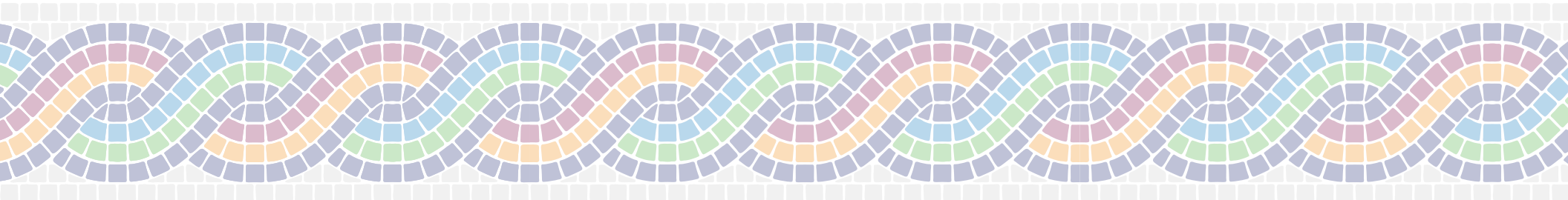


APPENDIX:

Financing Approaches to Address Social Determinants of Health via Medicaid Managed Care: A 12-State Review



Arizona

Notable efforts to address HRSN and health equity include:

- [AHCCCS Housing Program](#), which offers both permanent supportive housing and supportive services.
- [Whole Person Care Initiative](#), including, among other initiatives, a statewide closed loop referral system called [CommunityCares](#).
- [Housing and Health Opportunities Demonstration](#), approved by CMS in [October 2022](#).

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	Planned	The SPA is under CMS review and proposed to be effective January 1, 2023.
1915(i) or 1915(i)-like HCBS	No	No explicit reference to HRSN services in publicly available documents.
Expanded HRSN Services via 1115	Yes	1115 authorizes housing-related HSRN services, including rent/temporary housing for up to six months for individuals transitioning out of institutions or for individuals experiencing/at risk of homelessness. <i>Full list at footnote.</i> HRSN services "should be included in capitation rate setting and medical loss ratio (MLR) reporting as incurred claims." Details are to be determined.
In Lieu of Services	No	No explicit reference to HRSN services in publicly available documents.
MCO Performance Incentives	No	No explicit reference to HRSN services in publicly available documents.
Projected Non-Benefit Costs (HRSN services explicitly mentioned)	No	No explicit reference to HRSN services in publicly available documents.
VBP/Directed Payment	Yes	Differential Adjusted Payment Program includes a hospital rate increase for Social Determinants of Health Closed Loop Referral Platform. Targeted Investments Program 1.0 included incentive payments to providers that meet benchmarks for HRSN screening, and 2019 and 2020 rates included a related rate adjustment for increased use of covered screening services. TI 2.0 also has HRSN-related benchmarks.
MLR Reporting Guidance	Yes	In a template provided to CHCS during state review, MCOs should "include [under value-added services] those services provided in addition to those covered under the state plan for which costs are not included in capitation payments (i.e., services not covered by AHCCCS). These expenses should improve health and reduce costs, including interventions intended to address social determinants of health. Exclude community benefit expenses or expenses paid with Community Reinvestment funds (reported in line #23)." Other financial reporting templates are here .

* Services include: Rent/temporary housing for up to 6 months, specifically for individuals transitioning out of institutional care or congregate settings such as nursing facilities, large group homes, congregate residential settings, Institutions for Mental Diseases (IMDs), correctional facilities, and hospitals; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter as defined by 24 CFR 91.5; and individuals transitioning out of the child welfare system including foster care; Utility costs including activation expenses and back payments to secure utilities, limited to individuals receiving rent/temporary housing as described in STC 32(a)(i); Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention; Housing transition navigation services; One-time transition and moving costs; Housing deposits to secure housing, including application and inspection fees and fees to secure needed identification; Medically necessary home accessibility modifications and remediation services; Case management; outreach, and education including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Social Risk Adjustment	Yes	Methodology for risk adjusting capitation rates paid to MCOs has been updated to incorporate HRSN services.
Community Reinvestment	Yes	MCOs must invest six percent of its annual profits to community reinvestment and report reinvestment activities through the standardized Community Reinvestment Activities Report Template .

