

## State Policy Roadmap: Draft Recommendations

For consideration by the Health-Related Social Needs Workgroup

By financing housing and nutrition services through Medicaid, state policymakers can meet the needs of Ohio families and support a healthy workforce. The following recommendations establish a roadmap that the Ohio Department of Medicaid, Ohio's Medicaid Managed Care Organizations and the Ohio General Assembly can use to prepare for and adopt federal flexibilities to finance housing and nutrition services through Medicaid.

### Strengthen policy attention on Medicaid approaches to finance housing and nutrition services

1. Review the federal opportunities available to finance housing and nutrition services through the Medicaid program, including information from [recent CMS guidance](#) and the HPIO report [Leveraging Medicaid to Support Housing and Nutrition in Ohio](#)
2. Establish a legislative study commission to examine the federal opportunities that can be leveraged to benefit Ohioans in need of housing and nutrition supports, including the prioritized Medicaid financing approaches below. The study commission can consider these opportunities in the context of other Medicaid policy changes on the horizon, including efforts related to "Meaningful Employment for Medicaid Enrollees".

#### **Prioritized Medicaid financing approaches**

Of the available approaches to finance housing and nutrition services through Medicaid, this HRSN Workgroup has prioritized:

- **In lieu of services and settings (ILOS)**
- **A section 1115 demonstration waiver**

In making this recommendation, the Workgroup considered the approaches that have the greatest potential for impact, are aligned to the current policy landscape and reduce organizational and administrative burden. CMS has issued guidance to states on both ILOS and 1115 waivers utilizing the [CMS health-related social needs framework](#).

### Increase capacity and collaboration among local organizations to provide housing and nutrition services to more people with Medicaid coverage

3. Support and collaborate with community-based organizations (CBOs), who are working across sectors to identify a set of [potentially Medicaid-reimbursable housing and nutrition services](#), including case management, that can be offered at scale in Ohio. For a set of in-lieu of service and settings (ILOS) prioritized by this workgroup, see the box below.
4. Prioritize community reinvestment funding for infrastructure development and capacity building for local organizations. An enhanced community reinvestment strategy could include broadening the geographic reach of community

reinvestment funds to organizations statewide and dedicating funds to support housing and nutrition services, including case management.

5. Provide other sources of state funding to support CBOs' ability to scale their programs so that the services they offer may cover more people enrolled in Medicaid and/or be eligible for inclusion as a Medicaid benefit. This could include core operating support and capacity-building projects such as the hiring of additional staff and the purchase of equipment (e.g., 26 refrigerated trucks for transporting food).

### **Prioritized In-Lieu of Services and Settings (ILOS)**

This HRSN Workgroup has prioritized the following [potentially Medicaid-reimbursable services](#) as future ILOS in Ohio. In making this recommendation, the Workgroup considered the services that have the greatest potential for impact, the expertise of housing and nutrition service providers in the state, and momentum in Ohio's policy environment:

Nutrition services:

- Home-delivered meals or pantry stocking, including services tailored to children and pregnant individuals
- Grocery provisions
- Nutrition counseling and instruction

Housing services:

- Home remediations that are medically necessary
- Home/environmental accessibility modifications
- First month's rent as a transitional service
- Housing transition and navigation services, including case management

**Improve data infrastructure** among local organizations and state systems so that [Medicaid billing for housing and nutrition services is possible](#)

6. Improve data sharing (e.g., service authorization, referrals, service outcomes) with CBOs, and work with partners statewide to create a universal standard for data sharing.
7. Partner with CBOs and health systems to establish data standards for housing, nutrition and other HRSN services and implement those standards into policy, practice and payment models. Stakeholders in Ohio can consider the [Gravity Project](#) as a national resource in data standards.

**Develop the policy framework** needed to submit an ILOS and/or 1115 waiver application to CMS

8. Develop the legal and financial infrastructure needed to support ILOS and/or an 1115 waiver, including model contracts between MCOs and CBOs and methods of supplementing Medicaid reimbursement.
9. Partner with CBOs and other statewide partners on the development of (1) a proposed ILOS for submission to CMS and/or (2) a concept paper which outlines the proposed services to be provided under an 1115 waiver.

10. Select priority populations (e.g., Medicaid enrollee demographics or regions in Ohio) that will be the recipients of the 1115 waiver services.
11. Implement any policy changes needed to support an 1115 waiver, including any changes identified by a legislative study commission.
12. Establish an evaluation and monitoring structure as required by CMS, including reporting on quality and health equity measures.

### Implement a state strategy to finance HRSN services through Medicaid

13. Submit a set of In Lieu of Services and Settings (ILOS) to CMS for approval.
14. Submit an 1115 waiver application using the HRSN framework to CMS for approval.

#### Other approaches

There are other approaches to funding housing, nutrition and other health-related social needs services through Medicaid that state policymakers in Ohio can take into consideration:

- **Value-added services:** Managed care organizations (MCOs) can voluntarily agree to offer services that are not required by the Ohio Department of Medicaid (ODM). All Ohio MCOs offer value-added services, including services that address HRSN. Still, there is considerable variation in the value-added services that are currently offered by Ohio MCOs, and more CBOs could be involved in service delivery.
- **State Plan Amendments (SPAs)** are approved changes to the Medicaid State Plan, an agreement between the state and federal governments describing how the state will administer its Medicaid program. Most HRSN services cannot be approved through an SPA, but case management services are allowable by CMS for inclusion in State Plans and are also included in the HRSN framework. ODM can submit an SPA to include community-based case management services in the Medicaid State Plan.
- **Home- and community-based services waivers:** States can seek 1915(c) home and community-based services (HCBS) waivers to provide services that allow people, including older adults and people with disabilities, to stay in their homes or in the community, as opposed to inpatient facilities. Ohio has eight approved HCBS waivers, including the MyCare Ohio waiver, Ohio Home Care Waiver (OHCW) and PASSPORT Waiver that include housing, nutrition and other HRSN services. These waivers could be expanded to serve eligible Ohioans in all counties.
- **Children's Health Insurance Program (CHIP) health services initiative:** CHIP offers health coverage to eligible children through Medicaid. States are allowed to allocate a limited portion of CHIP funding to health services initiatives (HSIs) aimed at improving the health of eligible children. In guidance to states, CMS has indicated that some HRSN services can be provide using HSIs. Ohio has an approved CHIP HSI for lead abatement, and could apply for additional HSIs for other social needs, including home modifications and emergency food relief.