



Health-Related Social Needs Workgroup

January 22, 2025



VISION

Ohio is a model of health, well-being and economic vitality

MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

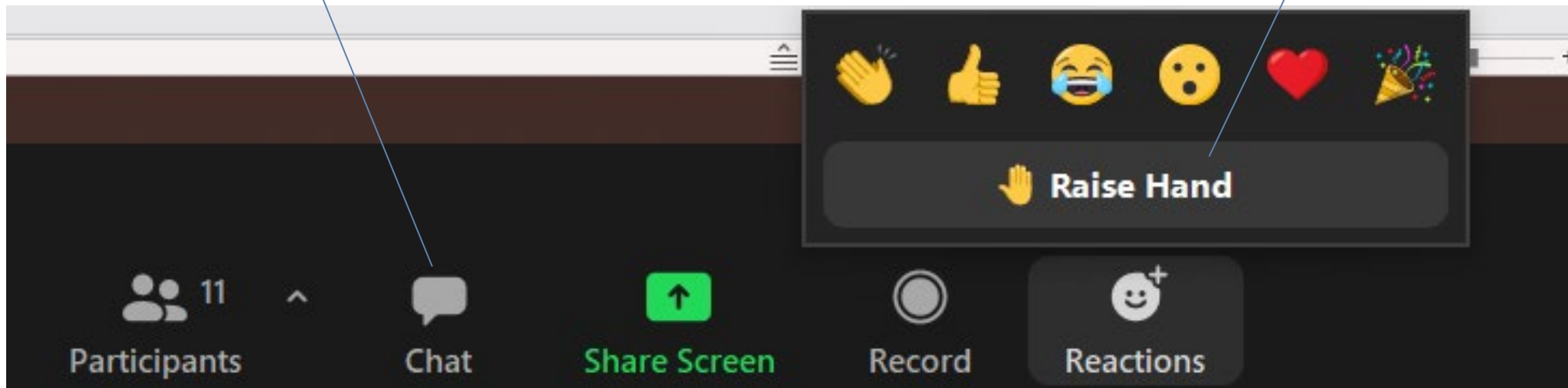
Participating in Zoom

Chat

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INTRODUCTIONS

HRSN core team



Jenelle Hoseus

Health Impact Ohio



Stephanie Gilligan

OSU Wexner
Medical Center



Amy Riegel

COHHIO



Grace Wagner

Ohio Association of
Foodbanks



Angela Weaver

Ohio Association of
Health Plans

Workgroup webpage

Advisory Groups

Overview

Adverse Childhood Experiences (ACES) Advisory Group

Criminal Justice and Health Advisory Group

Equity Advisory Group

Health Value Dashboard Advisory Group

Health-Related Social Needs (HRSN) Workgroup

Water Quality Advisory Group

Health-Related Social Needs (HRSN) Workgroup

The federal government, through the Centers for Medicare and Medicaid Services (CMS), has increased flexibility to state Medicaid programs to cover a subset of health-related social needs (HRSN) services, with a focus on housing and nutrition services, including case management. There is an opportunity for partners across sectors and regions of the state to explore these flexibilities and propose a path forward for Ohio.

The HRSN Workgroup will:

- Build knowledge about the national landscape of Medicaid flexibility to cover HRSN as a Medicaid benefit and come to consensus on the best approach for Ohio
- Assess gaps in existing infrastructure among community-based organizations that could impact compliance with CMS requirements and/or the ability of community-based organizations to bill Medicaid/MCOs
- Provide feedback on a state-level roadmap for advancing the identified financing approach for HRSN and recommendations for community-based organizations to build infrastructure and increase capacity in their service delivery

For more information about the HRSN Workgroup, please email Hailey Akah (hakah@hpio.net).

[VIEW ADVISORY GROUP MEMBERS](#)

Agenda

- Welcome
- Policy environment update
- Components of the State Policy Roadmap
- Small group discussion: Draft recommendations
- Report out and next steps

Meeting objectives

As a result of this meeting, Workgroup members will:

- Be knowledgeable about relevant changes to the policy environment
- Review and provide feedback on the structure and content of the State Policy Roadmap
- Provide feedback on the second draft recommendations for inclusion in the State Policy Roadmap



Policy environment updates



Draft outline: State Policy Roadmap

Introduction

Framing for state policymakers

- Housing, nutrition, and community-based care coordination as **supports for healthy 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

Brief description of CMS definition of HRSN:

- List services in CMS guidance
- Includes housing, nutrition, and care coordination services

Approaches to covering HRSN services

- List seven approaches from HPIO Leveraging Medicaid report
- Highlight the three approaches elevated in the State Policy Roadmap:
 - 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

Prioritized In-Lieu of Services and Settings (ILOS)

Nutrition services:

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

Section 1: Next steps for cross-sector partners

- **Advance data infrastructure** so that Medicaid billing for health-related social needs services is possible
- **Develop policy proposals** to support health-related social needs services through Medicaid
- **Create a structure for continued collaboration** to advance support for health-related social needs services in Ohio

Section 2: Policy action needed

Capacity to provide HRSN services in Ohio

Analysis of data from 211s on:

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

Appendix

Additional process information

- Workgroup members
- Workgroup process
 - Meeting schedule/objectives
 - Process of developing consensus recommendation
 - Collaboration with other groups: Community Health Equity Collaborative, Clinisync CBO committee, OAF Foodbank Champions Team

Discussion questions

- What questions of clarity do you have?
- What revisions/additions/subtractions do you recommend?
- Which components stands out to you as particularly helpful/important to meet our objectives as a group?

Health-related social needs (HRSN) logic model

HRSN Workgroup activities

- ▶ **Build knowledge about Medicaid policy and amplify options for financing HRSN services**, including housing, nutrition and case management services
- ▶ **Identify opportunities and challenges related to Medicaid financing of HRSN services**, including capacity, data and infrastructure needs of local organizations and state systems that could impact the ability to pay for HRSN services through Medicaid
- ▶ **Identify an approach(es)**, Ohio can take to finance a set of HRSN services through Medicaid, increase data sharing, and best practices to ensure access to those services

Other groups and related activities

- Community Health Equity Collaborative, Health Impact Ohio
- Foodbank Champions Team, Ohio Association of Foodbanks
- Housing assistance pilot programs, Anthem Blue Cross Blue Shield and Caresource Ohio
- Nutrition Equity Committee, Case Western University Swetland Center

Short-term goals

- ▶ **Educate policymakers and stakeholders** in Ohio about the identified approach(es)
- ▶ **Improve data infrastructure** among local organizations and state systems so that Medicaid billing for HRSN is possible
- ▶ **Increase capacity and collaboration** among local organizations to provide HRSN services to more people with Medicaid coverage

Long-term goals

- ▶ **Increase the availability and accessibility of HRSN services**, provided to people with Medicaid coverage
- ▶ **Improve data interoperability** between Medicaid and local organizations providing HRSN services
- ▶ **Improve health outcomes and eliminate disparities** among people with Medicaid coverage
- ▶ **Reduce healthcare costs** within the Medicaid program

Medicaid policy and system change

Direct influence

One of many factors influencing outcomes



Action steps and policy recommendations

Section 1. Next steps for cross-sector partners

- **Advance data infrastructure** so that Medicaid billing for health-related social needs services is possible
- **Develop policy proposals** to support health-related social needs services through Medicaid
- **Create a structure for continued collaboration** to advance support for health-related social needs services in Ohio

1a. Advance data infrastructure

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.

1a. Advance data infrastructure (cont.)

- 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.

1b. Develop policy proposals

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.

1b. Develop policy proposals (cont.)

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

5. **Partner to develop policy proposals, such as:**

- 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.

1c. Create a structure for continued collaboration

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.

Section 2. Policy action needed

- 1. Participate in future workgroup meetings** to provide support for the next steps of cross-sector partners.
- 2. Prioritize community reinvestment funding** for infrastructure development and capacity building for local organizations.
- 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.

Section 2. Policy action needed (cont.)

- 4. Develop the legal and financial infrastructure** needed to support a Medicaid policy change
- 5. Establish an evaluation and monitoring structure** as required by CMS
- 6. Submit policy documents** to CMS for approval, including:
 - 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

Discussion questions

For each set of recommendations:

- What are the strengths of these recommendations?
- Are there elements of the recommendations that you think are critical and must stay?

Discussion questions cont.

For each set of recommendations:

- What does not resonate with you about these recommendations?
- Are there missing components or additional nuance that should be added?

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Small Group Work: Draft Recommendations

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Next steps

Next steps

- HPIO will incorporate today's revisions
- Draft of the near-final recommendations will be available for review in February

Would you like to a draft of the review the full State Policy Roadmap?



CONTACT INFORMATION

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THANK YOU