March 2025

STATE POLICY ROADMAP

Leveraging Medicaid to support housing and nutrition in Ohio

Recommendations from the cross-sector Health-Related Social Needs Workgroup, convened by the Health Policy Institute of Ohio

hpio
health policy institute of ohio

Dear Ohio Policymakers,

Ohio's families and workforce thrive when people have access to stable housing, nutritious food and other basic needs. As leaders from diverse sectors — including housing, nutrition, care coordination, the healthcare system and health insurance plans — we are working together to strengthen the connections between healthcare and social services to improve outcomes for Ohioans.

We are pleased to share this "State Policy Roadmap: Leveraging Medicaid to Support Housing and Nutrition in Ohio." This Roadmap elevates opportunities for Ohio to use Medicaid to address social needs that strengthen communities and reduce long-term healthcare costs. The recommendations contained in this Roadmap build on current Ohio policy priorities, including the Next Generation of Ohio Medicaid framework and the state's ongoing commitment to supporting workers and families.

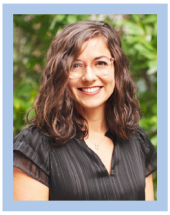
Based on research and the collective work of 48 Ohio organizations, this Roadmap provides actionable strategies that can help Ohio policymakers explore how Medicaid can play a role in addressing social needs. We hope it serves as a valuable tool for decision makers looking to advance cost-effective, sustainable solutions that benefit individuals, families and communities across the state.

These recommendations are just the beginning of our continued work together. Cross-sector partners throughout Ohio will remain engaged in advancing the strategies outlined in this Roadmap and ask that policymakers support these efforts. Achieving our collective goals will require ongoing collaboration and policy action to ensure that investments in housing, nutrition and community-based care coordination lead to meaningful and lasting improvements for Ohioans.

We appreciate your leadership in ensuring Ohio's policies support health and economic well-being. We look forward to continued collaboration as we work together to build a stronger, healthier Ohio.

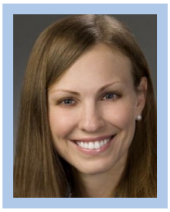
Sincerely,
The Core Team of the Health-Related Social Needs Workgroup

Amy Riegel
Executive Director
COHHIO

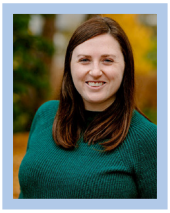


Jenelle Hoseus
Chief Policy and Partnerships Officer
Health Impact Ohio

Angela Weaver
Director of Regulatory Affairs Relations
Ohio Association of Health Plans



Stephanie Gilligan
Assistant VP, State Government Relations
Ohio State University Wexner Medical Center



Grace Wagner
Director of Health Initiatives
Ohio Association of Foodbanks

Introduction

Policymakers and stakeholders across Ohio are considering ways to support the health and well-being of workers and families while reducing healthcare costs.

Research shows that investing in social needs services—such as housing, nutrition and care coordination—can improve health, enhance workforce stability and lead to more efficient Medicaid spending.

States have flexibility to fund these critical services through Medicaid, as outlined in the Health Policy Institute of Ohio (HPIO) report, "**Leveraging Medicaid to Support Housing and Nutrition in Ohio**." This State Policy Roadmap builds on that information and outlines actionable next steps for policymakers and other state leaders to leverage these opportunities effectively.

This Roadmap reflects insights from HPIO's **Health-Related Social Needs (HRSN) Workgroup**, a group of organizations and associations from across the state representing sectors such as housing and nutrition service providers, care coordinators, community health centers, health systems, Medicaid managed care organizations and philanthropy. The workgroup's recommendations build upon the strengths of Ohio's health and human services landscape to maximize the impact of Medicaid.

More information about the members and activities of the HRSN Workgroup is available in the **appendix**.

Inside

Medicaid Basics

The Medicaid program is a partnership between the federal and state governments that offers health insurance and other services to groups experiencing economic disadvantage, including children and families with low incomes, older adults and people with disabilities. The Medicaid program fortifies individuals and families against the financial strain of receiving needed health care.

