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Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

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Improving Health Equity by Addressing Health-Related Social Needs in Medicaid & the Children's Health Insurance Program (CHIP)

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Agenda

- Addressing Health Related Social Needs through Medicaid and CHIP
- Arizona Housing and Health Opportunities (H2O)
- Washington State Experience
- Question & Answer

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Addressing Health Related Social Needs in Medicaid and CHIP

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Why Address Health-Related Social Needs in Medicaid and CHIP

- **Access to safe housing, healthy food, transportation, and other basic needs** can have a significant impact on a person's health, their ability to maintain their health coverage, and their connection to their health care provider.
- Health-related social needs (HRSN) are **an individual's unmet, adverse social conditions that contribute to poor health**. These needs – including food insecurity, housing instability, unemployment, and/or lack of reliable transportation – can drive health disparities across demographic groups.
  - An individual's HRSN are **a result of their community's underlying social determinants of health** – the conditions in which they are born, grow, work, live, and age, and the wider set of forces and systems shaping their conditions of daily life, including economic policies and systems, development agendas, social norms, social policies, and political systems.
- Extensive research has indicated that SDOH and associated **HRSN can account for as much as 50% of health outcomes**.[1] By addressing HRSN, state Medicaid agencies and CHIP programs can help their members stay connected to coverage and access needed health care services.

[1] https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf

Improving Access and Advancing Equity by Addressing HRSN

- CMS is committed to improving health care access and advancing equity, goals which can be promoted by addressing HRSN through multiple mechanisms:
  - **Care Delivery** — Transitioning to a delivery system in which states, plans, and/or providers screen for health-related social needs and act to meet those needs
  - **Quality Measurement** — Using a consistent measurement framework to create accountability for HRSN screening and success at meeting HRSN
  - **Coverage of clinically appropriate HRSN interventions** — Covering short-term, upstream, clinically appropriate HRSN interventions

Recent CMS Activities to Support HRSN

- States can address HRSN through a variety of Medicaid authorities, including state plan authorities, section 1915 home and community-based services (HCBS) waivers and state plan programs, managed care in lieu of services and settings (ILOSs) and section 1115 demonstrations, as well as CHIP Health Service Initiatives (HSIs).
- Housing and nutrition supports provided under **home and community-based services (HCBS) authorities** have served as an important precedent for helping individuals stay connected to coverage and needed care, and in connecting eligible individuals to additional services necessary to meet their comprehensive health needs.
- In December 2022, CMS announced a section 1115 demonstration opportunity for states to cover clinically appropriate and evidence-based services that address HRSN.
  - As of April 2024: Arizona, Arkansas, California, Massachusetts, New Jersey, New York, Oregon, and Washington.
- In January 2023, CMS published a State Medicaid Director Letter (SMDL) that describes innovative options states may consider employing in Medicaid managed care programs to address HRSN through the use of a service or setting that is provided to an enrollee as ILOSs covered under the state plan.
- In November 2023, CMS published a CMCS Informational Bulletin describing the ways that states can address HRSN in Medicaid and CHIP authorities, and framework of HRSN services and supports that CMS considers allowable.

https://www.medicaid.gov/medicaid/section-1115-demonstrations/health-related-social-needs/index.html

Published Framework of Services and Supports: Housing Example

Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP)
November 2023

Intervention	Allowable			
	Medicaid/CHIP Managed Care In Lieu of Service or Setting[6]	HCBS authorities Section 1915(c), 1915(i), 1915(j), 1915(k)[7]	Section 1115 demonstrations[8]	CHIP HSI[9]
Housing/Home Environment				
1. Housing supports without room and board[10] including, for example: • Housing transition and navigation services (e.g. finding and securing housing) • Pre-tenancy navigation services • One-time transition and moving costs (e.g., security deposits, application and inspection fees, utilities activation fees and payment in arrears, movers) • Tenancy and sustaining services and individualized case management (e.g., linkages to state and federal and state benefit programs, benefit program application assistance and fees, eviction prevention, tenant rights education)	Yes	Yes[11]	Yes	Yes

https://www.medicaid.gov/health-related-social-needs/downloads/hrsn-coverage-table.pdf