California

Notable efforts to address HRSN and health equity include:

- California Advancing and Innovating Medi-Cal ([CalAIM](#)) Initiative, including:
 - ▶ [Enhanced Care Management](#);
 - ▶ [Community Supports](#); and
 - ▶ [Population Health Management \(PHM\)](#), which will include a PHM service that integrates social care data.
- All Plan Letters detailing how to [collect HRSN data](#) and how to provide [street medicine](#).
- [50 x 2025 Bold Goals](#) to reduce racial disparities, detailed in California Department of Health Care Services (DHCS) Comprehensive Quality Strategy.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	Yes	Effective July 1, 2022, DHCS added CHW services as an official Medi-Cal benefit.
1915(i) or 1915(i)-like HCBS	No	No explicit reference to HRSN services in publicly available documents.
Expanded HRSN Services via 1115	Yes	Two of the 14 optional Community Supports (Recuperative Care and Respite Services) authorized via 1115 . Costs will be used to develop rates.
In Lieu of Services	Yes	12 of the 14 Community Supports are approved as in lieu of services . Costs will be used to develop rates. <i>Full list at footnote.</i> ⁺
MCO Performance Incentives	Yes	CalAIM Incentive Payment Program and Housing and Homelessness Incentive Program .
Projected Non-Benefit Costs (HRSN services explicitly mentioned)	Planned	As part of the Population Health Management initiative , state plans to use MCO “performance on key measures (including high-priority clinical quality measures and member experience) as a consideration within plan capitation rate setting” (expected in 2023).
VBP/Directed Payment	Planned	FQHCs participating in the FHQC Alternative Payment Model 2.0 will have more flexibility to provide HRSN services, among other strategic practice transformation goals (e.g., community health worker programs). Implementation details for Equity and Practice Transformation Payments are to-be-determined, but funds can be used to “support upstream interventions to address social drivers of health.”
MLR Reporting Guidance	No	No explicit reference to other HRSN services in publicly available documents. However, Community Supports will be embedded in rates, and pursuant to in lieu of services authority, included in the numerator of the MLR.

⁺ Housing Transition Navigation Services; Housing Deposits; Housing Tenancy and Sustaining Services; Respite Services; Day Habilitation Programs; Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities; Community Transition Services/Nursing Facility Transition to a Home; Personal Care and Homemaker Services; Environmental Accessibility Adaptations (Home Modifications); Medically Tailored Meals/Medically-Supportive Food; Asthma Remediation; and Sobering Centers.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Social Risk Adjustment	No	No explicit reference to HRSN services in publicly available documents.
Community Reinvestment	Planned	Effective January 1, 2024 , California requires “5% of the portion of Contractor’s annual net income that is less than or equal to 7.5 percent of Contract Revenues for the year, and 7.5 percent of the portion of Contractor’s annual net income that is greater than 7.5 percent” to be reinvested in the community.

Massachusetts

Notable efforts to address HRSN and health equity include:

- [Community Support Program](#), with new demonstration approaches effective in 2023.
- [Flexible Services](#), with new demonstration approaches effective in 2025.
- Funding to strengthen CBO capacity to enter into health care partnerships, including the [Massachusetts Upstream Investment Program](#), the [Social Services Organization Flexible Services Preparation Fund](#), and the future [Social Services Organization Flexible Services Integration Fund](#).
- [Health Quality and Equity Initiative](#), which includes goals to collect social risk factor data, encourage stratified reporting, and develop evidence-based interventions.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	No	No explicit reference to HRSN services in publicly available documents.
1915(i) or 1915(i)-like HCBS	No	No explicit reference to HRSN services in publicly available documents.
Expanded HRSN Services via 1115	Yes	MassHealth's 1115 waiver approved in 2022 included expanded authority for <i>Community Support Programs (CSP)</i> and the <i>Flexible Services Program</i> , offering broader case management, housing, and nutrition-focused HRSN services. A CSP focused on serving chronically homeless individuals began as a pilot in 2005, and was expanded to managed care in 2021. The Flexible Services Program launched in 2020. Implementation of expansion for both CSP and the Flexible Services Program will continue in 2023.
In Lieu of Services	No	No explicit reference to HRSN services in publicly available documents.
MCO Performance Incentives	Yes	Accountable Care Organizations (ACOs) have been financially accountable for HRSN screenings via quality measure since 2018. Both ACOs and Managed Care Organizations financially accountable for both HRSN screenings and referrals via quality measures beginning 2023. In addition, contracted health system entities are financially accountable for the identification, monitoring and reduction of health inequities within the five-year period between CY2023 to CY2027.
Projected Non-Benefit Costs (HRSN services explicitly mentioned)	No	No explicit reference to HRSN services in publicly available documents. Per 1115, payments to Community Partners for care coordination can be an administrative cost.
VBP/Directed Payment	No	No explicit reference to HRSN services in publicly available documents.
MLR Reporting Guidance	Planned	Under its new 1115 demonstration , Massachusetts “must develop an MLR monitoring and oversight process specific to HRSN services. . . This process must specify how HRSN services will be identified for inclusion in capitation rate setting and in the MLR numerator.”

