CMS Quality 2023 Conference

Building Resilient Communities:

Having an Equitable Foundation for Quality Healthcare

Addressing Health-Related Social Needs Using Medicaid and CHIP Flexibilities












AGENDA

- Monitoring and Evaluating Health-Related Social Needs in Medicaid Section 1115 Demonstrations
- MassHealth's 1115 Waiver and HRSNs
- Children's Health Insurance Program Health Services Initiatives
- Health Services Initiative: Housing Support Services
- Question & Answer

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Monitoring and Evaluating Health-Related Social Needs in Medicaid Section 1115 Demonstrations

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State Demonstrations Group (SDG)

Center for Medicaid and CHIP Services (CMCS)

Centers for Medicare & Medicaid Services (CMS)

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AGENDA (2)

- Health-Related Social Needs (HRSN) in Section 1115 Demonstrations: A Brief Introduction
- Monitoring and Evaluation of Section 1115 HRSN Initiatives
- MassHealth's 1115 Waiver and HRSNs

Health-Related Social Needs (HRSN) in Section 1115 Demonstrations: A Brief Introduction

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Background (1 of 2)

- In 2021, CMS released a State Health Official (SHO) letter that describes opportunities to address Social Determinants of Health (SDOH) in Medicaid and Children's Health Insurance Program (CHIP)
- States can address SDOH through various Medicaid authorities, including state plans, 1915(c) waivers, managed care in lieu of services (ILOS) and section 1115 demonstrations
- Some states have used section 1115 demonstration flexibilities to cover certain evidence-based services that address SDOH and health-related social needs (HRSN)
  - HRSN are an individual's unmet, adverse social conditions that contribute to poor health, such as food insecurity, housing instability, unemployment, and/or lack of reliable transportation
  - Section 1115 demonstrations allow states to take a more nuanced approach to defining the populations of focus for HRSN services than permitted through other CMS authorities

Background (2 of 2)

- CMS acknowledges the important links between HRSN, health coverage, and health outcomes, and will now consider section 1115 requests under the following categories:
  - Housing supports (e.g., rent/temporary housing for up to 6 months, traditional respite services, pre-tenancy & tenancy sustaining services)
  - Nutrition supports (e.g., nutrition counseling/education, medically-tailored meals)
  - HRSN case management (e.g., as part of housing transition navigation services)
- Approvable HRSN services must be medically appropriate
  - These services should supplement, not supplant, existing federal, state, and local supports
- To cover HRSN services through section 1115 demonstrations, states must agree to specific guardrails (e.g., states must maintain a baseline level of state funding for social services related to their approved HRSN services) as well as requirements for spending caps, and development of data and systems infrastructure to support robust data collection and reporting
  - HRSN services are treated as hypothetical under section 1115 budget neutrality calculations
- As of January 2023, five states had approved HRSN initiatives (AZ, AR, CA, MA, OR)

Monitoring and Evaluation of Section 1115 HRSN Initiatives

Monitoring and Evaluation of Section 1115 HRSN Demonstrations

- Similar to other section 1115 demonstration authorities, HRSN initiatives are subject to systematic monitoring and rigorous evaluation processes. Generally, demonstrations are approved for five years, and they may be extended.
- Supporting that set up, states must provide a comprehensive Implementation Plan, which outlines crucial stages/milestones and associated timelines for various implementation activities such as
  - Identifying beneficiaries with HRSN, as well as screening and tracking them through a referral and service delivery loop
  - Establishing medical appropriateness of HRSN services
  - Establishing and/or improving data sharing and partnerships with an array of health system and social services stakeholders
  - Changes to information technology (IT) infrastructure

Monitoring Metrics and Reporting (1 of 2)

- States are required to submit Quarterly and Annual Monitoring Reports in alignment with a CMS-approved Monitoring Protocol, which outlines:
  - Metrics to be reported, as selected by the state in collaboration with CMS per applicable STC requirements and CMS guidance
  - Demographic stratifications (e.g., sex, age, race/ethnicity, primary language, disability status, geography)
  - Data sources
  - Baseline and measurements periods
  - Reporting frequency
  - Any deviations from CMS-provided metrics technical specifications
  - Plans for phasing in metrics and stratified reporting

Monitoring Metrics and Reporting (2 of 2)

