CSH 30 Years of Supportive Housing Solutions

Medicaid and Social Determinants of Health: *Options for Health Centers*

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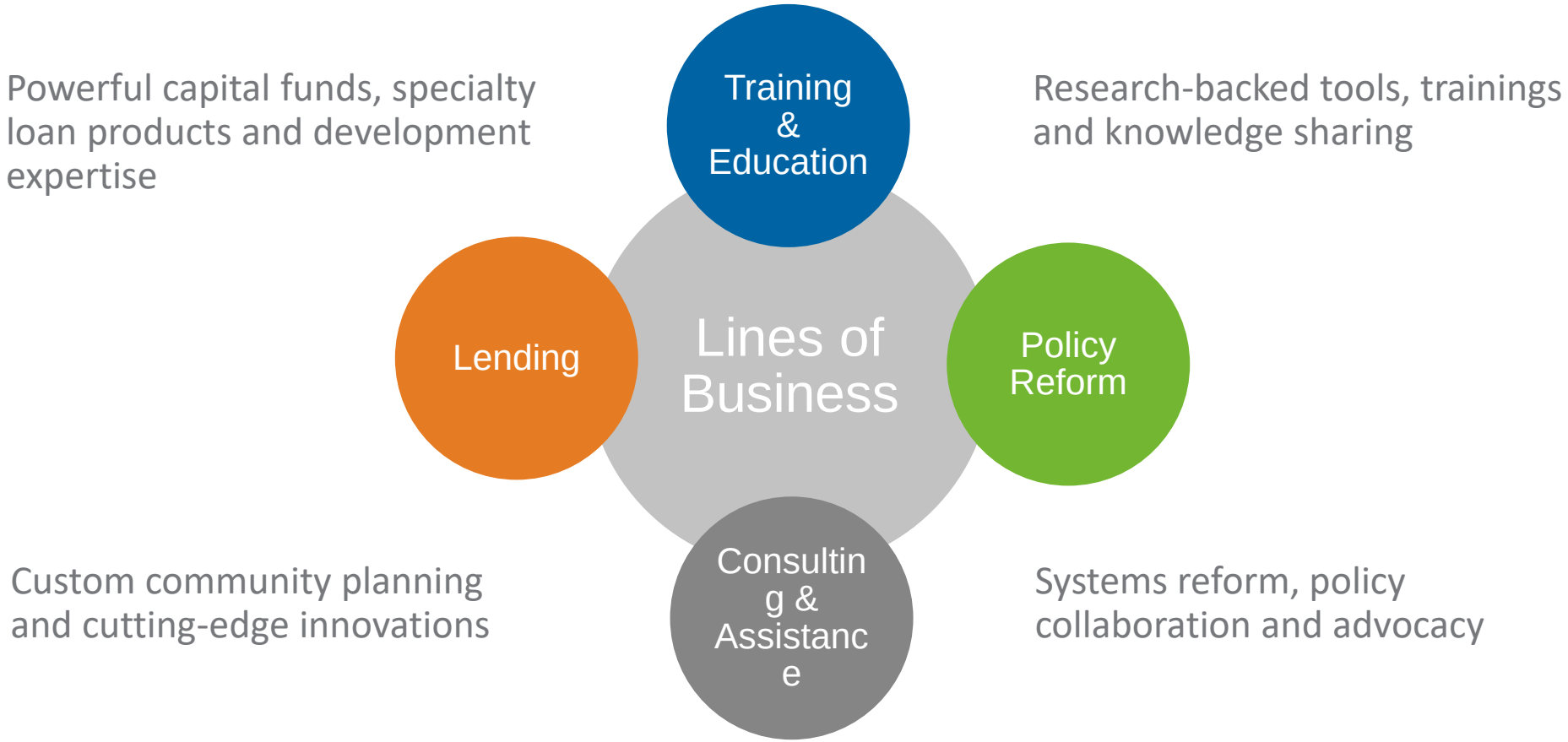
What We Do

CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.



PRESENTERS

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Objectives for Today's Webinar

- Understand the CMS Guidance Letter and potential state policy levers to address SDOH
- Learn about state examples and best practices
- Learn about the role of health plans in addressing SDOH
- Understand how this may impact health centers in the long-term.

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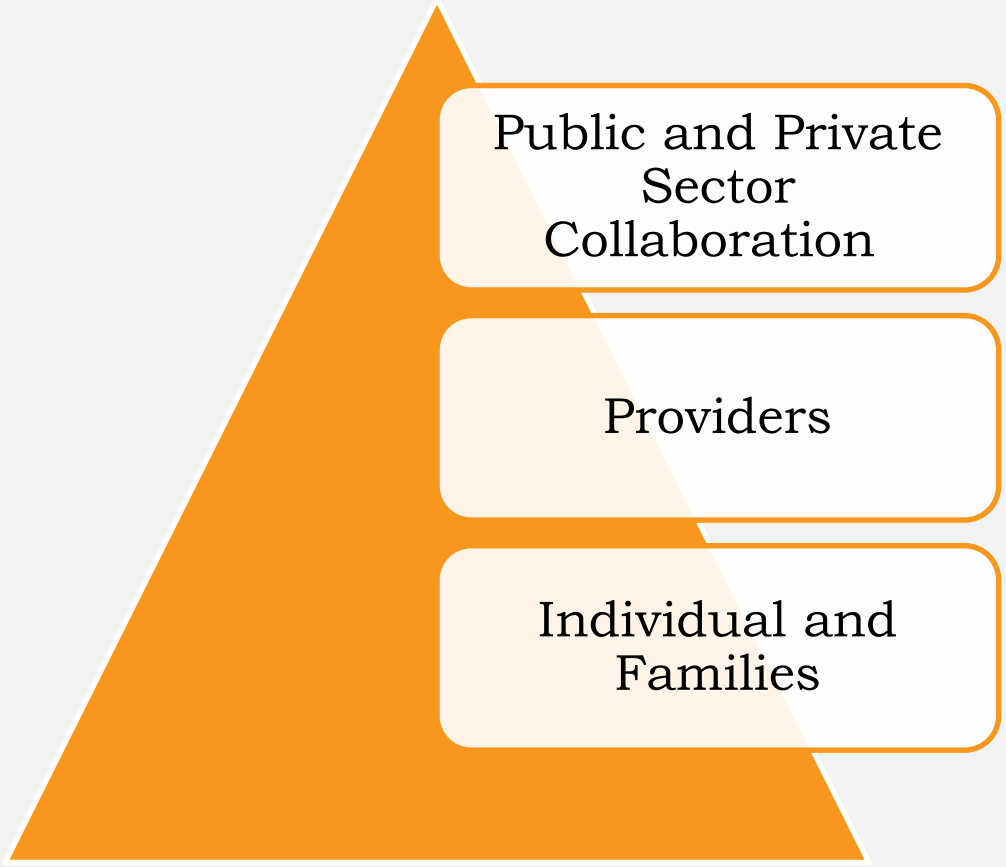
What problem are they solving for?