Published Framework of Services and Supports: Nutrition Example

Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP)
November 2023

Intervention	Allowable			
	Medicaid/CHIP Managed Care In Lieu of Service or Setting[6]	HCBS authorities Section 1915(c), 1915(i), 1915(j), 1915(k)[7]	Section 1115 demonstrations[8]	CHIP HSI[9]
Nutrition				
11. Case management services for access to food/nutrition, including, for example: • Outreach and education • Linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees	Yes	Yes	Yes	NPA
12. Nutrition counseling and instruction, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement, including, for example: • Guidance on selecting healthy food • Healthy meal preparation	Yes	Yes	Yes	Yes

https://www.medicaid.gov/health-related-social-needs/downloads/hrsn-coverage-table.pdf

Overview of HRSN Services in 1115 Demonstrations

Covered Services

- Housing supports
- Nutrition supports
- HRSN case management

Note: certain other HRSN services, such as transportation to HRSN-related activities, may be allowable outside of this framework

Service Delivery

- Must be medically appropriate, as determined using state-defined clinical and social risk factors
- Must be the choice of the beneficiary, who can opt-out at any time. Cannot be required or disqualify beneficiary from other services.
- Must be integrated with existing social services (e.g., HUD services, SNAP, etc.)

Fiscal Policy

- Expenditures cannot exceed 3% of state demonstration's total Medicaid spend
- Infrastructure costs cannot exceed 15% of total HRSN spend
- Included in the without waiver baseline for budget neutrality purposes
- State spending on related social services pre-1115 must be maintained or increased

Related Requirements

- State Medicaid reimbursement rates for primary care, behavioral health, and OB/GYN must be at least 80% of Medicare rates, or category with lowest rates must be increased by 2 percentage points
- Systematic monitoring and robust evaluation requirements, including reporting on quality and health equity measures

HRSN 1115 Demonstrations: Allowable Nutrition Supports

Intervention	Description
Case management Services	Outreach and education, linkages to other state and federal benefit programs, benefit program application assistance, benefit program application fees.
Nutrition counseling and education	Includes guidance on selecting healthy food and healthy meal preparation.
Home delivered meals or pantry stocking	Up to 3 meals a day. Tailored to health risk, certain nutrition-sensitive health conditions, and/or specifically for children or pregnant individuals. Includes medically tailored meals to high-risk expectant individuals at risk or diagnosed with diabetes. Up to 6 months (renewable if indicated).
Nutrition prescriptions	Up to 3 meals a day. Tailored to health risk, certain nutrition-sensitive health conditions. Includes fruit and vegetable prescriptions, protein boxes, food pharmacies, healthy food vouchers. Up to 6 months (renewable if indicated).
Grocery Provisions	Up to 3 meals a day. For high-risk individuals to avoid unnecessary acute care or institutionalization. Up to 6 months (renewable if indicated)

These services should **supplement, not supplant**, existing federal, state, and local nutrition supports. State Medicaid agencies should **partner with other state agencies and social service providers** to ensure that beneficiaries experiencing food insecurity are connected to programs like **SNAP, WIC,** and **TANF**.[2]

[2] SNAP: Supplemental Nutrition Assistance Program. WIC: Supplemental Nutrition Assistance Program for Women, Infants, and Children. TANF: Temporary Assistance for Needy Families.