There are more than 3 million Ohioans — more than 1 in 4 people in the state — enrolled in Medicaid, including over 1.2 million children as of December 2024.[1] Medicaid represents a significant share of government spending in Ohio and most of the cost is paid for by the federal government. In state fiscal year 2024, federal and state expenditures on Medicaid were nearly $39 billion, with 69% coming from the federal government.[2]

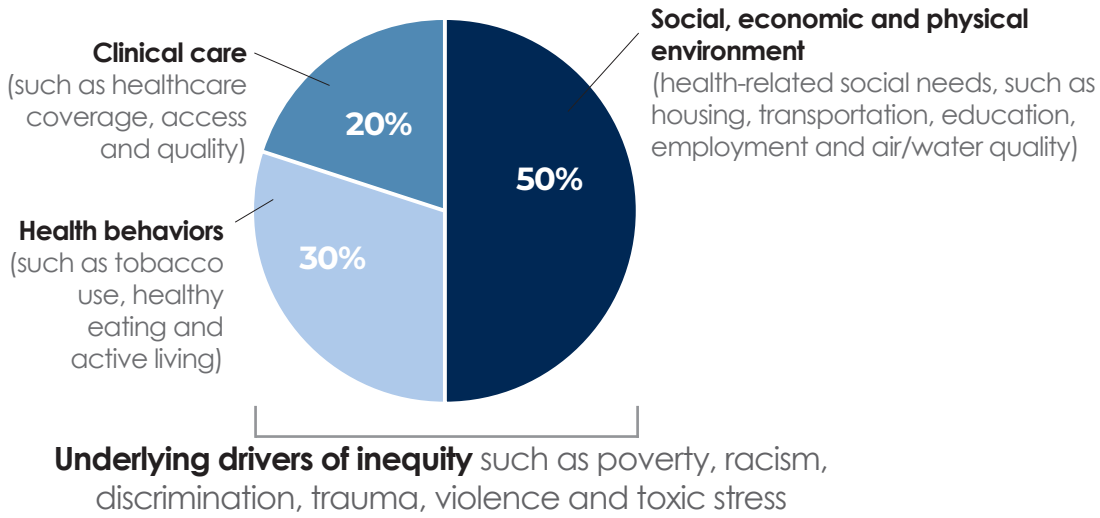
For more information about Ohio Medicaid, see **Ohio Medicaid Basics 2025**.

Economic and health impacts of investing in social needs

Health-related social needs (HRSN) are the social, economic and physical environment conditions that either enable or hinder opportunities for good health. These needs, sometimes referred to as the social drivers of health, include safe and affordable housing, healthy food access, reliable transportation, high-quality education, secure employment and clean water and air.

As displayed in figure 1, these factors are major contributors to health outcomes. Unmet HRSN also contribute to gaps in healthcare coverage and access, higher medical costs, barriers to healthy choices and the perpetuation of gaps in outcomes for communities with the most significant health challenges.

Figure 1. **Modifiable factors that influence health**



Source: Booske, Bridget C. et. al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health*. University of Wisconsin Public Health Institute, 2010.

Investing in HRSN services, such as housing and nutrition, has the potential to create significant economic benefits while improving health outcomes. Research finds the following economic impacts of investing in social needs:

Healthcare spending

The relationship between social spending and healthcare expenditures is complex. On average, countries with higher social spending also tend to spend more on healthcare.[3] However, a higher ratio of social to healthcare spending (i.e., more social than healthcare spending) is associated with improved health outcomes in the long term, such as lower infant mortality rates, increased life expectancy and reduced mortality from chronic diseases like lung cancer, heart disease and type 2 diabetes.[4] By implementing Medicaid reimbursement for housing and nutrition services, Ohio has the opportunity to shift spending toward preventive services that can reduce costly emergency interventions and hospitalizations over time.

