Medicaid Health-Related Social Needs Implementation Learning Series: Call for Applications

December 15, 2023, 1:00 – 2:00 pm ET / 10:00 – 11:00 am PT

Made possible by the Kaiser Permanente National Community Benefit Fund at The East Bay Community Foundation
Agenda

• Welcome and Introductions
• Opening Remarks from our Funder
• Medicaid Health-Related Social Needs Implementation Learning Series
• Q&A
Questions?

To submit a question, please click the Q&A icon located at the bottom of the screen.
Introductions
Meet Today’s Presenters

**Diana Crumley**
Associate Director
Center for Health Care Strategies

**Shannon McMahon**
Executive Director, Medicaid Policy & Operations
Kaiser Permanente

**Caroline Fichtenberg**
Co-Director
Social Interventions Research and Evaluation Network (SIREN)

**Kathryn Jantz**
Senior Associate
HealthBegin
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 well-being of populations facing the greatest needs and health disparities.
CHCS Approach to Work

We partner with Medicaid stakeholders — including state and federal agencies, managed care plans, providers, community-based organizations and consumers — to promote innovations in health care delivery where they are needed most.

Through our work, we:

- Identify and advance best practices
- Drive policy improvements with evidence and insights
- Develop the capacity and expertise of health care leaders
- Provide practical training, technical assistance, and tools
- Spread success by connecting peers and experts across sectors
Opening Remarks
Shannon McMahon, Executive Director, Medicaid Policy, Kaiser Permanente
Good health includes having a safe place to live, healthy food, enough money to pay the bills, strong social connections, and other essentials.

Kaiser Permanente wants to help our members and others in our communities meet these basic needs, especially at a time when so many people need support.

As one of the nation’s largest not-for-profit, integrated health system, Kaiser Permanente is uniquely positioned to advance the health and well-being of the people and communities we serve.

Kaiser Permanente’s commitment to Community & Social Health

Our Mission
To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Our Vision
We are trusted partners in total health, collaborating with people to help them thrive, creating communities that are among the healthiest in the nation, and inspiring greater health for America and the world.
Kaiser Permanente's Comprehensive Community Health Portfolio

**Community Health Program Areas**

1. **ENVIRONMENTAL STEWARDSHIP**
   - Reducing and eliminating environmental contributors to disease and illness

2. **THRIVING SCHOOLS**
   - Fostering healthier school environments for students, staff and teachers

3. **CHARITY CARE**
   - Transforming Charitable Health Coverage and Medical Financial Assistance to continue supporting coverage and care needs for our communities and patients

4. **MEDICAID**
   - Growing our Medicaid participation in a financially sustainable way through innovative operating models that support whole person care and coverage

5. **HOUSING FOR HEALTH**
   - Transforming housing and homelessness systems to improve housing stability for our members and communities

6. **SOCIAL HEALTH ACTIVATIONS**

7. **CITYHEALTH**
   - Advancing local policies that improve conditions for health

8. **ECONOMIC OPPORTUNITY**
   - Increasing income, improving financial security, and reducing economic inequities through our business operations and community partnerships

9. **MENTAL HEALTH AND WELLNESS**
   - Supporting access to mental health services through the development of a diverse workforce and focusing on youth prevention

10. **SOCIAL HEALTH PRACTICE**
    - Addressing drivers of health at scale by systematically integrating screening for and addressing social factors into the care and services we provide members

11. **FOOD & NUTRITIONAL SECURITY**
    - Transforming the economic, social and policy environments to improve health and food security for our members and communities
Supporting the Medicaid Health-Related Social Needs Implementation Learning Series

• State Medicaid agencies are developing and expanding new strategies to address HRSN.

• In parallel, the federal government is making bold moves in its efforts to encourage state Medicaid programs to integrate HRSN strategies using a range of policy levers, with a focus on health equity.

• CMS has recently issued guidance for how states can finance select nutrition and housing supports using Section 1115 demonstrations and in lieu of services; developed quality measures and discrete innovation models (e.g., Making Care Primary) that encourage social needs screening; and proposed updated managed care rules.