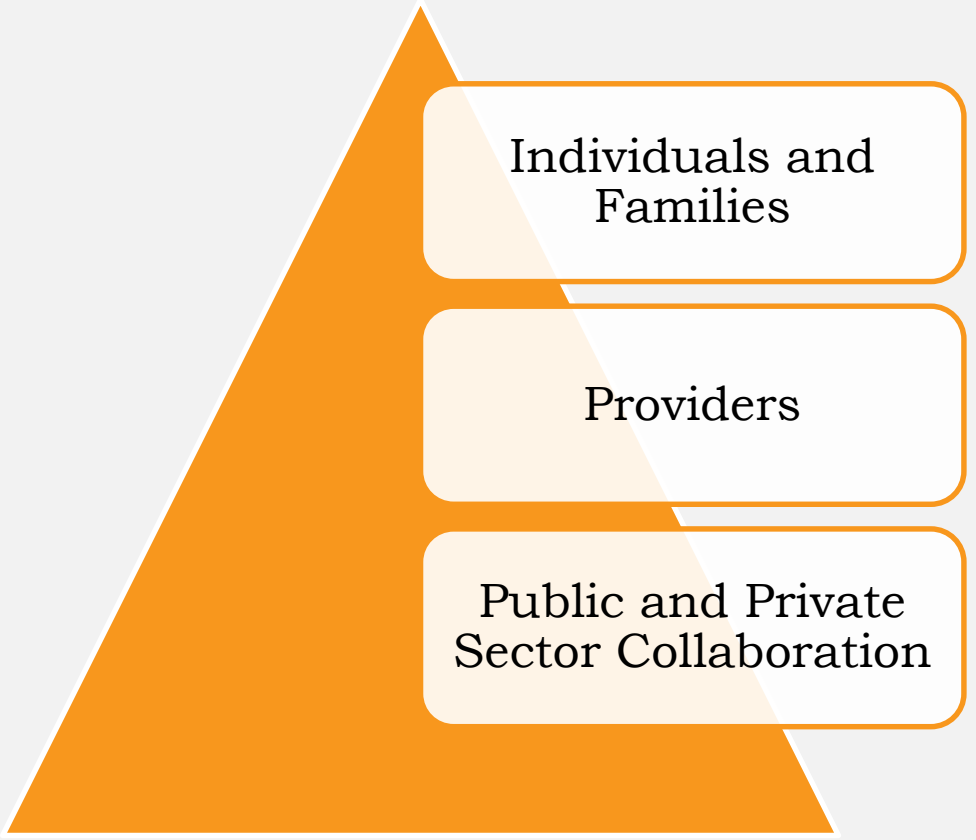
The CMS State Health Official Letter

Navigating Multiple Sectors:
Where Does the Burden of Coordination Lie?

Current Reality



Future Vision



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https://en.wikipedia.org/wiki/H._Jack_Geiger

When did this conversation begin?

"The last time I checked my textbooks, the specific therapy for malnutrition was in fact, food."

-Jack Geiger, 1965

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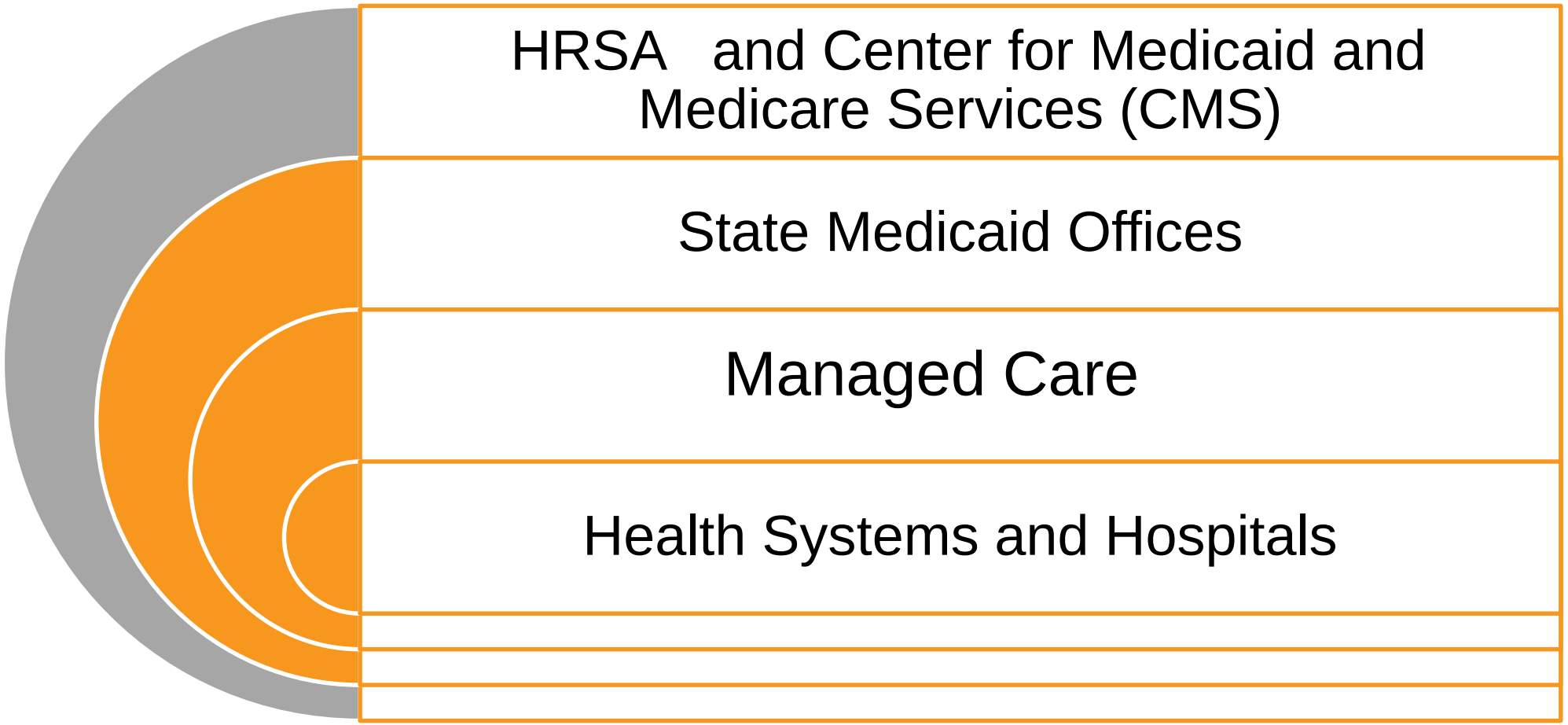
The Wrong Pocket Problem