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Social Risk Adjustment	Yes	Risk scores and associated risk adjustments are calculated using the Massachusetts Social Determinants of Health Model , which relies on neighborhood-based predictors of health, homelessness indicators, and other HRSN factors.
Community Reinvestment	No	No explicit reference to HRSN services in publicly available documents.

Minnesota

Notable efforts to address HRSN and health equity include:

- [Integrated Health Partnerships](#) (IHPs), which are held accountable for health equity measures and related interventions.
- [Hospital In-Reach Service Coordination](#), which brings together health care and community-based services to reduce instances of non-medically necessary health care use.
- [Minnesota’s Medicaid Managed Care Comprehensive Quality Strategy](#), which includes the goal of racial equity and related strategies.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	Yes	The state covers diagnosis-related patient education services, including diabetes prevention and pediatric obesity treatment provided by a CHW.
1915(i) or 1915(i)-like HCBS	Yes	Housing Stabilization Services helps people with disabilities, including mental illness and substance use disorder, and seniors find and keep housing.
Expanded HRSN Services via 1115	No	No explicit reference to HRSN services in publicly available documents.
In Lieu of Services	Yes	List of in lieu of services includes “waiver services.” <i>Full list at footnote.</i> [†]
MCO Performance Incentives	Yes	Quality withhold in 2022 includes initial Seniors Health Risk Screening or Assessment measure. 2023 withhold considers Health Equity Stakeholder/Community Engagement.
Projected Non-Benefit Costs (HRSN activities explicitly mentioned)	No	No explicit reference to HRSN services in publicly available documents.
VBP/Directed Payment	Yes	The state pays IHPs quarterly population-based payments and shared savings payments (or recoup shared losses). Population-based payments for IHPs are risk adjusted for social risk factors. IHPs are held accountable for health equity measures that are sometimes tied to HRSN services proposed by the IHP.
MLR Reporting Guidance	No	No explicit reference to HRSN services in publicly available documents.
Social Risk Adjustment	No	MCO rates are not adjusted for social risks. The population-based payment for IHPs, however, is adjusted for social risks.
Community Reinvestment	No	No explicit reference to HRSN services in publicly available documents.

[†] **Senior contract includes:** (1) Waiver Services that are approved by the MCO, for Enrollees who are not enrolled on a waiver. (2) Additional and Alternative Devices and Services. This includes non-State Plan devices and services meeting criteria for in lieu of services, and designed to ensure maintenance of health status, such as services or devices provided to meet Enrollee needs during periods of transition from one device to another or additional services or devices to provide higher quality of life; for example, a durable medical device that allows the Enrollee to better advocate for himself or herself, in place of interpreter services. **SNBC contract includes**, in addition to the above categories: Non-Traditional, Ancillary, and Needs-Driven SNBC Support Devices and Services. The MCO may provide or arrange to have provided highly individualized informal or non-traditional support services replacing State Plan Services described in Article 6; for example, a medication reminder device in place of Skilled Nurse visits.