• We are excited to support this forum for states to deeply learn about these opportunities and then begin to build an operational model to support effective on-the-ground implementation of Medicaid efforts to address HRSN.
About the Medicaid HRSN Implementation Learning Series
Learning Series Overview

• Led by CHCS, with key partners HealthBegins and SIREN

• **Core Participants:** Up to nine Medicaid agencies developing, implementing, or refining HRSN initiatives

  → *Example:* Offering Medicaid-funded nutrition supports, housing supports, home remediation, or HRSN case management.

  → States can use any relevant authority, including *in lieu of* services, 1115 demonstrations, 1915(i) state plan home and community-based services, or CHIP Health Services Initiatives.
Learning Series Goals

- Ensure effective, on-the-ground implementation by Medicaid managed care organizations, health care systems, and community-based organizations (CBOs)
- Translate emerging best practices and evidence
- Promote health equity and center community member voice
Who should apply?

• Project lead/team must include an individual from a state or territorial Medicaid agency.

• Project teams can include other state or territorial agencies or departments (e.g., public health).

• Applicants should ideally be beyond exploratory phases of work. But when in doubt, apply!

• Special consideration will be given to:
  → Applicants that tie their HRSN work to health equity goals and priorities.
  → Applicants actively covering HRSN services, or mobilizing infrastructure funding to prepare for implementation.
Anticipated Time Commitment

• 12 months (March 2024-March 2025)

• On average two to four hours each month, including preparatory work and planned discussions

• Meetings and convenings, at a monthly cadence:
  → One full-day in-person meeting over the 12-month period (travel/lodging paid)
  → Informal peer-to-peer exchange meetings (virtual)
  → Larger convenings (virtual), with subject matter experts and organizations with implementation experience
What States Can Expect

**Peer-to-peer exchange:** Learn from peers in other states.

**Implementation Insights:** Hear from organizations at the forefront of implementation, like community-based organizations, community care hubs, and managed care organizations. Uncover early lessons, best practices, and potential pitfalls.

**Hands-on solutions workshopping:** Get input from CHCS, HealthBegin, SIREN, and other national experts.

**Strategic Guidance:** Identify potential technical and policy solutions states can use to address and overcome implementation challenges.
# Key Dates

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<th>Activity</th>
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<tr>
<td>Optional Letter of Intent email</td>
<td>January 9, 2024, 5pm ET</td>
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<tr>
<td>Completed application due to CHCS</td>
<td>January 23, 2024, 5pm ET</td>
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<td>Applicants notified of selection</td>
<td>February 29, 2024</td>
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<td>Program Period</td>
<td>March 2024 – March 2025</td>
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Three HRSN Curriculum Areas

- Evidence-based Services
- Partnerships with CBOs
- Accountability & Measurement

Health Equity
Curriculum Area: Creating HRSN Services Based on Existing and Emerging Evidence

- **Potential topics**
  - Defining eligible populations
  - Defining HRSN services
  - Incorporating community voice in benefit design
  - Enrolling new provider types
  - Vehicles for federal approval (e.g., in lieu of services, 1115 demonstrations, CHIP health service initiatives)
  - State oversight of MCO activities (e.g., authorization criteria)
  - Cross-agency and -program coordination (e.g., SNAP, WIC, housing vouchers, correctional systems/resources to support reentry)
Spotlight on: Defining HRSN Services

• **Current state:**
  - California and North Carolina started implementation of their respective broad-based HRSN service initiatives in early 2022, offering services like housing supports, nutrition supports, and home modifications – with early lessons.
  - CMS has authorized other new HRSN services and related expansions, including in states like Arkansas, Arizona, Massachusetts, New Jersey, Oregon, and Washington.

• **New development:**
  - November 2023 guidance includes options for HRSN Service coverage using *in lieu of* services, Section 1115 demonstrations, CHIP Health Services Initiatives, and home and community-based authorities like 1915(c) waivers and a 1915(i) state plan option.

• **What to watch in 2024 and 2025:**
  - States with approved Section 1115 demonstrations will begin to formalize details around service definitions and eligible populations, and mobilize infrastructure funds.
  - States will begin to approve in lieu of services that address health-related social needs using new guidance.
HealthBegins is a national mission-driven strategy and implementation firm that helps Medicaid-serving health plans, health systems, and CBOs to exceed health care equity and social needs requirements and achieve long-term impact for people and communities harmed by societal practices.