HRSN 1115 Demonstrations: Allowable Housing Supports (1 of 2)

Intervention	Description
Housing supports	Without room & board. Includes housing transition and navigation services, pre-tenancy navigation services, one-time transition and moving costs, tenancy and sustaining services, individualized case management (e.g., linkages to housing services)
First month's rent	Transitional Service
Short-term pre-procedure and/or post-hospitalization housing	With room & board. Up to combined 6 months once per year (renewable if indicated). Only where integrated, clinically oriented recuperative or rehabilitative services and supports are provided. Limited to clinically appropriate period of time.
Short-term post-transition housing	With room & board. Up to 6 months once per demonstration. Following allowable transitions, including out of institutional care and congregate residential settings such as large group homes; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter; out of carceral settings; and individuals transitioning out of the child welfare setting. Limited to clinically appropriate period of time.

HRSN 1115 Demonstrations: Allowable Housing Supports (2 of 2)

Intervention	Description
Caregiver respite	With or without room & board. Respite services may include temporary placement of a beneficiary who otherwise lives at home into an institutional setting (e.g., nursing home) so that the beneficiary's at-home caretaker can have a break from caretaking. Respite services may also be provided in the home, with no room and board expenses.
Utility assistance	Up to 6 months once per demonstration. Limited to medically complex individuals who meet criteria for housing supports through the demonstration.
Day habilitation programs	Without room & board.
Sobering centers	Without room & board. Less than 24-hour stay.
Home remediations	Must be medically necessary. May include air filtration, air conditioning, or ventilation improvements; refrigeration for medications; carpet replacement; mold and pest removal; housing safety inspections
Home/environmental accessibility modifications	May include wheelchair accessibility ramps, handrails, and grab bars.

Service Delivery Requirements for HRSN Services

- All HRSN services must be medically appropriate, as determined using state-defined clinical and social risk criteria. Individuals receiving HRSN services must have a documented need for the services in their care plan or medical record.
- HRSN services must be the choice of the beneficiary, who can opt-out at any time. States/managed care plans cannot condition Medicaid coverage or coverage of any benefit or service on the receipt of HRSN services, nor do HRSN services absolve the state or managed care plans from providing other medically necessary services.
- States must have partnerships with other state and local entities (e.g., HUD Continuum of Care Program, local housing authorities, SNAP state agency) to assist beneficiaries in obtaining non-Medicaid funded housing and/or nutrition supports.

Partnerships to Realize Potential HRSN Activities

- Partnerships with states, communities, and social services and housing programs are critical to realize the promise of HRSN services and supports to improve health care access, health outcomes, and health equity.
- Useful links to find state and local housing agency partners:
  - **State housing finance agencies** – The National Council of State Housing Agencies maintains a list of state HFAs: https://www.ncsha.org/membership/hfa-members/
  - **Public housing authorities** – HUD maintains a list of public housing agencies and their contacts: https://www.hud.gov/program_offices/public_indian_housing/pha/contacts
  - **Municipal or county housing agencies** – No single list. HUD municipal or county housing agencies can be found by searching for 'CDBG' and 'HOME' grantees by state: https://www.hudexchange.info/grantees/#/byState
  - **Continuums of Care** – The lead agency for each Continuum of Care, also known as a 'Collaborative Applicant,' can be found by searching for 'Continuum of Care' grantees by state: https://www.hudexchange.info/grantees/#/byState

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Arizona Housing and Health Opportunities (H2O)