North Carolina

Notable efforts to address HRSN and health equity include:

- [Healthy Opportunities Pilots](#) which includes services to address nutrition, housing, transportation, and interpersonal violence needs.
- Interactive [statewide map](#) of SDOH indicators that can guide community investment and prioritize resources.
- Standardized [screening questions](#) to identify and assist patients with unmet health-related resource needs.
- [Statewide coordinated care network](#) (NCCARE360) to electronically connect those with identified needs with community resources.
- Delegated care management to Tier 3 [Advanced Medical Homes](#), which conduct – among other activities – Comprehensive Assessments that include priority housing, food, transportation, and interpersonal safety domains.
- [Health Equity Payment Initiative](#), offered for a limited time in 2021.
- MCOs required to maintain a [Health Equity Council](#).

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	No	While CHWs are not an official benefit, using federal grants relating to COVID-19, the state established a Community Health Worker Initiative . The state has expressed interest in continuing to support CHW integration into NC Medicaid, beyond this time-limited funding.
1915(i) or 1915(i)-like HCBS	Planned	In the process of transitioning 1915(b)(3) benefits to 1915(i) authority.
Expanded HRSN Services via 1115	Yes	The Healthy Opportunities Pilot includes 29 services that relate to housing, transportation, nutrition, and toxic stress/interpersonal violence needs, listed here .
In Lieu of Services	Yes	The state approves requests to provide in lieu of services on a plan-by-plan basis. For example, one plan offers environmental modifications and community re-integration supports.
MCO Performance Incentives	Yes	A MCO provider that voluntarily contributes at least 0.1% of its annual capitation revenue in a region to health-related resources may be awarded an Auto-Assignment Preference .
Projected Non-Benefit Costs (HRSN services explicitly mentioned)	Yes	Delegation of care management requires screening for social risk factors and supporting enrollees with high unmet social needs. Through the Tailored Care Management model, provider payment rates will be significantly higher than those paid to for Standard Plan care management
VBP/Directed Payment	No	However, state asks for HRSN information in each MCO's VBP Strategy.
MLR Reporting Guidance	Yes	The MLR may include expenditures made for voluntary contributions to health-related resources and initiatives.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Social Risk Adjustment	No	No explicit reference to HRSN services in publicly available documents.
Community Reinvestment	Yes	No requirement, but MCOs can invest in health-related resources in lieu of a MLR remittance.

New York

Notable efforts to address HRSN and health equity include:

- [Value-Based Payment Roadmap](#) requires advanced value-based payment arrangements to include a partnership with a CBO and a HRSN intervention.
- [Social Determinants of Health Pilots](#) include: Medically Tailored Meals, Street Medicine, and a Medical Respite Program.
- [Medicaid Redesign Team Supportive Housing Initiative](#), an approach to address HRSN by investing state-only Medicaid dollars into rental subsidy, tenancy services, and capital for high-utilizers of Medicaid.
- A proposed [amendment](#) to the state’s 1115 waiver (not yet approved, at the time of this writing), which includes Social Determinants of Health Networks and Health Equity Regional Organizations.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	No	No explicit reference to HRSN services in publicly available documents.
1915(i) or 1915(i)-like HCBS	Yes	1115 authorizes 1915(i) approvable services.
Expanded HRSN Services via 1115	Yes / Planned	The current waiver (as of 4/22) includes some limited behavioral health HCBS, including transition costs. New waiver request to include additional HRSN services (i.e., Transitional Housing Services and Alternatives for the Homeless and Long-Term Institutional Populations).
In Lieu of Services (ILOS)	Yes	Pre-approved ILOS includes medically tailored meals.
MCO Performance Incentives	No	No explicit reference to HRSN services in publicly available documents.
Projected Non-Benefit Costs (HRSN services explicitly mentioned)	No	No explicit reference to HRSN services in publicly available documents.
VBP/Directed Payment	Yes	Advanced VBP arrangements should include a HRSN intervention and a CBO partnership. Per VBP Roadmap, “expenses for interventions that address social care needs being implemented within the VBP contract for which the MCO is making the investment are to be included in “Other Medical” on the Medicaid Managed Care Operating Report and MLTC Reporting Requirements.”
MLR Reporting Guidance	No	No explicit reference to HRSN services in publicly available documents.
Social Risk Adjustment	No	No explicit reference to HRSN services in publicly available documents.
Community Reinvestment	No	No explicit reference to HRSN services in publicly available documents.