- Understanding SDOH creates the wrong pocket problem. We know what works to improve health, but we can't use health care funding to assist with
  - **Food**
  - **Housing**
  - **Education**
- We need new partners and new resources to address to address these issues

Who do we approach for what assistance?

The Health Care Ecosystem



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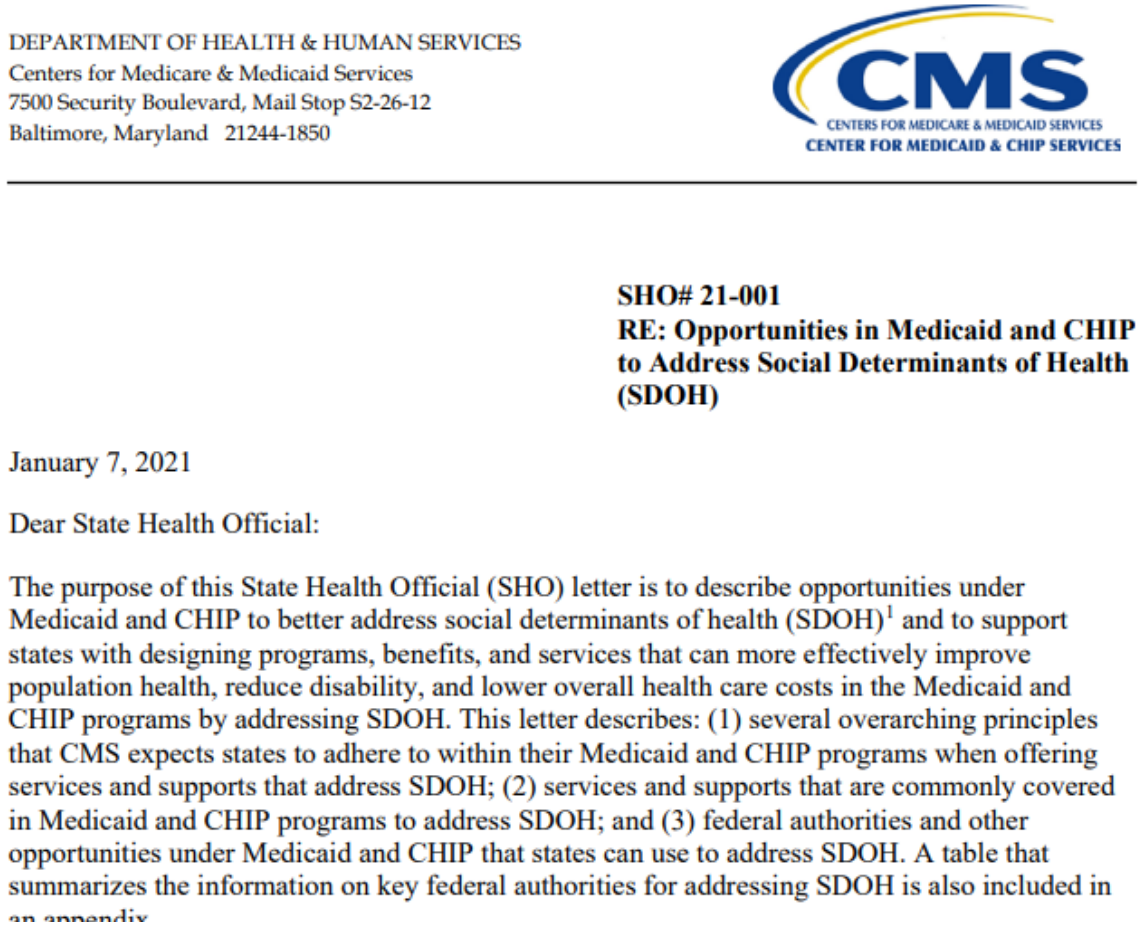
CMS on state levers to address SDOH

On January 7, 2021, CMS released an official state health letter outlining policy levers at the disposal for states to address social determinants or drivers of health including housing, nutrition, transportation and others.