- States are expected to report on metrics covering several categories, such as:
  - Enrollment and renewals
  - Access to care
  - Utilization of services
  - Experience of care
  - Quality of care and health outcomes
    - States to choose from a menu of quality measures developed and maintained by national measure stewards, including several equity-focused disparities-sensitive measures (as will be represented in CMS' upcoming Health Equity Measure Slate)
- Additionally, for HRSN initiatives specifically, states must monitor, for example, metrics data for:
  - Number of beneficiaries eligible for HRSN; screened and rescreened for HRSN
  - Number of beneficiaries with identified HRSN, by type
  - Referral of services, provision of services, and take-up of services
  - Percentage of demonstration participants eligible for and enrolled in Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Evaluation of HRSN Initiatives

- States are required to conduct an independent evaluation according to a CMS-approved Evaluation Design, culminating in an Interim and a Summative Evaluation Report
- Evaluation must assess whether HRSN services:
  1. Effectively address identified needs of beneficiaries
  2. Reduce potentially avoidable, high-cost services (e.g., ED visits, institutional care), while promoting utilization of preventive and routine care
  3. Improve physical and mental health outcomes for beneficiaries
- Additional areas of focus for HRSN evaluations:
  - Impact on advancing quality of care and health equity, including reduction in health disparities
  - Effectiveness of infrastructure investments to support the HRSN initiatives
  - How state and local investments in housing supports change over time
  - Cost analysis of providing HRSN services
  - Potential improvements in the quality and effectiveness of downstream services that can be provided under the state plan authority

Contact Information

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Additional Resources

- 2021 SHO Letter: https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf
- Recent Approvals:
  - Arizona: https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/az-hccc-ca-10142022.pdf
  - Arkansas: https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ar-arhome-ca-11012022.pdf
  - California: https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca1.pdf
  - Massachusetts: https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ma-masshealth-ca1.pdf
  - Oregon: https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/or-health-plan-09282022-ca.pdf
- CMCS All-State Call discussing HRSN opportunity in section 1115 demonstrations: https://www.medicaid.gov/resources-for-states/downloads/covid19allstatecall12062022.pdf

MassHealth's 1115 Waiver and HRSNs

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Overview of MassHealth and MassHealth ACOs

- In Massachusetts, Medicaid and the Children's Health Insurance Program are collectively called **MassHealth**, and provide health insurance for 2.2M members
- MassHealth has implemented **managed care options** since the early 1990's, and introduced **Accountable Care Organizations** (ACOs) into its managed care framework in **March 2018** under a five-year contract
- MassHealth has completed a **re-procurement of the ACO program** for another five years, beginning **April 2023**

- ACOs are **provider-led entities** (e.g., groups of providers or a health system) responsible for **total cost of care (TCOC)** and **quality** for members
- TCOC accountability incentivizes ACOs to implement strategies to be more efficient and spend less than their TCOC budget, such as by addressing a **member's health-related social needs (HRSNs)**

MassHealth's *Previous* 1115 Waiver

- Much of MassHealth's managed care framework, including the ACO program, is authorized under its **Section 1115 Waiver**
- MassHealth's *previous* Section 1115 Waiver (July 2017 to September 2022) also authorized several programs addressing HRSNs

- **Community Supports Program (CSP) for Chronically Homeless Individuals**
  - **Managed care benefit** for chronically homeless individuals with behavioral health (BH) needs
  - Supports included **housing search and placement services**, **transitional assistance**, and **tenancy sustaining supports**


- **Flexible Services Program (FSP)**
  - $149M pilot program supporting MassHealth ACO members with **nutrition and housing supports**
  - Included as part of MassHealth's **$1.8B Delivery System Reform Incentive Payment (DSRIP) Program**

MassHealth's *Current* 1115 Waiver

- In September 2022, CMS extended MassHealth's 1115 waiver until **December 2027** – this extension included the following key goal:

> ***Waiver Extension Goal #3***
> *Continue to improve access to and quality and **equity of care**, with a focus on initiatives addressing **health-related social needs** and specific improvement areas related to health quality and equity, including maternal health and healthcare for justice-involved individuals who are in the community*

What HRSN Supports Are Authorized In MassHealth's Current 1115 Waiver?