Ohio

Notable efforts to address HRSN and health equity include:

- Required partnerships with [qualified community hubs](#).
- Required MCO coordination with [Health Information Exchanges](#) for closing referral loops to address HRSN.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	No	No explicit reference to HRSN services in publicly available documents.
1915(i) or 1915(i)-like HCBS	No	No explicit reference to HRSN services in publicly available documents.
Expanded HRSN Services via 1115	No	No explicit reference to HRSN services in publicly available documents.
In Lieu of Services	No	No explicit reference to HRSN services in publicly available documents.
MCO Performance Incentives	Yes	Quality withhold considers collaboration with CBOs and other Medicaid plans for collective impact, and active research related to addressing HRSN to better serve members experiencing disparities.
Projected Non-Benefit Costs (HRSN services explicitly mentioned)	Yes	State considers costs associated with the Enhanced Maternal Care Services Program and HUB Contacting Requirements .
VBP/Directed Payment	Yes	MCOs must reimburse Comprehensive Primary Care practices an agreed upon 'per member per month' (PMPM) payment for attributed members and any shared savings for meeting model requirements. Model requirements include HRSN activities.
MLR Reporting Guidance	No	No explicit reference to HRSN services in publicly available documents.
Social Risk Adjustment	No	No explicit reference to HRSN services in publicly available documents.
Community Reinvestment	Planned	In new Next Generation contracts , MCOs must contribute three percent of its annual after-tax profits to community reinvestment. MCOs must increase the percentage of the MCO's contributions by one percent point each subsequent year, for a maximum of five percent of the MCO's annual after-tax profits.

Oregon

Notable efforts to address HRSN and health equity include:

- [Health-Related Services](#), which are optional services that coordinated care organizations (CCOs) can provide. They include Flexible Services and Community Benefit Initiatives.
- [Supporting Health for All through REinvestment](#) (SHARE) Initiative, in which after meeting minimum financial standards, CCOs must invest a portion of their net income or reserves back into their communities to address health inequities and social determinants of health and equity (SDOH-E).
- [Strategic Goal](#) to eliminate health inequities by 2030.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	Yes	Covered as “Traditional Health Workers” (THW). Each CCO’s contract application is required to include a THW integration and utilization plan.
1915(i) or 1915(i)-like HCBS	Yes	1915(i) services include habilitation services.
Expanded HRSN Services via 1115	Yes	Approved 9/22, 1115 waiver includes HRSN services that will be available in both FFS and CCO delivery systems for eligible beneficiaries in “transition” categories. Full list at footnote. [§]
In Lieu of Services	Planned	State has publicly available materials relating to ILOS to address HRSN and names specific services that can be provided as ILOS. [¶]
MCO Performance Incentives	Yes	The 2023 CCO Quality Incentive Program includes an incentive measure for HRSN screening. See also Performance-Based Reward below.
Projected Non-Benefit Costs (HRSN activities explicitly mentioned)	Yes	Performance-Based Reward (PBR) initiative rewards CCOs with a higher profit margin when costs are held lower, quality is maintained, and CCOs invest in qualified health-related services spending. PBR will not account for more than a three percent margin within capitation rates. The 2022 Rate Certification included CCO-Specific Rate Adjustments for Assertive Community Treatment and Supported Employment and The Mental Health Children’s Wraparound.
VBP/Directed Payment	No	State’s VBP Roadmap and VBP Questionnaire refer to HRSN services and activities.
MLR Reporting Guidance	Yes	Health-related services , which meet the definition of activities that improve health care quality, are included in the numerator of the MLR. New HRSN services approved in the demonstration approved 9/22 will also be included in the MLR.

§ short-term post-transition housing for up to six months, housing supports, nutrition education, medically tailored food assistance, clinically indicated devices to maintain healthy temperatures and clean air during climate emergencies

¶ prevention programs, services provided by traditional health workers, community transition services, enhanced case management, post-hospitalization recuperative care, lactation consultations, and in-home health hazard remediation programs

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Social Risk Adjustment	No	No explicit reference to HRSN services in publicly available documents.
Community Reinvestment	Yes	Beginning in 2023, a CCO's SHARE designation is subject to a minimum formula set by OHA.

