMOS is proud to join with New York State to change the lives of our people in the Bronx. Every person who has food to eat, a way to get to their doctor, and a place to live finds respect and equity in our society. We are healthier when all of us have access to the basics of the American Dream. The SOMOS Social Care Network will be transformative and historic.”

In fact, SOMOS has been a pioneer of social care ever since the organization’s founding in New York City in 2014 as part of an innovative Medicaid reform initiative that was funded by the previous Medicaid waiver. With the goal of improving healthcare for the poor, the project was called the Delivery System Reform Incentive Payment (DSRIP) Program, and it put SOMOS at the forefront of radical Medicaid reform.

Since its launch in 2014, under the leadership of Dr. Ramon Tallaj, SOMOS has pioneered the Value-Based-Payment formula, which stipulates that the doctor is paid according to the longer-term well-being of patients. The better their health, the greater the remuneration for the doctor. The doctors, in short, are encouraged to do their very best for the people under their care.

SOMOS patients receive patient-centered, culturally competent care from a network of independent physicians, an accomplishment that will mesh well with the social care networks. A doctor-patient relationship based on mutual trust remains critical to success. That trust is gained, built up as the doctor really gets to know patients—from intimate one-on-one interactions, but also from intelligence gathered by Community Health Workers who visit patient homes where they learn about social factors and conditions in the home or the environment.

These are the Social Determinants of Health (SDH) or Health-Related Social Needs (HRSN), and addressing them is the lynchpin of holistic, preventative, superior care. HRSN could be poverty,

unemployment, lack of access to fresh foods, a criminal justice issue, eviction, etc. This knowledge of the patient's lives is simply beyond the focus and capacity of hospitals.

The New York State Medicaid 1115 Waiver puts HRSN front and center. One strategy that will be pursued in creating services for HRSN is for providers to establish a relationship with Community-Based Organizations with expertise in the various social issues that Medicaid patients are confronted with. Overall, the 1115 Waiver program will insist on the integration of primary care, behavioral health, and awareness of HRSN. SOMOS doctors already have individual experience seeking out Community-Based Organizations on behalf of their patients, which was part of the DSRIP strategy.

SOMOS will now take this formula to the next level in the Bronx Region—offering providers convenient access to a full spectrum of social services to address patients' Health Related Social Needs. Dr. Tallaj's vision endures on a bigger stage than ever before.

Mario J. Paredes is CEO of SOMOS Community Care, a social care network of more than 2,500 independent providers responsible for reaching out and delivering care to more than 1 million Medicaid patients across New York City.