- CMS **reauthorized and expanded** both the Community Supports Program and the Flexible Services Program, along with **$687.9M** of expenditure authority
  - MassHealth has authority to cap the number of individuals using HRSN Services

	Flexible Services Program	Specialized Community Support Programs
HRSN Services	• **Housing supports** (includes pre-tenancy and tenancy sustaining support, transition services, one-time transition/moving costs and housing deposits, medically necessary devices like A/C units and asthma remediation, and home modifications) • Case management, outreach, and education • **Nutrition supports** (includes counseling, meal delivery, medically-tailored food prescriptions, food vouchers, household nutrition support, and cooking supplies) • Transportation to services for nutrition/housing supports	Specialized CSP services, which are outreach and supportive services to enable beneficiaries with behavioral health needs to use clinical treatment services and other supports, including: • For **Homeless Individuals (CSP-HI)**: Assistance in finding, transitioning to, and maintaining housing • For **Individuals with Justice Involvement (CSP-JI)**: Assistance in transitioning back to the community • For **Tenancy Preservation Program (CSP-TPP)**: Specialized services for individuals with BH needs who are being evicted due to behavior or a disability
Eligible Populations	**ACO-enrolled individuals** aged 0-64 who meet at least one health needs-based criteria (e.g., behavioral health needs, complex physical health needs, frequent emergency department utilization, individuals with a high-risk pregnancy) and one risk factor (e.g., at risk for nutritional deficiency).	All individuals (**both managed care and in FFS**) who are in CSPs due to homelessness (for CSP-HI), who are involved with the justice system (for CSP-JI), or have BH needs and are facing eviction as a result of behavior or a disability (rather than strictly non-payment of rent; for CSP-TPP).

MassHealth HRSN Data Collection Efforts

HRSN Screening

- **CMS HRSN screening measure** to be included as part of quality and equity initiative incentive programs for ACOs and acute care hospitals (need to adapt for Medicaid population)
- MassHealth working to collect member-level information about HRSN screenings and their results via **HCPCS and ICD-10 z-codes**

HRSN Referrals and Services

- MassHealth contemplating development of a **statewide electronic platform to facilitate certain HRSN referrals** once an HRSN is identified, **to collect feedback from the entities delivering HRSN services** on whether those services were provided and whether HRSN needs were met, and to aid in **aggregating HRSN data** across ACOs and hospitals

Impact of HRSN Services on Health Outcomes and Cost

- MassHealth will work with its internal data analytics team and external evaluators to assess the **impact of HRSN services on member health outcomes and cost of care**, among other metrics

HRSN Data Exchange With Other Entities

Nutrition Data

- **Master Data Management** (MDM) system facilitates data exchange between MassHealth and sister state agencies administering SNAP and WIC programs
- In CY2020, given widespread food insecurity caused by COVID, MassHealth provided **"SNAP Gap" lists** to all health plans so that they knew which of their members were eligible for SNAP, but were not yet enrolled
- MassHealth will leverage MDM to understand if **MassHealth members who are utilizing HRSN services are also enrolling in SNAP/WIC**, thus reducing SNAP/WIC Gaps

Housing Data

- Massachusetts' Department of Housing and Community Development (DHCD) has developed the **Rehousing Data Collective** (RDC), a statewide data warehouse that aggregates data from Massachusetts' **twelve Homeless Management Information Systems** (HMIS) and the **state's family-based shelter system**
- MassHealth and RDC intend to enter an agreement that would allow MassHealth to **directly identify members known to the twelve HMIS' and family-based shelter system**
- This information can be used to inform **risk adjustment of ACO rates,** as well as to support MassHealth implementation of a **new 24-month continuous eligibility policy for members experiencing homelessness** that was approved in the new 1115 waiver.

Thank You!

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Children's Health Insurance Program Health Services Initiatives

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Health Services Initiatives[1] (HSI)- Background

- HSIs are programs that states may implement using Children's Health Insurance Program (CHIP) title XXI funding to address a health issue impacting children, including low-income children.
- HSI are activities that:
  - protect the public health;
  - protect the health of individuals;
  - improve or promote a State's capacity to deliver public health services; or
  - strengthen the human and material resources necessary to accomplish public health goals relating to improving the health of children (including targeted low-income children and other low-income children).
- HSIs can serve uninsured children, as well as children enrolled in CHIP and Medicaid. Adults cannot be served with HSI funds, unless the project directly improves the health of children.

1 Health Services Initiatives (HSIs) were established by section 2105(a)(1)(D)(ii) of the Social Security Act (the Act), and are defined at 42 CFR 457.10.

HSIs – Implementation and Funding

- Federal funding for HSIs are drawn from a state's available Children's Health Insurance Program (CHIP) fiscal year allotment. HSI expenditures are limited to 10% of the total amount of Title XXI funds claimed by a state each quarter.
- To implement an HSI, states submit a CHIP state plan amendment for CMS review and approval.
- HSI state plan amendments must include the following information:
  - Population(s) to be served by the program;
  - Evidence of how the program will address a health issue impacting children;
  - Specific items or services the HSI will pay for;
  - Methodology for coordination with other funding sources; and
  - A program budget.
- States report metrics and outcomes on approved HSIs to CMS annually.