Does not describe new flexibilities or opportunities under Medicaid and CHIP to address SDOH, but rather describes how states may address SDOH under the current law.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

SHO# 21-001
RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)

January 7, 2021

Dear State Health Official:

The purpose of this State Health Official (SHO) letter is to describe opportunities under Medicaid and CHIP to better address social determinants of health (SDOH)[1] and to support states with designing programs, benefits, and services that can more effectively improve population health, reduce disability, and lower overall health care costs in the Medicaid and CHIP programs by addressing SDOH. This letter describes: (1) several overarching principles that CMS expects states to adhere to within their Medicaid and CHIP programs when offering services and supports that address SDOH; (2) services and supports that are commonly covered in Medicaid and CHIP programs to address SDOH; and (3) federal authorities and other opportunities under Medicaid and CHIP that states can use to address SDOH. A table that summarizes the information on key federal authorities for addressing SDOH is also included in an appendix.

https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf

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What services/supports are included in this guidance?

1. Housing related services and supports

(note that Medicaid will not cover room and board expenses)

This includes:

- Home accessibility modifications to allow someone to remain in their home.
- One-time community transition costs such as security deposits, utility activation fees, and essential household furnishings, for example.
- Housing and tenancy supports, including pre-tenancy services and tenancy sustaining services.

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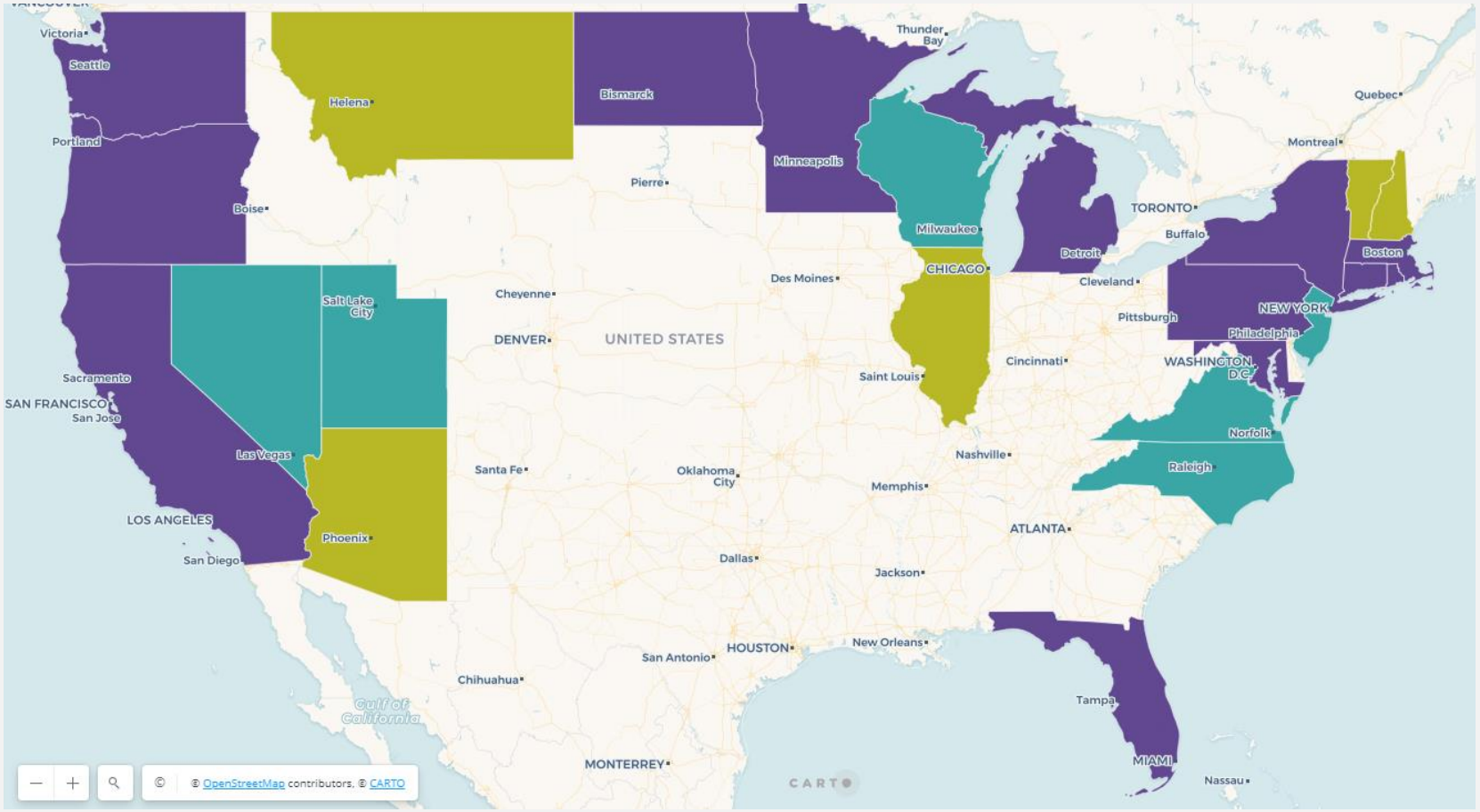
How Are States Approaching Medicaid?



Medicaid Mechanism Employed

1115 WAIVER AMENDMENT = 13

1915(I) STATE PLAN AMENDMENT = 7

1915(B)(4) = 1

TBD = 1

OPERATING NEGOTIATING PLANNING

What services/supports are included in this guidance?

2. Non-Medical Transportation for individuals receiving Medicaid funded home and community based services (HBCS)

This includes:

- Grocery Shopping
- Employment
- Other essential non-medical needs

What services/supports are included in this guidance?

3. Home-Delivered Meals

Home-delivered meals can help when there is an assessed need and the services are identified in the person-centered service plan.

What services/supports are included in this guidance?

4. Educational Services

States have the option to cover Medicaid services furnished to eligible Medicaid beneficiaries in the school setting if the children are determined to need those services and the services are furnished by qualified Medicaid providers.

What services/supports are included in this guidance?

5. Employment

- Medicaid-funded HCBS can provide supported employment services for individuals who need intensive on-going support to obtain and maintain a job in competitive or customized employment, or self-employment.

What services/supports are included in this guidance?

6. Community Integration and Social Supports

For example, this can include:

- Instruction on how to utilize public transportation.
- Companion services to accompany the individual into places in the community.