Our goal is to improve health & social outcomes and advance health equity with 250 communities across the country by 2025.
OUR WORK IS INFORMED BY KEY OBSERVATIONS

• Health and social inequities are experienced as harm.
• Social arrangements, including structural racism, put some people in harm’s way.
• Equity is not just the absence of harm or unjust differences, it’s the presence of systems that promote and preserve healing, opportunity, and justice.
• Since structural violence and harm is spatialized, institutions need a portfolio of strategies to advance health and social equity that is place-based, outcomes-focused, and works across levels of change.
• Courageous leaders need support and solidarity to implement these strategies, and to transform their institutions, relationships, communities and themselves in the process.
HEALTHBEGINS
PROJECT TEAM

Rishi Manchanda, MD, MPH
CEO

Kathryn Jantz, MSW, MPH
Senior Associate

Melissa Meza, MPH
Senior Program Manager

Alejandra Cabrera, MPH
Senior Program Manager

Ellen Lawton, JD
Senior Fellow

Sara Bader, MCD, CPHQ
Training Programs Director

Alexis Taylor, MPA
Senior Program Manager

Click here to learn more about our team!
Curriculum Area: Supporting Partnerships between Health Care Organizations and Community-Based Organizations

• Potential topics
  → Payment Models
  → Reimbursement mechanisms
  → Workflows & minimizing administrative burden
  → Capacity-building
  → Data sharing and other infrastructure
  → Braided/blended funding approaches
  → Community Care Hubs
  → Medicaid member outreach and engagement
## Considerations for CBO Partnerships

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<th>Category</th>
<th>Considerations</th>
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<td><strong>Capacity and Knowledge</strong></td>
<td>Reimbursement (adequate &amp; in recognition of all service delivery activities)</td>
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<td>Upfront Infrastructure Investments</td>
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<td>Community Care Hubs</td>
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<td><strong>Coordination with Healthcare Providers</strong></td>
<td>Data Sharing Information Technology Infrastructure</td>
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<td>Member Engagement and Outreach</td>
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<td>Presumptive Eligibility</td>
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<td><strong>Contracting with Medicaid Managed Care Organizations</strong></td>
<td>Administrative alignment across MCOs</td>
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<td>MCO capacity to engage CBOs</td>
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<td><strong>Ecosystem Considerations</strong></td>
<td>Cross-agency guidance and coordination</td>
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<td>Population-specific needs and opportunities</td>
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<td>Evaluation and Quality Improvement</td>
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Social Interventions Research & Evaluation Network

SIREN’s mission is to improve health and health equity by advancing high quality research on health care sector strategies to improve social conditions.

Activities include:

- Conducting and catalyzing high quality research
- Collecting & disseminating research findings
- Providing research consultation services

sirenetwork.ucsf.edu | siren@ucsf.edu | @SIREN_UCSF
Social Interventions Research & Evaluation Network

SIREN Faculty and Staff

Laura Gottlieb, MD, MPH  
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Research Analyst

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Curriculum Area: Developing Accountability Mechanisms and Measures for HRSN Work

• Potential topics
  → Monitoring HRSN initiatives’ impact on health equity
  → Social risk factor screening measures and implementation
  → Data reporting
  → Quality improvement strategies
  → Evaluation & measuring success/value/return/impact
  → State oversight of MCO activities (e.g., CBO partnerships, regional collaborations, social risk factor screening rates, community reinvestment, value-based payments, state-directed payments)
  → Managed care capitation rate development and medical loss ratios
  → Social risk adjustment
## Area of expertise for the learning collaborative

- Social risk screening implementation
- Social risk screening metrics
- Impacts of HRSN navigation and interventions
- Patient perspectives re HRSN screening and navigation
- CBO-health partnerships
- Implementation of referral platform technologies
Reflections

Evidence base is incomplete

- Provision of resources/services: Which ones? How? To whom?

What constitutes high quality HRSN services?

How can these be delivered in a way that is patient-centered and helps build trust?

How will these activities impact the social services sector?
Questions?
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 LinkedIn or Twitter @CHCShealth.