

## State Policy Roadmap: Draft Outline and Recommendations

For consideration by the Health-Related Social Needs Workgroup

### Introduction

- Framing housing, nutrition, and community-based care coordination as supports for healthcare families and workforce
- Investing upstream results in Medicaid savings
- Workgroup objectives and purposes, including logic model
- High-level information about the sectors involved and the collaboration that's been happening (reference the Appendix for more information)

### Economic impact of investing in social needs

#### Summary of research findings on the following questions:

- Does spending on social need increase economic activity (GDP, consumer spending, productivity)?
- Does spending on social need decrease healthcare spending?
- What is the ROI on Medicaid waivers focused on social need?

### Health-related social needs services

- Briefly describe the [CMS HRSN framework](#)
- List the services included (figure 4.3 from the [Leveraging Medicaid](#) report)

### Approaches to covering housing and nutrition services through Medicaid

There are several opportunities available to states to cover HRSN services through Medicaid:

#### 1. Medicaid Managed Care Provider Agreement

- a. Value-added services
- b. Community reinvestment
- c. In lieu of services and settings

#### 2. Waivers

- a. Home- and community-based services waivers
- b. 1115 waivers

#### 3. State Plan Amendments

#### 4. Children's Health Insurance Program (CHIP) Health Services Initiatives

These approaches are summarized below. The HRSN Workgroup has reviewed each approach, identified advantages and disadvantages, and prioritized the top opportunities for Ohio:

- **TBD:** A State Plan Amendment to include community-based care coordination in Ohio's Medicaid State Plan
- In lieu of services and settings (ILOS)
- A section 1115 demonstration waiver

When considering each approach, the Workgroup reflected on the potential for impact, feasibility and alignment to current state and local priorities. The Appendix includes information on these considerations and the advantages and disadvantages identified by the Workgroup.

For more information about each of the approaches below, see the HPIO report: "[Leveraging Medicaid to Support Housing and Nutrition in Ohio.](#)"

- *Include a brief description of each approach, working from this document: <https://www.healthpolicyohio.org/files/assets/handoutapproachestocoveringhrsntroughmedicaid.pdf>*
- *Use formatting to highlight the prioritized approaches*
- *Include break out box in the section with the ILOS description:*

### **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 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
- **TBD:** Produce prescriptions
- 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

## Action steps and policy recommendations

Introduction TBD

### Next steps for cross-sector partners

The members of the HRSN Workgroup and partners across community-based organizations, health systems and insurers will continue working together to advance the objectives below. These objectives cannot be achieved without the support and engagement of the Ohio Department of Medicaid and other state policymakers. Action steps for cross-sector partners include:

#### **[Icon]: Advance data infrastructure so that Medicaid billing for health-related social needs services is possible**

Led by stakeholders with expertise in health information technology, CBOs, MCOs, healthcare providers and state agencies should work together to:

1. **Establish data standards** for housing, nutrition, care coordination and other HRSN services and implement those standards into policy, practice and payment models. Stakeholders in Ohio are considering the [Gravity Project](#) as a national resource in data standards.
2. **Identify a process for data sharing and referrals** that can be used by CBOs, MCOs, healthcare providers and state agencies across Ohio. Ensure that the process supports the current work of the CBOs and healthcare partners, while also advancing interoperability and increasing the ability to share information across networks.
3. **Support ongoing, consistent collaboration** between healthcare providers, MCOs and CBOs to overcome barriers to partnership (e.g., organizational structure and leadership, legal frameworks for operations, funding structures) that can impede the quality of referrals and workflows.

#### **[Icon]: Develop policy proposals to support health-related social needs services through Medicaid**

Through a collaborative effort, CBOs, MCOs and healthcare providers should:

4. **Identify a set of HRSN services** that can be offered at scale in Ohio, building on existing efforts. For example, community-based organizations are working with MCOs to identify existing nutrition, housing and care coordination services that are offered statewide and could become Medicaid ILOS services.
5. **Partner to develop policy proposals**, such as:
  - **TBD:** A State Plan Amendment to include community-based care coordination in Ohio's Medicaid State Plan,
  - A set of proposed housing and nutrition ILOS for submission to CMS, and/or
  - A concept paper for an 1115 waiver that utilizes the HRSN framework, including priority populations (e.g., Medicaid enrollee demographics or regions in Ohio) that will be the recipients of the waiver services.

#### **[Icon]: Create a structure for continued collaboration to advance support for health-related social needs services in Ohio**

CBOs, MCOs and healthcare providers should partner to:

6. **Establish a collective impact network**, facilitated by a neutral convener, to develop and implement effective policy proposals based on the recommendations of this report. CBOs, MCOs, healthcare providers, health information technology stakeholders and other interested organizations should invest their time, energy and resources to stand up and support the operations of this network.

### Policy action needed

The Ohio Department of Medicaid, the Ohio General Assembly and other policymakers are critical partners in achieving the goals of this report: Supporting Ohio workers and families and reducing Medicaid costs by providing additional housing, nutrition and care coordination supports through Medicaid. The following policy actions are needed to advance these goals:

1. **Participate in future workgroup meetings** to provide support for the next steps of cross-sector partners. The perspective and decision-making authority of the Department of Medicaid, Ohio General Assembly and other state policymakers will be essential for achieving the objectives above. Financial support is also needed, for example, to establish a data sharing a referral platform statewide.
2. **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 organizations providing housing and nutrition services and community-based care coordination.
3. **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., refrigerated trucks for transporting food).
4. **Develop the legal and financial infrastructure** needed to support a Medicaid policy change, including model contracts between MCOs and CBOs and methods of supplementing Medicaid reimbursement. Develop this infrastructure in partnership with MCOs and healthcare provider organizations, with input from CBOs, and draw from national research (e.g., [Partnership to Align Social Care](#) and [Aging and Disability Business Institute](#)) and the experience of other states (e.g., [Michigan ILOS Standard Agreement Terms](#)).
5. **Establish an evaluation and monitoring structure** to support a Medicaid policy change, as required by CMS, in partnership MCOs and healthcare provider organizations and with input from CBOs. Monitoring should include reporting on quality and health equity measures
6. **Submit policy documents** to CMS for approval, potentially including:
  - **TBD:** A State Plan Amendment to include community-based care coordination in Ohio's Medicaid State Plan,
  - A set of housing and nutrition ILOS, and/or
  - An 1115 waiver application that utilizes the HRSN framework

## Capacity to provide HRSN services in Ohio

- Analysis of data from 211s on:
  - a. **Service providers.** *The number and types of organizations providing potentially Medicaid-reimbursable HRSN services in Ohio*
  - b. **Geography.** *The counties served by the organizations providing potentially Medicaid-reimbursable HRSN services in Ohio*
  - c. **Unmet need.** *The percent of people who called 211 with a housing or nutrition need and could not be referred*

## Appendix

- Workgroup members
- Workgroup process
  - a. Meeting schedule/objectives
  - b. Process of developing consensus recommendation
    - i. Including summary of approach advantages/disadvantages
  - c. Collaboration with other groups: Community Health Equity Collaborative, Clinisync CBO committee, OAF Foodbank Champions Team