Medicaid return on investment

Research consistently finds that spending on food and housing interventions has a large return on investment (ROI). For example:

Every dollar invested in nutrition interventions, including medically tailored meals and food prescription programs, returns $1.85 in benefits.[5]

Every dollar invested in housing interventions, including housing after hospital discharge, emergency housing assistance, permanent supportive housing and eviction prevention, returns $1.50 in benefits.[6]

When nutrition services are covered by Medicaid through the in lieu of services and settings (ILOS) authority (learn more on page 8), these services have been shown to reduce health care utilization, health care costs and improve health outcomes.[7]

Additionally, food insecurity is associated with increased health care costs, with approximately $52.9 billion in health care costs being attributed to food insecurity in 2016.[8] Adults experiencing food insecurity incur $1,834 more in annual healthcare expenses, and food-insecure families spend up to 20% more on healthcare compared to food-secure families.[9] Similarly, permanent supportive housing and transitional housing have been shown to decrease rates of emergency department visits, hospital admissions and health care costs.[10]

Economic activity

While research on the relationship between social spending and economic activity presents mixed findings, some studies indicate that investments in social services can boost Gross Domestic Product (GDP), output and private consumption.[11] By ensuring access to stable housing and nutrition food, policymakers may promote economic activity while supporting the health of Ohioans.

Health-related social needs services

In recognition of the health and economic impacts of social needs, state Medicaid agencies and Medicaid managed care organizations (MCOs) across the country have increasingly elected to provide services that support their members' health-related social needs (HRSN). For example, Ohio MCOs offer non-emergency medical transportation, housing and employment navigation services and medically tailored meals as **value-added services** (described on page 10). However, value-added services are not included when determining per-member, per-month payments to the MCOs, limiting the type and scale of HRSN services that can be provided through this approach.

Over the past several years, states and the federal government have worked together to expand the Medicaid funding mechanisms for HRSN services. For example, since 2018, the Centers for Medicare and Medicaid Services (CMS) has approved **1115 waivers** in 19 states and in lieu of services and settings (ILOS) in several states (including **Michigan** and **Kansas**) to cover housing and nutrition services. The first 1115 waiver — for North Carolina — was approved under the social drivers of health framework of the first Trump administration, while subsequent waivers were approved between 2022-2024 under the Biden administration's HRSN framework.

On March 4, 2025, CMS rescinded Biden-era guidance on the coverage of HRSN services in Medicaid[12], and will now consider states' applications to cover these services and supports on a case-by-case basis.

CMS has previously approved coverage of HRSN services that are clinically appropriate, evidence-based and tailored to meet the health needs of the Medicaid population. Figure 2 contains examples of HRSN services that, from 2022-2024, CMS identified as potentially Medicaid reimbursable.

Figure 2. **Examples of potentially Medicaid-reimbursable housing, nutrition and case management services**

Case management services
1. **Case management** services for access to housing and nutrition supports, such as outreach, education and linkages to programs
Nutrition services*
2. **Nutrition counseling and instruction,** such as healthy meal preparation, tailored to health risks and nutrition-sensitive health conditions
3. **Home-delivered meals or pantry stocking**, including meal and/or grocery delivery service to high-risk individuals
4. **Medically tailored meals** for individuals with nutrition-sensitive health conditions
5. **Nutrition prescriptions**, including produce prescriptions, protein boxes and healthy food vouchers
Housing services
Housing services <u>without</u> room and board**
6. **Housing supports**, including pre-tenancy navigation services, one-time transition and moving costs, and eviction prevention/tenant rights education
7. **Caregiver respite** provided in the beneficiary's home so that the beneficiary's usual at-home caretaker can have a break from caretaking
8. **Utility assistance,** including water, garbage, sewage, recycling, gas, electric, internet and/or phone bills, for medically complex individuals (including arrears payments)
9. **Day habilitation programs** to provide skills needed to live successfully in the community
10. **Sobering centers** with less than a 24 hour stay
11. **Home remediations** that are medically necessary, such as air conditioning, refrigeration, carpet replacement and mold and pest removal
12. **Home/environmental accessibility modifications**, such as wheelchair accessibility ramps and handrails and grab bars
Housing services <u>with</u> room and board***
13. **Short-term pre-procedure housing** with clinical services and supports
14. **Short-term recuperative care** with clinical services and supports
15. **Short-term post-transition housing** with clinical services and supports
16. **Caregiver respite** with room and board (i.e., temporary placement of a beneficiary who otherwise lives at home into an institutional setting so that the beneficiary's at-home caretaker can have a break from caretaking)
17. **First month's rent** as a transitional service
18. **Up to six months of post-transition housing** for people transitioning out of institutional or group care (such as for a substance use disorder), people experiencing or at risk of homelessness and youth transitioning out of the child welfare system