What services/supports are included in this guidance?

7. Case Management

Services must include the following:

- ✓ Comprehensive assessment and periodic reassessment of individual needs,
- ✓ Development and periodic revision of a specific care plan;
- ✓ Referral to services and related activities to help the eligible individual obtain needed services; and
- ✓ Monitoring and follow-up activities.

Case management services can also include assisting individuals transitioning from a medical institution to the community.

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State Examples

Establishing a Closed-Loop Referral Network

UNITE US

aunt bertha

NOW POW

Addressing the information gaps

2·1·1 Get Connected. Get Help.™

NCCARE360

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STATE HIGHLIGHTS: NORTH CAROLINA

NCCARE360 has been contracted to build the North Carolina Resource Platform—a new statewide tool to make it easier for providers, insurers and community-based organizations to connect people with the community resources they need to be healthy.

NCCARE360

A new tool for a healthier North Carolina.

211 United Way United Way of North Carolina

UNITE US

Expound bdt

NCCARE360

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STATE HIGHLIGHTS: CALIFORNIA- WHOLE PERSON CARE (THE PAST)

California counties will have had 6 years to implement WHOLE PERSON CARE pilots in 25 counties that addressed:

- Coordination of health, behavioral health and social services
- Start-up Investments of $100 Million in Housing Support Services in FY19-20 budget year
- WPC Investments in
  - Outreach and engagement
  - Universal Social Needs Screening (Contra Costa County)
  - Transfer of Care Team
  - Cross sector case conferencing
  - Community Health Worker training and support
  - Housing Transition and Navigation Services

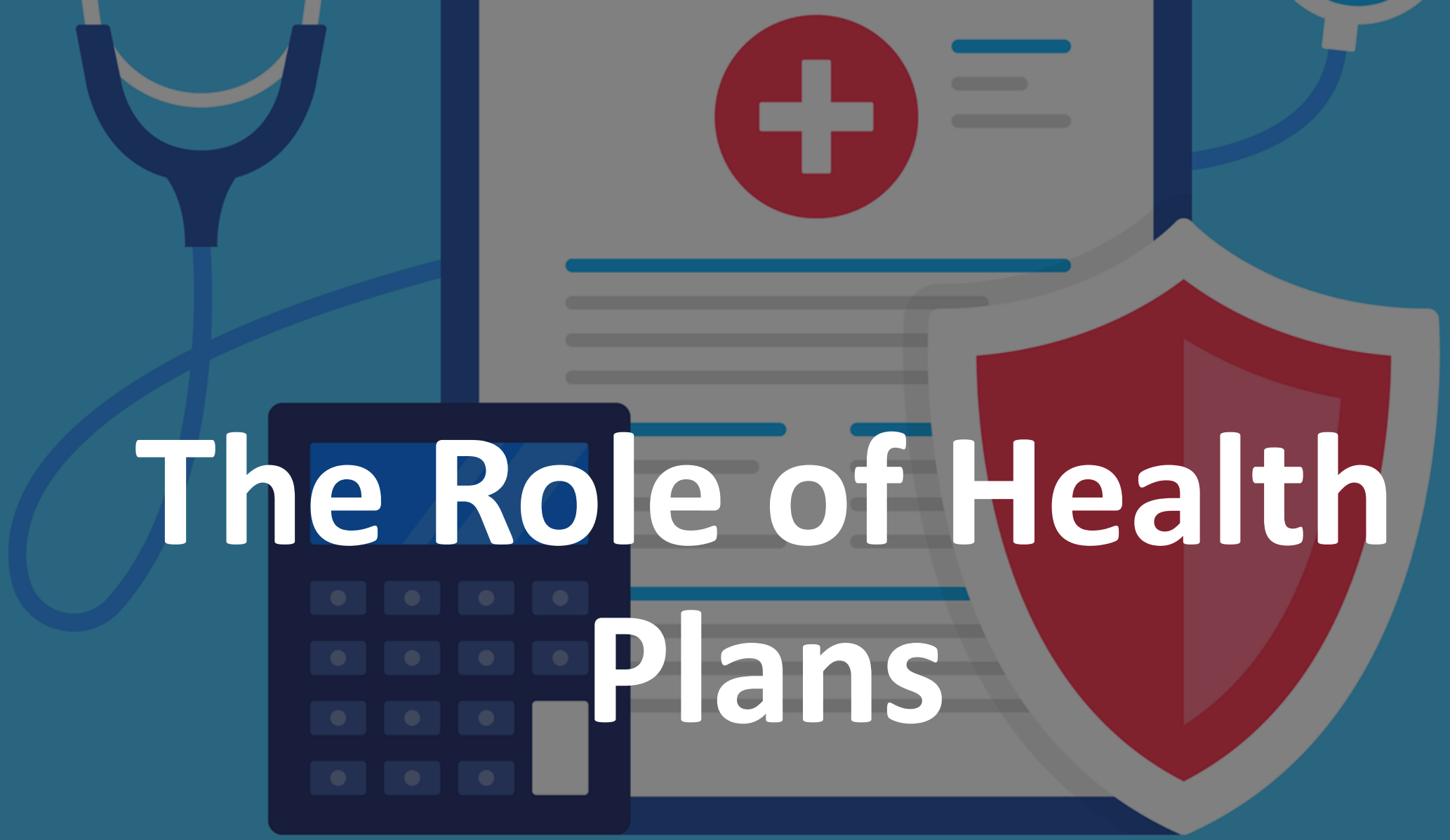
STATE HIGHLIGHTS: CALIFORNIA- WHOLE PERSON CARE (THE FUTURE)

In HCBS ARPA

- - - Fund $1.3 billion incentives for MCOs to address Housing and Homelessness in the state.
- - Fund $100 million capacity building grants for community-based organizations to develop the internal capacity to bill Medicaid

In CAL AIM

- - Enhanced Care Management (ECM)
- - In Lieu of Services (ILOS)
- - Other



The Role of Health Plans

The Role of Health Plans

Health Plans are being held accountable for outcomes. This leads to an emphasis and investment in SDOH

Some states are targeting outcomes for the whole community not solely for the individual health plan members

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Where can Health Plans invest that addresses other priorities?