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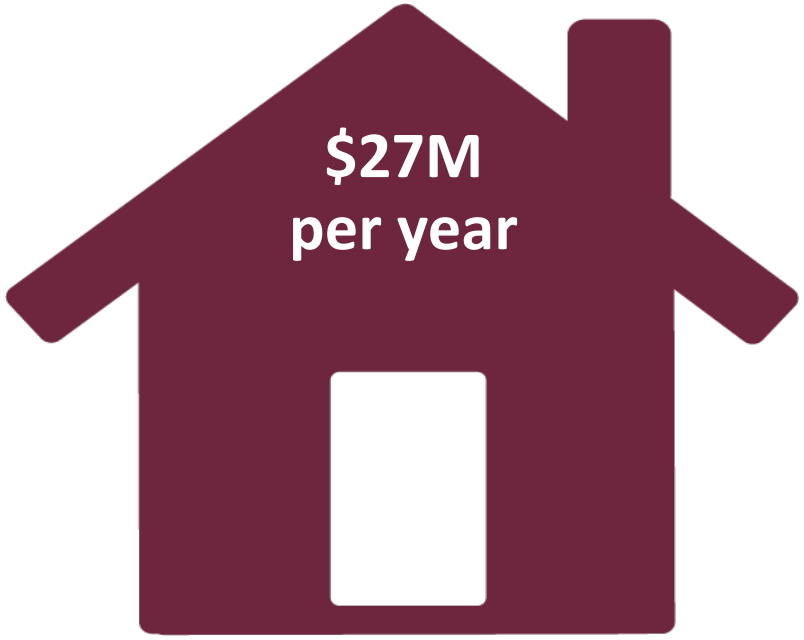
AHCCCS Housing Delivery System - Today



AHCCCS administers approximately $27 million per year to provide rent subsidies for almost 3,000 AHCCCS members with a Serious Mental Illness (SMI) designation, and for a small number of high need individuals in need of behavioral health and/or substance use treatment.

AHCCCS Housing Program Outcomes (SFY 2020)

2,472 members in AHCCCS' permanent supportive housing (PSH) programs

31% reduction in ED visits

44% decrease in inpatient admissions

92% reduction in behavioral health residential facility (BHRF) admissions

$5,563 in average cost savings per-member per-month

AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

Increase positive health and wellbeing outcomes for target populations

Reduce the cost of care for individuals successfully housed

Reduce homelessness and maintain housing stability

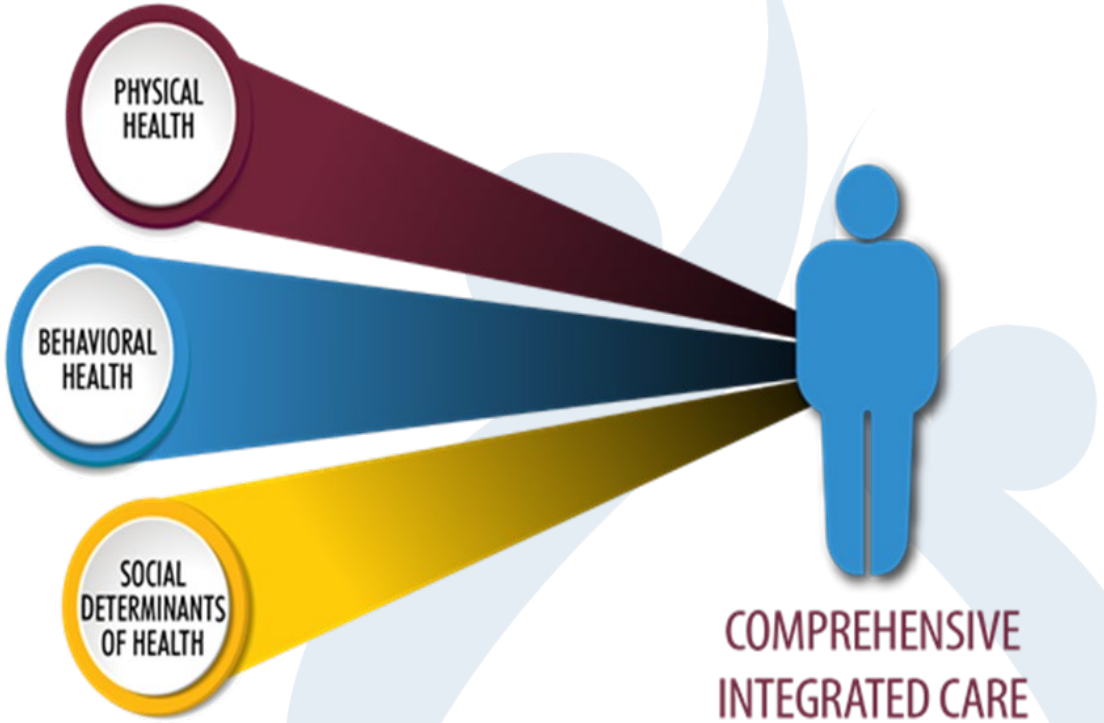
H2O Eligibility Criteria

- Member must be **experiencing homelessness and**,
  - Z Code for Housing Instability or
  - Identified through a Homeless Management Information System (HMIS) report (H2O Providers will verify homeless status upon receipt of referral)