Pennsylvania

Notable efforts to address HRSN and health equity include:

- [Community Based Care Management Program](#), which gives specific funding to MCOs to work with CBOs to encourage the use of preventive services and mitigate HRSN barriers.
- [Patient Centered Medical Home \(PCMH\) Program](#) includes requirements relating to HRSN screening, Z codes, and “warm hand off” referrals.
- [Maternity Care Bundled Payment](#), which includes SDOH screening and incentive payments to advance health equity.
- [Resources Information and Services Enterprise](#) (RISE PA), which is a statewide resource and referral tool that will be integrated with certified health information organizations to enable closed-loop referrals for unmet SDOH needs.
- [Hospital Quality Incentive Program](#), which includes social risk factor screening measures and other measures relating to racial/ethnic disparities.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	No	While not required, many MCOs use CHWs in approved Community-Based Care Management Initiatives.
1915(i) or 1915(i)-like HCBS	No	No explicit reference to HRSN services in publicly available documents.
Expanded HRSN Services via 1115	No	No explicit reference to HRSN services in publicly available documents.
In Lieu of Services	No	No explicit reference to HRSN services in publicly available documents.
MCO Performance Incentives	Yes	MCO Pay for Performance Program includes a Maternal Home Visiting Performance payout and Health Equity Improvement payout.
Projected Non-Benefit Costs (HRSN activities explicitly mentioned)	Yes	Total capitation rates include adjustments for care management related programs, including Community-Based Care Management services. For advanced VBP arrangements: Care management activities that improve health care quality, such as coordinating meals for members, may be reported by MCOs as administrative costs.
VBP/Directed Payment	Yes	Required partnerships with CBOs as part of advanced VBP arrangements. Hospital Quality Incentive Program includes social risk factor screening measures. Three Required VBP Models: Maternity Care Bundled Payment Model ; PCMH Model, Rural Health Model.
MLR Reporting Guidance	Yes	If the payment for an activity that addresses HRSNs meets the requirements of 45 CFR § 158.150(b) and is not excluded under 45 CFR § 158.150(c), then it would be reported in the numerator of the MLR as an activity that improves health care quality.
Social Risk Adjustment	No	No explicit reference to HRSN services in publicly available documents.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Reinvestment Requirement / Flexibility	Yes	<p>Behavioral health MCOs capitation revenues not expended during an agreement period may be reinvested in communities, and can be used to support arrangements with CBOs.</p> <p>Effective 2023, pending CMS approval, physical health MCOs with profits in excess of three percent may retain a portion of those excess gains if they invest in initiatives that align with the Department's goals of improving access and provider retention; investments in social determinants of health such as housing, employment and food insecurity; achieving health equity; and programs that focus on community development.</p>

Texas

Notable efforts to address HRSN and health equity include:

- Reimbursement/billing guidelines for HRSN screening at a child checkup ([proposed](#) in August 2022, 2023 [implementation](#) possible)
- The [Delivery System Reform Incentive Payment](#) Transition Plan included several milestones relating to HRSN, including the [Assessment of Social Factors impacting Health Care Quality in Texas Medicaid](#) and [Quality Improvement Cost Guidance](#).

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	No	MCOs may use CHWs to conduct outreach and member education activities.
1915(i) or 1915(i)-like HCBS	Yes	Home and Community-Based Services – Adult Mental Health offers 1915(i) state plan home and community-based services to individuals with serious mental illness, including home-delivered meals and one-time transition costs.
Expanded HRSN Services via 1115	No	No explicit reference to HRSN services in publicly available documents.
In Lieu of Services	No	The Texas Value-Based Payment and Quality Improvement Advisory Committee has recommended HRSN services as in lieu of services in its most recent legislative report .
MCO Performance Incentives	No	The state has considered changes to its alternative payment model (APM) framework to give credit to MCOs that provide services that address HRSN as part of an APM.
Projected non-benefit costs (HRSN activities explicitly mentioned)	Yes	Activities addressing HRSN may qualify as quality improvement costs and are included in rate development.
VBP/Directed Payment	Yes	One component of the Texas Incentives for Physicians and Professional Services (TIPPS) directed payment program includes a rate enhancement for certain outpatient services and requires reporting of food insecurity screening, among other quality measures.
MLR Reporting Guidance	Yes	Quality improvement guidance includes examples of HRSN activities.
Social Risk Adjustment	No	No explicit reference to HRSN services in publicly available documents.
Community Reinvestment	No	No explicit reference to HRSN services in publicly available documents.