*Nutrition services may be considered "room and board" by CMS, depending on the design of the service. Services that include room and board are generally only available through the 1115 waiver authority and are time-limited to a period of six months. Nutrition supports are only considered room and board if the service provides three meals per day.
These housing services **<u>are not</u> considered "room and board" by CMS and may be covered through a variety of approaches by state Medicaid programs.
***These housing services **<u>are</u>** considered "room and board" by CMS and are generally only available through the 1115 waiver authority.
Sources: Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP), CMS, December 2024. This guidance was rescinded in March 2025.

Recommended approaches to covering housing and nutrition services through Medicaid

States have several options to cover health-related social needs (HRSN) services through Medicaid, including changes to the Medicaid Managed Care Provider Agreement, waivers testing new ways to deliver and pay for healthcare services, and amendments to the Ohio Medicaid State Plan. Each available approach is described in the HPIO report "**Leveraging Medicaid to Support Housing and Nutrition in Ohio**."

The HRSN Workgroup has reviewed each approach, identified their advantages and disadvantages and prioritized the top opportunities for Ohio:

- In lieu of services and settings (ILOS)
- A State Plan Amendment (SPA) to include community-based care coordination in Ohio's Medicaid State Plan
- 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. For more information about the workgroup's process, see the **appendix**.

How can Ohio Medicaid pay for health-related social needs services?

In Ohio, most Medicaid coverage is provided through managed care organizations (MCOs). MCOs pay for care in exchange for per-member, per-month payments from the Ohio Department of Medicaid (ODM).[13] Actuaries contracted by ODM calculate a capitation rate that is predicted to cover the cost of a defined package of Medicaid benefits. The capitation rate has two main components:

- **Medical costs (projected benefit costs)** are the portion of the rate designed to cover the cost of providing medical benefits to enrollees.
- **Administrative costs (projected non-benefit costs)** are the portion of the rate that covers other MCO expenses, such as taxes, regulatory fees, risk margin, etc. (i.e., "the cost of doing business").

Currently, many of the HRSN services provided by MCOs are paid for through the plan's administrative costs (e.g., value-added services). The prioritized approaches in this section would expand Ohio Medicaid's ability to cover housing, nutrition and community-based care coordination services through the medical portion of the capitation rate, expanding available funds for these critical services.

For more information about Ohio Medicaid, see **Ohio Medicaid Basics 2025**.

Prioritized approach

In lieu of services and settings

Recommendation: In partnership with the MCOs and community-based organizations (CBOs), ODM should submit a set of housing, nutrition and care coordination ILOS services to the Centers for Medicare and Medicaid Services (CMS) for approval.

In lieu of services and settings (ILOS) are cost-effective, medically appropriate substitutes or additions to Medicaid State Plan benefits. States must get approval from CMS to offer ILOS, which typically occurs during CMS's review of the state's Managed Care Provider Agreement, the contract between the MCOs and ODM. The state then gives the MCOs the option to offer approved services. Approved ILOS are considered when establishing the medical portion of an MCO's capitation rate, but approved ILOS cannot exceed 5% of the capitation rate.