- Member must have **SMI Designation and**,
  - Diagnosed with a chronic health condition or,
  - Currently in a correctional health facility and scheduled for release

H2O Services

- Outreach and Education Services
- Transitional Housing - 6 Months
  - Transitional Housing Setting (Enhanced Shelter)
  - Apartment or Rental Unit (Rental Assistance)
- One-time Transition and Moving Costs
- Home Accessibility Modifications and Remediation
- Housing Pre-Tenancy Services
- Housing Tenancy Services



H2O Program Administrator (H2O-PA)

- As proposed:
  - Increase provider enrollment for Community Based Organizations addressing Health Related Social Needs
  - Verify member eligibility for H2O services following AHCCCS guidelines
  - Coordinate H2O services with health plans, integrated service providers and H2O-providers
  - Develop a streamlined process for H2O-providers to submit actions for reimbursement and ensure compatibility with Medicaid claims
  - Monitor and track H2O service utilization data
  - Provide Technical Assistance to H2O-Providers

Funding Structure

State Share:

- Designated State Health Programs (DSHP)
  - Total computable limit for both HRSN programs.
  - Contribution of original, non-freed up DSHP funds for the 5-year demonstration period
  - Prohibited DSHP expenditures
  - DSHP list & claiming protocol

Provider payment increase requirement

- Primary care, behavioral health care, or obstetric care if lower than 80% of Medicare ratio.

Budget Neutrality:

- Capped Hypothetical Budget Neutrality Test: HRSN
  - $96.35M/yr for H2O program cost
  - $13.5M /yr for H2O infrastructure
- Medicaid Eligibility Group (MEG) will be established to track these expenditures
- Expenditures in excess of the limit from the Capped Hypothetical BN Test cannot be offset by savings under the main BN Test

Maintenance of Effort Requirement

Key Partnerships

- Managed Care Organizations (MCO)
- Community Based Organizations (CBOs)
- Existing Medicaid Providers
- H2O Program Administrator (H2O-PA)
- Integrated Eligibility System (Medicaid, TANF, SNAP)
- AHCCCS Housing Administrator
- Tribes
- Sister State Agencies
- Arizona's Statewide Health Information Exchange (HIE) and Closed-Loop Referral (CLRS) Provider
- Members

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Quality Considerations

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H2O Program Hypotheses

- The demonstration will meet or reduce the severity of HRSN for members overall and among subpopulations who experience disparities in HRSN
- By meeting or reducing the severity of HRSN, the demonstration will increase members' use of preventive and routine care and reduce their use of potentially avoidable hospital and institutional care (ED visits, inpatient [IP] care, and nursing facilities), leading to reduced healthcare spending over time. Impacts will be realized overall and among subpopulations who experience disparities in hospital and institutional care use
- By meeting or reducing HRSN, the demonstration will improve physical and mental health outcomes among members overall and among subpopulations who experience disparities in physical and mental health outcomes
- The H2O demonstration will reduce cost of care for members who utilize H2O services

*Each hypothesis has several research questions Arizona will aim to address through associated evaluation measures

H2O Evaluation Design Plan (1 of 4)

Research Questions: Examples

- How does the H2O demonstration impact the use of HRSN services?
- Is the H2O demonstration associated with increased positive health and wellbeing outcomes?
- How does the H2O demonstration impact disparities in health outcomes and HRSN?
- Does the H2O demonstration mitigate or reduce HRSN among groups who had high rates at baseline?
- How does the H2O demonstration impact the use of preventive, routine, hospital, institutional, crisis, and BH care?
- How does the H2O demonstration impact members' physical and mental health outcomes, mortality, chronic disease management?