Virginia

Notable efforts to address HRSN and health equity include:

- [Medicaid Expansion Program Selection Process Through MCO Member Health Screening](#), which is a two-part screening tool to both assess medical complexity as well as to identify member social needs through an HRSN assessment.
- [CCC+](#) and [Medallion 4.0](#) contracts require annual reporting of policies and procedures related to the programs and partnerships established to address HRSN.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	No	However, the state does have a SPA for doula services .
1915(i) or 1915(i)-like services	Planned	1115 approves 1915(i)-like services. See High Needs Support Program below.
Expanded HRSN Services via 1115	Planned	High Needs Supports Program would provide critical housing and employment support services to Virginia’s high-need Medicaid members. (This program requires General Assembly authority in order to implement and continue development of the benefit. There is no available implementation date at this time.)
In Lieu of Services	No	No explicit reference to HRSN services in CCC+ and Medallion 4.0 contracts. HRSN services may be provided as “enhanced benefits”/value-added services.
MCO Performance Incentives	No	No explicit reference to HRSN services in publicly available documents.
Projected Non-Benefit Costs (HRSN activities explicitly mentioned)	No	Rate certification only refers to “costs related to care management which allows MCOs to eliminate unnecessary medical expenses.”
VBP/Directed Payment	No	No explicit reference to HRSN services in publicly available documents.
MLR Reporting Guidance	No	No explicit reference to HRSN services in publicly available documents.
Social Risk Adjustment	No	No explicit reference to HRSN services in publicly available documents.
Community Reinvestment	No	No explicit reference to HRSN services in publicly available documents.

Washington

Notable efforts to address HRSN and health equity include:

- [Accountable Communities of Health](#), which are independent, regional organizations that work with communities on specific HRSN projects.
- [Foundational Community Supports Program](#), which provides supportive housing and supported employment services to eligible Medicaid members.
- [Community Hubs](#), proposed in the state’s 1115 demonstration application, would be new centers for community-based care coordination that focus on HRSNs, and will provide screening for and referral to community-based services.
- [Paying for Value Surveys](#), which collect plan and provider health equity and HRSN activities.

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Community Health Worker SPA	No	While not an official benefit, CHWs can help provide health home services, and are considered part of the FQHC encounter rate buildup. VBP and Accountable Communities of Health initiatives have also supported CHWs.
1915(i) or 1915(i)-like HCBS	Yes	1115 authorizes the Foundational Community Supports program, which provides 1915(i)-like services. The state also has a 1915(i) state plan HCBS authorizing behavioral health personal care services .
Expanded HRSN Services via 1115	Yes/Planned	The Foundational Community Supports program includes pre-tenancy and tenancy supporting services, employment supports, and one-time community transition services to individuals moving from institutional to community settings and those at imminent risk of institutional placement. New waiver application requests authority to cover the certain health-related services , either as ILOS or as benefits available in FFS and managed care delivery systems. Full list in footnote.**
In Lieu of Services	No	Proposed 1115 amendment includes potential ILOS (not yet approved).
MCO Performance Incentives	No	No explicit reference to HRSN services in publicly available documents.
Projected Non-Benefit Costs (HRSN activities explicitly mentioned)	No	Quality improvement and value-added services relating to HRSN are considered in the state’s risk mitigation approach.
VBP/Directed Payment	No	Although state does not have a suggested payment model that includes HRSN measures, state’s VBP Roadmap and Paying for Value surveys connect VBP and HRSN priorities. Planned Multi-payer Primary Care Transformation Model includes HRSN activities.
MLR Reporting Guidance	No	Quality improvement and value-added services relating to HRSN are considered in the state’s risk mitigation approach.

** Medically tailored meals and medically supportive foods, medical respite, housing transition navigation services, housing tenancy and sustaining services, housing deposits, nursing facility transition/diversion to assisted living facilities, community transition services/nursing facility transition to a home, stabilization centers, day habilitation programs, caregiver respite services, personal care and homemaker services, environmental accessibility and remediation adaptations (home modifications).

HRSN Financing Approach	Yes/No/Planned	Notes from Publicly Available Documents
Social Risk Adjustment	No	No explicit reference to HRSN services in publicly available documents.
Community Reinvestment	No	No explicit reference to HRSN services in publicly available documents.



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