New CMS Guidance on Addressing Social Needs Through Medicaid: Implications for States, Managed Care, and Health Systems
Our Moderator

Sadena Thevarajah, JD
Managing Director, HealthBegins
**Reminder**

1. Submit your questions via the Q&A function.
2. We will answer your questions at the end of the webinar.
3. During and after today’s webinar, tweet us:
   @Health Begins
   @CHCShealth   @MedicaidGov
   @ChildrensHW
   @safetynetplans   @aditi_md

Please bring and share respect, curiosity, and joy in today’s session.
Our presenters

Aditi Mallick, MD
Chief Medical Officer, Center for Medicaid and CHIP Services

Diana Crumley, JD, MPAff
Senior Program Officer, Center for Health Care Strategies

Jennifer Babcock, MPH
Senior Vice President of Medicaid Policy, Association for Community Affiliated Plans

Richard Sheward, MPP
Director of System Implementation Strategies, Children’s HealthWatch | Boston Medical Center
Learning objectives

By the end of the webinar, attendees will be able to:

• Describe the latest CMS guidance on use of ILOS to help address the social needs of Medicaid enrollees.

• List at least two concrete opportunities for states and Medicaid managed care plans to use this guidance to advance health equity and integrate health and social care.

• Describe at least 3 major challenges that states, Medicaid MCPs, and clinical and community-based providers may experience, as well as best practices and solutions to help navigate these challenges.
Poll 1

Which of the following best describes your employer (or industry)?

A. Hospital, clinic, or healthcare system
B. University, research center, or academic medical center
C. Public health department or other government agency
D. Community-based or social sector organization
E. Health insurer/managed care plan
F. Other
Health Begins

Health Begins helps executives accountable for health equity
• meet growing state and federal requirements for health equity and social needs,
• exceed program compliance and performance goals,
• and achieve long-term impact for people harmed by societal practices.

We aim to transform systems for health equity with 250 communities across the country by 2025.

To meet health equity requirements, we help courageous leaders “move upstream” to improve the social, institutional, and structural drivers of health equity.
Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:

- **Effective models for prevention and care delivery** that harness the field’s best thinking and practices to meet critical needs.

- **Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.

- **Equitable outcomes for people** that improve the overall wellbeing of populations facing the greatest needs and health disparities.
Poll 2

How familiar are you with In Lieu of Services (ILOS) or another opportunity to address social needs supported by Medicaid (e.g., 1115 demonstration)?

A. Very much (we are already planning or implementing)
B. Somewhat (we are discussing ways to engage with Medicaid to address social needs)
C. Not much
D. Not at all
E. Not sure
What Brings Us Here – Recent CMS Levers

January ‘23
State Medicaid Director Letter on ILOS

December ‘22
All-State Call Addressing HRSN

December ‘21
CalAIM Approval
What Brings Us Here – The Opportunity

If we position **health equity** as a centering goal for our work, we can then use these authorities and levers to set up programs, partnerships, and supports that *not only* address health-related social needs and social determinants but drive meaningful progress towards **health equity**.
Today's questions

• What is in the latest CMS guidance on use of ILOS to help address the social needs of Medicaid enrollees? How is this different from what existed before?

• What are some concrete steps states and Medicaid managed care plans can take to use this guidance to advance health equity and integrate health and social care?

• What are some major challenges that states, Medicaid MCPs, and clinical and community-based providers may experience? What are some best practices and solutions to help navigate these challenges?
Our first presenter

Aditi Mallick, MD
Chief Medical Officer, Center for Medicaid and CHIP Services
Our next presenter

Diana Crumley, JD, MPAff

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Medicaid and Health-Related Social Needs (HRSN): Common State-Directed Activities

1. Screening for social risk factors

2. Coordinating and integrating care
   (e.g., across physical health, behavioral health, social care)

3. Encouraging partnerships among health care organizations and community-based organizations

4. Providing services that address HRSN:
   → Formal Medicaid benefits
     • e.g., through a new state plan amendment, Section 1115 demonstration, policy change
   → HRSN services, provided at option of Medicaid managed care organizations (MCOs)
     • e.g., value-added services, in lieu of services, quality improvement (QI) activities
Opportunity: Sustainable Financing Stream for HRSN Services

• In both CMS’ new demonstration opportunity and its in lieu of services guidance, CMS will allow state Medicaid programs to provide HRSN services to enrollees that meet clinical and risk criteria.