H2O Evaluation Design Plan (2 of 4)

Evaluation Measures: Examples

- Percentage of members experiencing homelessness who were contacted
- Percentage of members eligible for H2O, who are participating in the H2O program
- Percentage of members participating in H2O who completed an assessment who established a housing care plan
- Percentage of members referred to receive short term rental assistance who locate housing within 120 days
- Percentage of members who had an HRSN identified, among those who received an HRSN/SDOH screening
- Number of days in an emergency shelter or state of unsheltered homelessness per 1,000 members

H2O Evaluation Design Plan (3 of 4)

Analytic Approaches:

- Descriptive Time Series
  - Relies on sufficient data points prior to and following implementation
- Difference-in-Differences
  - Baseline Data, Comparison Group, Allows Causal Inference
  - Trends in outcomes should be similar between **comparison** and **intervention** groups at baseline
- Interrupted Time Series
  - Baseline Data, Allows Causal Inference
  - Requires sufficient data points prior to and following implementation
- Pre-Test/Post Test
  - Baseline Data

H2O Evaluation Design Plan (4 of 4)

Data Sources:

- Medicaid Administrative Data
- State Beneficiary Surveys
- Additional Data Sources
  - Vital Records from Arizona Department of Health Services
  - Closed-Loop Referral System
  - CDC BRFSS Survey
  - Point-in-Time Count
  - AHCCCS Housing Program (state only) Waitlist
  - The Homeless Management Information System

Building the Program: Quality Considerations

Quality Considerations:

- Establishing standardized, repeatable eligibility criteria
- Access to necessary data in a timely manner
- Data responsibility and collection at the right level
- Ensuring systems are speaking to one another
- Appropriate coordination between HRSN services and integrated care teams
- Appropriate training, outreach and education
- Appropriate oversight while minimizing provider/member burden

Ensuring Quality Providers: Provider Qualifications

As applicable, examples include:

- Low staff to member ratios 1:15, no more than 1:25
- Demonstrated skills and capacity to work with the defined H2O populations
- Skilled and trained in PRAPARE or other AHCCCS approved HRSN assessment tool
- Attend CoC Outreach Collaborative and Case Conference meetings, as required by CMS & HUD
- Must utilize the Homeless Management Information System (HMIS)
- Must follow Housing First and Harm Reduction approach
- Initial inspection of physical location must confirm meeting the minimum standards for safety, sanitation, and privacy provided in 24 CFR § 576.403, shelter and housing standards
- Must comply with local city ordinance for zoning
- CARF Accreditation - Community Housing and Shelters
- Complete HQS Inspections prior to move-in
- Maintain a satisfactory dwelling for the member throughout the duration of the lease
- Compliance with Fair Housing standards and the Landlord Tenant Act

Next Steps

- Receive approval of the H2O Implementation Protocol
- Establish a license and provider type as described in Implementation Protocol
- Procure and onboard the H2O-PA
- Develop policies, establish reimbursement structure, rates, and methods of for billing
- Hold future sessions with the community that will outline the proposed reimbursement structure, potential rates, timelines, and policy impacts
- Continue working with members, communities, health plans, and stakeholders to develop the new H2O services
- Anticipated go-live for H2O is October 1, 2024 (was October 1, 2023)

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Washington State Experience

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Washington State Health Related Social Needs

- Background
- Health Related Social Need Services
- Community supports and infrastructure
- HRSN Data Collection and Measurement