1. Low Income Housing Tax Credits (*for-profit plans*)
2. Developing SDOH plans based upon state directives
   - *Community Based Care Management*
   - *Screening*
   - *Data*
   - *Collaboration with CBOs who address SDOH needs*
   - *Investment*
3. Policy and Advocacy support for affordable housing, benefits access, home delivered meals.
4. Pilot programs for health plans targeted populations.
5. Implementing SDOH screening for their members and then investing where screens and data show potential for impact.

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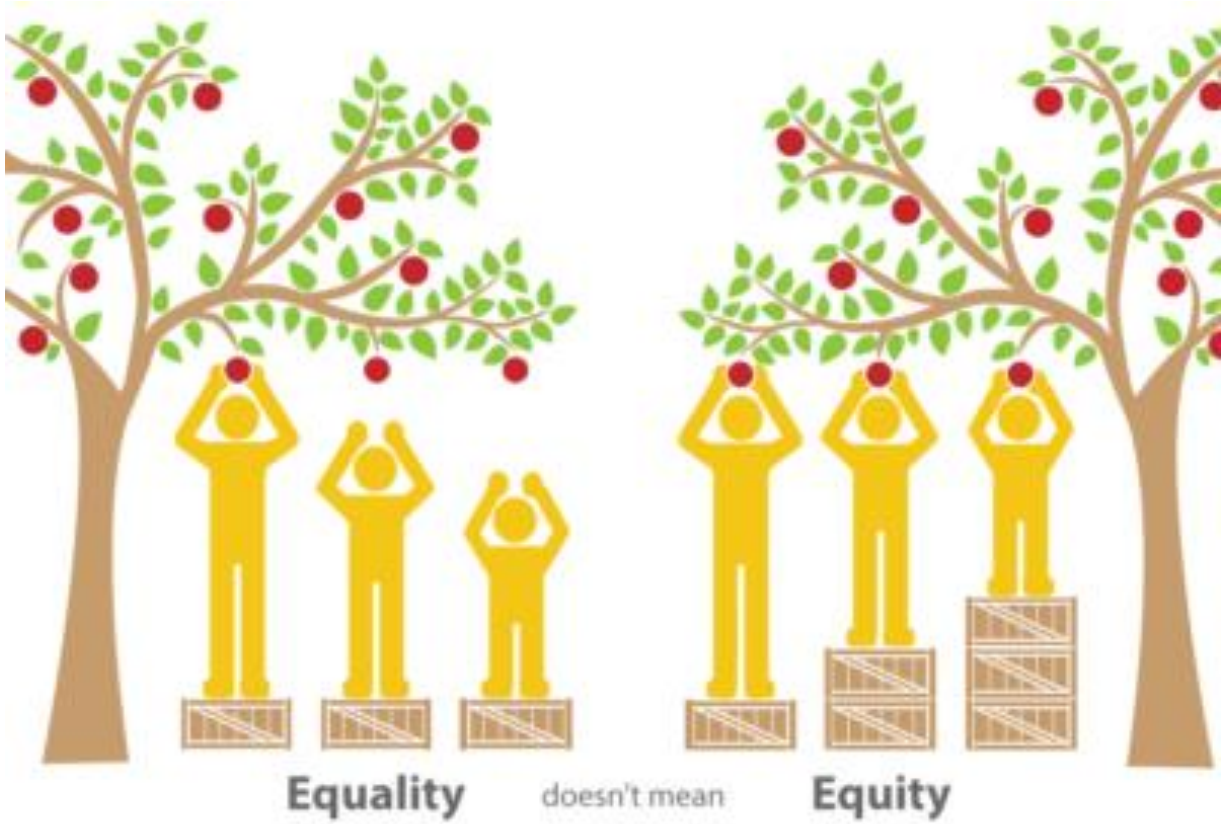
Systems Transformation- The Transition to Value Based Care