• States can consider the costs of these HRSN services when developing managed care capitation rates, with some limitations.
New *In Lieu of Services* Guidance (Jan. 2023)

• Enables a more flexible, quicker rollout of HRSN services — outside of a detailed 1115 demonstration project or state plan benefit

• Expands what it means for an ILOS to be a “substitute”
  → “Immediate or longer-term substitutes for state plan-covered services or settings, or when the ILOS can be expected to reduce or obviate the future need to utilize state plan-covered services or settings”

• Defines how ILOS can impact managed care rates
  → ILOS cost percentages of 0-5% are OK. Cost percentages of 1.5% require more.

• Outlines monitoring, oversight, and evaluation requirements, inclusive of efforts to promote health equity:
  → e.g., Stratify ILOS utilization by demographics, evaluating impact each ILOS had on equity initiatives and efforts undertaken by the state to mitigate health disparities
California Community Supports

• Medically supportive food/meals/medically tailored meals
• Asthma remediation

• Services tailored to individuals experiencing homelessness or reentering the community after incarceration
  ➔ Housing transition navigation
  ➔ Housing deposits
  ➔ Housing tenancy and sustaining
  ➔ Short-term post-hospitalization housing [approved via 1115 demonstration]
  ➔ Recuperative care (medical respite) [approved via 1115 demonstration]
  ➔ 6 mos. post-transition housing [coming soon, proposed via 1115 demonstration]

• Services tailored to individuals who need assistance with activities of daily living
  ➔ Respite services
  ➔ Day habilitation programs
  ➔ Community transition services
  ➔ Nursing facility transition
  ➔ Personal care and homemaker services
  ➔ Environmental accessibility adaptations (home modifications)
Challenge: Ins and Outs of Health & Social Care Integration

• New CMS guidance/flexibilities will require states and their partners to develop processes to:
  → Document medical appropriateness
  → Onboard new providers, including community-based organizations (CBOs)
  → Monitor access and strengthen CBO capacity
  → Pay for services
  → Generate claims and encounter data

• How do states, MCOs, and Medicaid providers adjust existing processes for HRSN services?

• How do they intentionally promote health equity, at every step?
Visit CHCS.org to...

• Download practical resources to improve health care for people served by Medicaid.

• Learn about cutting-edge efforts from peers across the nation to enhance policy, financing, and care delivery.

• Subscribe to CHCS e-mail updates, to learn about new resources, webinars, and more.

• Follow us on Twitter @CHCShealth.
Our next presenter

Jennifer Babcock, MPH

Senior Vice President of Medicaid Policy, Association for Community Affiliated Plans
SNHPs participate in Medicaid, Medicare, Marketplaces and other publicly-supported programs.

Our mission is to strengthen not-for-profit Safety Net Health Plans in their work to improve the health and well-being of people with low incomes or significant health needs.
More than a decade ago, SNHPs began to establish social programming beyond benefits traditionally covered by Medicaid.

- Most popular: housing & food security.

MCO-funded HRSN services sprung up across the country meeting targeted needs based on local experience.

- Were these services impacting health outcomes or plan metrics?
- Were these activities sustainable without clear Medicaid policy and funding guidelines?
What We Know Now About Medicaid MCOs & HRSN Services

- **95%** of MCOs provided HRSN services in 2020. ([IMI](https://example.com))
  - In 2020, **79%** provided HRSN services to unhoused/housing insecure people; this increased to **90%** in 2022.
- In 2020, **95%** used internal funding for HRSN efforts; **45%** listed state capitation. ([2020 ACAP/SSX Benchmark Survey](https://example.com))
- **55% never counted** HRSN expenditures in MLR as administrative expenses; **50% never counted** HRSN as medical or other allowable expenditures.
- **30%** measured benefits of HRSN programming;
What’s Next for Medicaid & HRSN Services?