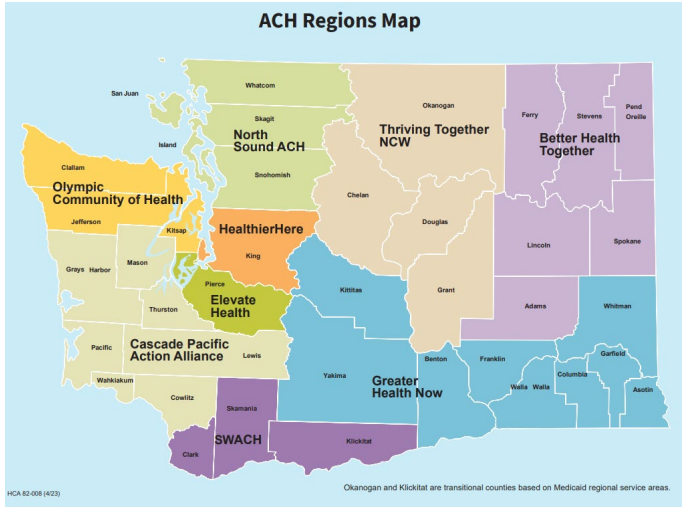
Washington State Poverty Reduction Workgroup (PRWG)

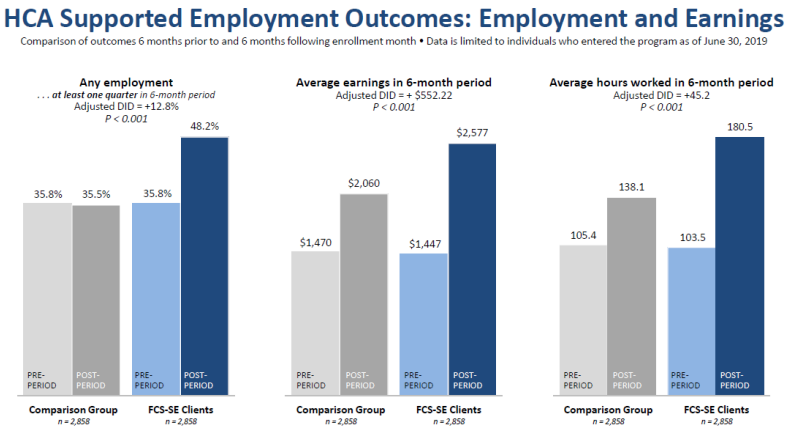
- For Medicaid, many health-related social needs are grounded in poverty and result in disparities in health outcomes
- PRWG created in November 2017
- Resulted in **8 Strategies to Reduce Poverty**

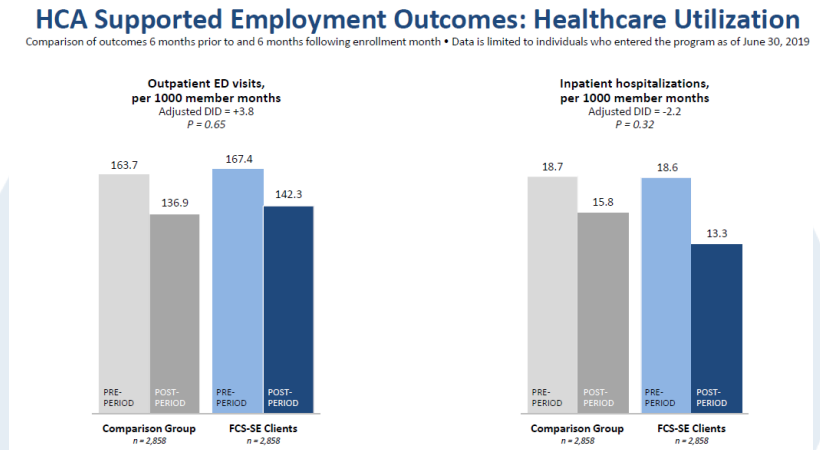
UNDO STRUCTURAL RACISM	Understand structural racism and historical trauma and take action to undo how they manifest in state policy, program, and practice.
BALANCE POWER	Make equal space in decision-making for people and communities most affected by poverty and inequality.
INCREASE ECONOMIC OPPORTUNITY	Target equitable income growth and wealth- building among people with low incomes.
ENSURE FOUNDATIONAL WELL-BEING	Strengthen health supports across the life span to promote the intergenerational well-being of families.
PRIORITIZE URGENT NEEDS	Prioritize the urgent needs of people experiencing homelessness, mental illness, or addiction.
BUILD A HOLISTIC CONTINUUM OF CARE	Build an integrated human service continuum of care that addresses the holistic needs of children, adults, and families.
DECRIMINALIZE POVERTY	Decriminalize poverty and reduce reliance on the child welfare, juvenile justice, and criminal justice systems.
PREPARE FOR THE FUTURE OF WORK	Ensure a just transition to the future of work.