The Impact on Health Centers

Furthering Equity

- Community engagement
- Harnessing Data
- Other structural factors



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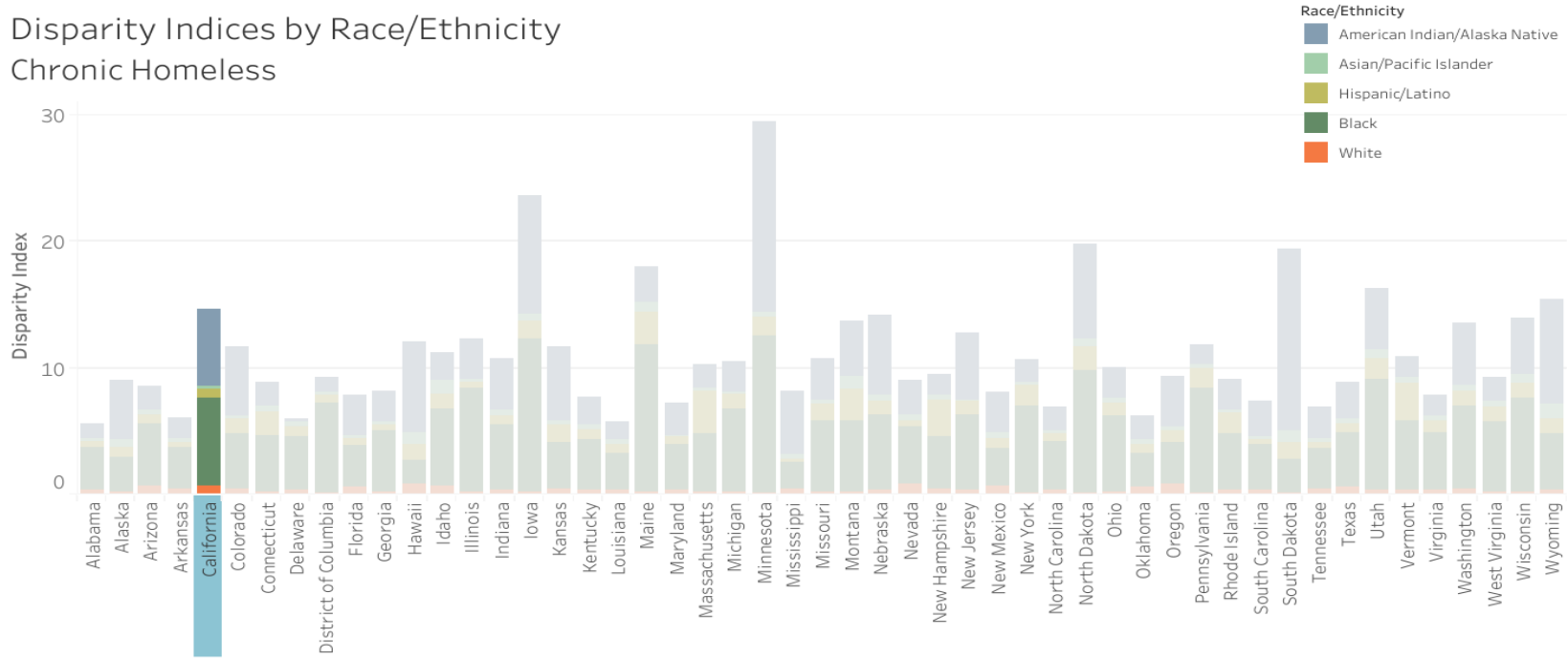
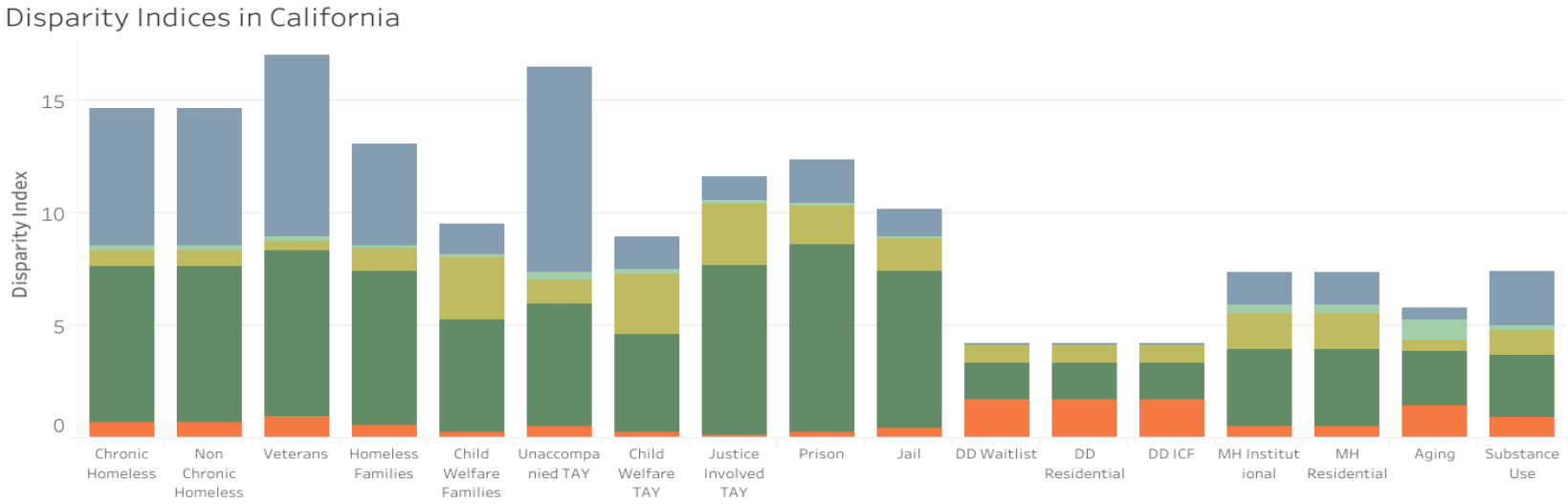
Tracking disparities across systems in your state

CSH's Racial Disparities and Disproportionality Index (RDDI)





Race/Ethnicity
Multiple values

System
Chronic Homeless

The Disparity Index

Disparity Indices are calculated by comparing a racial group's rate of representation in a system with all other groups. It measures the likelihood of a group experiencing system involvement compared to all other groups.

https://www.csh.org/supportive-housing-101/data/

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Best Practices for this Work