- Integration of health equity and HRSN strategies/
  - How are MCOs’ identifying or creating intersections and HRSN efforts?

- State & plan recognition of climate change as a driver of health.
  - Do Medicaid health plans have a plan to address impacts change?
  - What data do MCOs collect with regard to climate threats faced by members?

- Further evolution of federal and state Medicaid policy & payment for HRSN services.
For more information about ACAP Safety Net Health Plans, email me:

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www.communityplans.net
Our next presenter

Richard Sheward, MPP

Director of System Implementation Strategies, Children's HealthWatch | Boston Medical Center
Founded in 1998

Headquartered at Boston Medical Center

Additional research sites in AR, MN, PA

Mission Statement: To achieve health equity for young children and their families by advancing research to transform policy

Our research shows how economic hardships and public policies affect the health and development of infants and toddlers

Our policy priorities are grounded in the belief that children and their families have the inherent right to an equitable society that prioritizes their health and economic well-being.
Opportunities to advance health equity and integrate health and social care

- **Massachusetts health care reform efforts and evolution**
  - 2017: Massachusetts implemented its most significant Medicaid re-structuring in 20 years, moving toward a model of Accountable Care Organizations (ACOs)
  - 2022: Massachusetts renewed its Medicaid Section 1115 demonstration waiver, effective through December 31, 2027
  - 1115 waiver continues and expands the Flexible Services Program (FSP) to address and integrate health-related social needs, including providing Tenancy Preservation Supports (TPS) and Nutrition Sustaining Supports (NSS)

- **Why it matters**
  - FSP enables the provision of healthy, well-balanced, home-delivered meals
    - Up to 3 meals/day, delivered in the home or private residence for up to 6 months
    - In cases where the member is a high-risk child or a pregnant individual, meals may be provided at the household level
  - The percentage of members participating in an ACO’s overall FSP who are under 21 must be roughly proportional to the percentage of the ACO’s members under 21

- **Go deeper**
Challenges and best practices, solutions to help navigate these challenges

- Despite establishing a nation-leading model, inequities and downstream effects continue to persist
  - Well-intentioned screening and connections to programs and services can result in an inadequate response, creating mistrust and frustration on the part of patients and families
  - Healthcare and social service organization partnerships can fail to integrate the voices of families in system architecture and decision-making discussions

- Why it matters
  - CMS Accountable Health Communities Model evaluation found that 74% of eligible beneficiaries accepted navigation, but only 14% of those who completed a full year of navigation had any health-related social needs (HRSN) documented as resolved
  - More research and dissemination is needed on which and how HRSN screening tools should and could be used and, more importantly, how to reduce longstanding barriers within a complex web of social safety net programs

- Go deeper
Main takeaways and how to pursue this work with an equity lens

- **What does it truly take to address the social needs of Medicaid enrollees?**
  - **Accountability**: the MA 1115 waiver requires ACOs to improve data collection and to report on demographic and social risk factors such as race, ethnicity, language, disability status, sexual orientation, gender identity, and HRSNs.
  - **Incentives**: MA 1115 waiver funding is available to reward performance on improving quality and reducing disparities.
  - **Engagement**: We need to rethink how the healthcare, social, and public sectors interact and navigate an often disjointed landscape, while keeping everyday people at the center.
Fireside chat

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Next steps

1. **Complete** the follow-up survey—will appear in your browser after the webinar ends.
2. **Share** your favorite moments and insights from the webinar on social media—tag @HealthBegins when you do!
3. **Take action.**
4. **Stay engaged** to learn how to move upstream.

And visit us anytime at healthbegins.org to learn more about our work or contact us.
Thank you!