WA Medicaid Transformation Project 1.0

- Building healthier communities with local and regional partners – Accountable Communities of Health
- Helping our most vulnerable population get and keep stable housing and employment – Foundational Community supports







WA Medicaid Transformation Project 2.0

- HRSN services to address unmet social needs, like housing and nutrition, to improve health outcomes and reduce health disparities

Nutrition supports

Recuperative care

Housing Transition Navigation

Rent/temporary housing

Community transition services

Stabilization centers

Day Habilitation Programs

Caregiver respite services

Environmental accessibility and remediation

MTP 2.0 Community Hub, Native Hub

- Development and implementation of Community Hubs:
  - Community Hubs to provide community-based care coordination, including screening patients, determining patient needs, and connecting patients to community organizations that can provide services to meet HRSN
  - A statewide Native Hub of Indian health care providers, tribal social service divisions, and Native-led, Native-serving organizations focused on whole-person care coordination, including services to meet HRSN
- Hubs support community-based care coordination and delivery of HRSN services.
- Hubs do not replicate clinical care coordination. They connect people with community-based (non-medical) resources to meet people's needs

Community Health Workers

- Community Health Workers (CHWs) are already incorporated into Apple Health:
  - Federally Qualified Health Centers (FQHCs)
  - Managed Care Organizations (MCOs)
  - First Steps Maternity Support Services (MSS)
- Pilot program to expand community health worker services in pediatric primary care clinics
- Future work: seeking sustainable reimbursement on a fee-for-service basis for CHWs

Medical Respite

- Acute and post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the streets or in a shelter, but who do not require hospital-level care
- Reimbursed by MCOs in WA and for FFS using state dollars; plan to transition to waiver reimbursement
- Currently 5 medical respite facilities with 75 beds on board and more coming online soon
- Facilities follow National Institute for Medical Respite Care (NIMRC) standards

Community supports and infrastructure

Community Information Exchange

- Help aid the coordination of and connection to necessary community resources.
- Identify and screen for health-related social needs, share data, and close referrals.
- Assist with data analytics of health-related services.

State Action Plan for Removing Barriers to Health and Human Services

- Together with Benefits Data Trust, the WA HHS Coalition created a plan with two main goals:
  - Remove client barriers to accessing benefits.
  - The state and its programs have a comprehensive view of clients, and share information across organizations to proactively offer other benefits for which the client may qualify.

Community information exchange (CIE)
Washington State progresses toward a vision of streamlined health and human services

HRSN Data Collection and Measurement

- Challenges:
  - Administrative burden: avoid excessive burden on clients/providers
  - Trust: clients should feel that needs are addressed when reported – whose role is that?
  - Privacy: avoiding stigmatization of individuals because of HRSN and giving clients control over their data

- Our Approach:
  - Encouragement but no current requirement for SDOH coding (Z-codes)
  - Exploration of SDOH risk assessment reimbursement
  - Quality measures: NCQA SNS-E* vs CMS SDOH measure
  - Medicaid Transformation Project (MTP) 2.0 evaluation
  - Future directions; Gravity project standards

*Social Need Screening and Intervention

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Question & Answer

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