Data Sharing

New Partnerships

Braiding Funds

Joint Policy Advocacy

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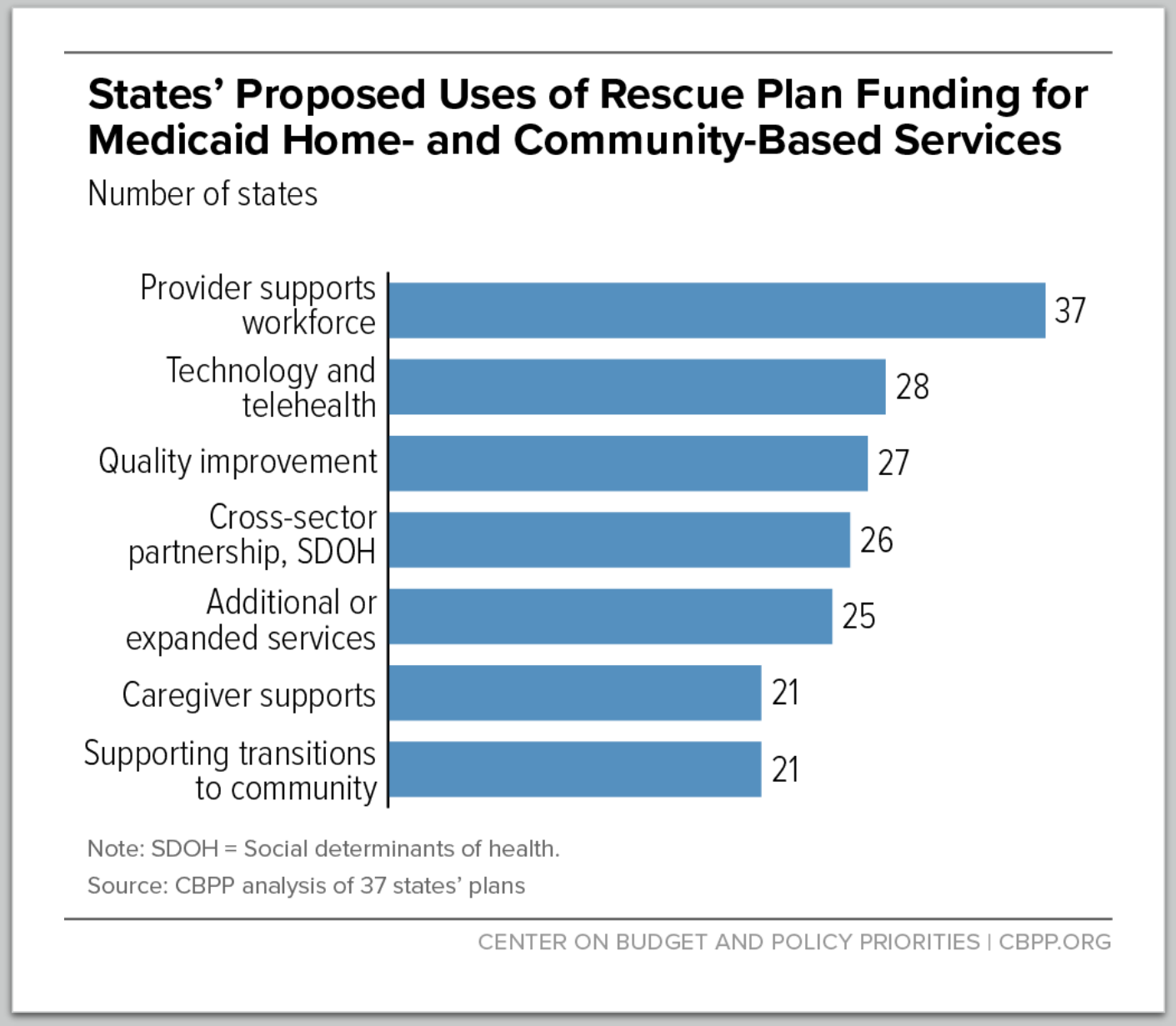
State uses for American Rescue Plan Act HCBS funds

- https://www.cbpp.org/states-proposed-uses-of-rescue-plan-funding-for-medicaid-home-and-community-based-services



QUESTIONS?

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UPCOMING HRSA EVENTS IN NOV/DEC

#HousingisHealthcare

For more information contact
Jamie.Blackburn@CSH.org

Health and Housing Partnerships – Guide to using online tools and resources

Are you interested in building new or strengthening relationships between health, services, and housing providers? This workshop will walk through online tools and resources to help support you and your community partners to coordinate services and resources for persons facing homelessness and housing instability. Follow along as we share ways to leverage the Health and Housing Partnerships online guide as a tool to building effective partnerships.

December 9, 2021 1pm EST

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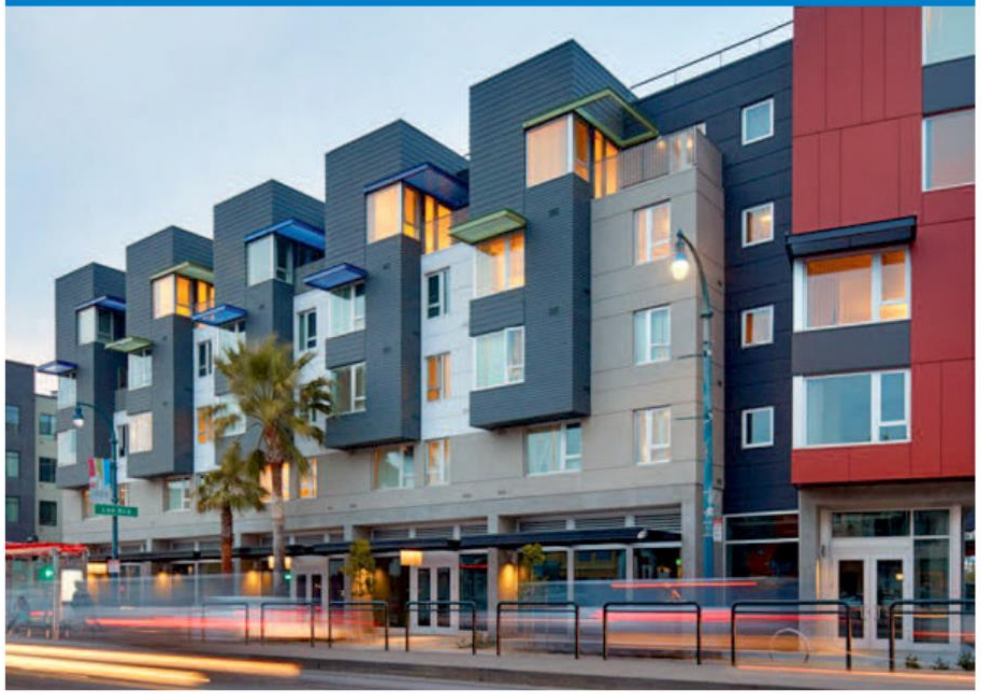
#HousingisHealthcare

Application Period Opens Monday December 13, 2021.



SAVE THE DATE!

2022 LEARNING COLLABORATIVE SESSION DATES

SESSION 1: UNDERSTANDING HOUSING MODELS AND MARKETS
WED FEB 9, 2022

SESSION 2: PARTNERSHIPS
WED MARCH 2, 2022

SESSION 3: CAPITAL FINANCING
WED MARCH 23, 2022

SESSION 4: BRINGING IT ALL TOGETHER
WED APRIL 13, 2022

For more information contact
Jamie.Blackburn@CSH.org

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THANK YOU!

stay connected

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