HSIs – Approved Programs

- As of February 2023, 31 states implement 88 HSI programs.
- States have flexibility in designing HSIs, but must target health issues impacting low-income children. This includes health-related social needs.
- Examples of approved HSI programs include:
  - lead abatement activities;
  - youth support and education programs;
  - home visitation programs for families, newborns, and other child support services;
  - school-based services, including vision screenings;
  - books for children provided in well-child visits to assess developmental milestones; and
  - postpartum coverage.

Thank you for your time!

For questions about CHIP and/or HSIs, please contact: Mary.Hines@cms.hhs.gov

Health Services Initiative: Housing Support Services

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Health Services Initiative (1 of 2)

The Wisconsin Department of Health Services (DHS) will implement a health services initiative that will use Children's Health Insurance Program (CHIP) funds to cover a set of supportive housing services.

The purpose of the program is to improve the health of low-income families and pregnant individuals experiencing homelessness or that are at risk for homelessness.

Health Services Initiative (2 of 2)

- This initiative will operate under a “Housing First” philosophy. Housing First is an evidence-based homeless assistance approach that prioritizes providing access to housing to people experiencing or at risk of homelessness.

- Housing First removes as many obstacles and barriers as possible that stand in the way of access to housing. Applicants are not rejected for behaviors that indicate a lack of “housing readiness.” Housing First assumes all people are ready for housing.

Eligible Population

- Families with dependent children 18 years and younger and individuals who are pregnant.
- Families must have an income that does not exceed 200% of the federal poverty level
- Families must also be experiencing homelessness as defined in any of the U.S. Department of Housing and Urban Developments (HUD) four categories under 42 U.S.C. 11302, including:
- Category 1: Literally Homeless
- Category 2: Imminent Risk of Homelessness
- Category 3: Homeless under Other Federal Statutes
- Category 4: Fleeing/Attempting to Flee Domestic Violence
-

Supportive Housing Services

- **Housing Consultation:** prepare housing support options through a person-centered housing support plan.
- **Transition Supports:** assist families to prepare for and transition to housing.
- **Sustaining Supports:** provided once a family is housed to help them achieve and maintain housing stability.
- **Relocation Supports:** financial support for a family's transition to housing.

Grant Opportunity

DHS will partner with homeless assistance providers, also known as Continuum of Care (CoC) member agencies, to implement this initiative.

DHS will select 1 CoC member agency from Dane, Racine, and Milwaukee CoC regions, and 5 agencies throughout the Balance of State CoC region, for a total of 8 awards.

Applicant Requirements

- Applicants may be a private-for-profit, a public or non-profit 501(c)(3) organization, or a state, local, or tribal government agency.
- Applicants must have a minimum of 3 years of previous experience providing, contracting, or coordinating for housing support services.
- The agencies selected to receive funding for this program will be required to be part of their local Continuum of Care network.

Grant Funds

The money awarded under the grant will be used towards:

- Hiring 2 dedicated staff persons to deliver the services: a Housing Navigator and Housing Case Manager.
- Applicable administrative costs.
- Money to provide relocation supports to qualifying families.

Staff Roles and Responsibilities

- **Housing Navigator:** manage referrals to the program, conduct the housing consultation, develop the housing support plan, and deliver the transition support services

- **Housing Case Manager:** deliver the sustaining support services, liaison with referral sources and partners, act as a supervisor for the program, and provide backup support for the housing navigator

Housing Quality Standards

All housing must meet the applicable Housing Quality Standards (HQS) under 24 CFR 982.401:

- A living room, a kitchen, and a bathroom.
- The bathroom must be contained within the unit and afford privacy.
- Suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- At least one bedroom or living/sleeping room for each two persons.
- The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), and the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), apply to units under 24 CFR 982.401

Metrics and Reporting (1 of 2)

Selected agencies will need to track and report the following to DHS:

- Total population served.
- Number of children served.
- Number of pregnant individuals served.
- Average length of time to become housed.
- Percent of families within each HUD category of homelessness.
- Average percent of household income spent on housing once housed.
- Average income (%FPL).
- Percent of total population that were enrolled into health insurance.
- Percent of families returning to homelessness.

Metrics and Reporting (2 of 2)

Agencies will be required to provide quarterly reporting of relocation supports expenditures stratified by:

- Total number of families served.
- Total quarterly expenditures for security deposits.
- Total quarterly expenditures for utility/arrears activations.
- Total quarterly expenditures for health and safety services.
- Total quarterly expenditures for household items.

Questions

Questions?

Contact Amy Pulda at
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Question & Answer