Patricia McMahon, Executive Director

Finger Lakes IPA dba Forward Leading IPA (FLIPA)

PO Box 15644

Syracuse, NY 13215

[Date]

Dear Ms. McMahon,

I write on behalf of [ORGANIZATION NAME] to confirm our intent to participate in a Social Care Network (SCN) as identified in FLIPA’s proposal to the New York State Department of Health’s Request for Applications. [ORGANIZATION NAME] is a non-profit organization with an Annual Net Income of $XXX, a Department of State (DOS) ID Number of XXXXXXX, and an active Employer Identification Number (EIN) of XX-XXXXX.

By completing this Letter of Intent, my organization agrees to commit to accepting referrals and providing services and collaborating with the SCN and other stakeholders to coordinate the delivery of HRSN services, as described in the attached **Appendix A**.

Regarding screening of Medicaid members for Health-Related Social Needs (HRSN) and service navigation:

[ ]  My organization does NOT intend to participate in the screening of Medicaid members

***OR***

[ ]  In addition to providing the identified social care services, my organization intends to participate in the screening of Medicaid members for Health-Related Social Needs (HRSN) and service navigation, if identified by the SCN lead entity. This letter further attests that [ORGANIZATION NAME] meets the following criteria to provide HRSN Screening - select all that apply.

HRSN Screening Checklist

[ORGANIZATION NAME]:

[ ]  Has a designated Point Person for Screening: [NAME]

[ ]  Has the capability to conduct screenings in-person and via telephone, virtual, website and text messaging;

[ ]  Is willing and able to receive training(s) on screening members for HRSN with cultural and linguistic competency;

We look forward to our continued work with FLIPA to create a better, more equitable, system of care by addressing the social care needs for the most vulnerable individuals served.

Sincerely,

**Organization:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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