For a state to provide ILOS, it must submit the name and definition of each ILOS to CMS, specify the covered services they replace, define each ILOS target population and require providers to use a consistent process to determine if the ILOS is medically appropriate for the patient. Once a state is offering ILOS, the state must meet the reporting and evaluation requirements determined by CMS.

MCOs in Ohio are currently working together, with the input of CBOs and state associations, to develop a set of nutrition, housing and care coordination ILOS services to propose to state and federal regulators for approval.

In April 2024, CMS updated the **Medicaid managed care final rule**, which added specificity to how states can use the ILOS authority to address HRSN.

Other state example: In 2024, **Michigan** introduced Medicaid coverage for four federally approved ILOS to address nutrition: Medically tailored home delivered meals, healthy home delivered meals, healthy food packs and produce prescriptions.

Prioritized In Lieu of Services and Settings (ILOS)

The HRSN Workgroup has prioritized the following potentially Medicaid-reimbursable services for consideration 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. Cross-sector partners may refine this list based on emerging data and evidence from other states, including **Michigan**:

Nutrition services:
- Home-delivered meals or pantry stocking
- 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

Care coordination services:
- Case management services for access to housing and nutrition supports

Additional prioritized approaches

In addition to ILOS, the HRSN Workgroup identified two additional approaches with significant potential for impact and alignment to the needs and assets in Ohio. These additional approaches include:

- An SPA for community-based care coordination services
- An 1115 waiver to cover housing, food and/or care coordination services

By investing in an initial set of ILOS, MCOs, health care partners and CBOs can build evidence on the cost effectiveness of HRSN services to Ohio Medicaid, which will support additional policy change in future years (i.e., an amendment to Ohio's Medicaid State Plan and implementation of an 1115 demonstration waiver).

State Plan Amendment for community-based care coordination services

Recommendation: ODM should submit a State Plan Amendment (SPA) to include community-based care coordination services in Ohio's Medicaid State Plan.

A Medicaid State Plan — an agreement between the state and federal government describing how the state will administer its Medicaid program — can be amended when a state decides to change how its Medicaid program operates, and that change is permissible under federal law.

There are limits to the types of services that can be approved through an SPA, and housing and nutrition services are not optional services that states can add to their State Plans. However, an SPA could enable community-based care coordinators, such as community health workers, to provide case management services for housing and nutrition, and receive reimbursement for those services.

The services covered in an SPA must be available to all qualified members statewide. There is no federal budget neutrality requirement or cost limit for this authority.

An opportunity to expand community-based care coordination

Pathways Community HUBs currently receive Medicaid reimbursement through individual contracted relationships with Ohio MCOs. The Pathway Community HUB model utilizes community health workers to connect clients with a variety of resources and services, including housing and food. The HUB model is funded through the administrative portion of the MCOs capitation rate. An SPA would allow these services to be reimbursed through the medical portion of the capitation rate, expanding resources for community-based care coordination services and increasing data transparency, both within and outside of the HUB model.

Other state example: California has an **approved SPA** that added community health worker services to their state Medicaid benefits as of July 2022. These services address a wide variety of health and social needs for specific groups of enrollees and include services such as health education, screening and assessment, navigation to services and individual support or advocacy to prevent health conditions or harm to enrollees.

Section 1115 demonstration waiver

Recommendation: ODM and Ohio General Assembly should continually examine opportunities to pursue an 1115 waiver to cover housing, food and/or care coordination services through Medicaid.

Section 1115 demonstration waivers allow states to implement or test experimental, pilot or demonstration projects that promote the objectives of Medicaid and can lead to cost-effectiveness. States need CMS approval of the waiver after providing a public commenting period for the proposal. In Ohio, the General Assembly must be notified that ODM plans to submit an 1115 waiver to CMS, and any state funding required to implement the waiver must be secured through the state operating budget or other appropriation.

States can focus on a specific population for their 1115 waiver proposal, with the ability to also limit services to geographic areas and/or cap the number of eligible people to limit the state's costs.

Through an 1115 waiver, states can receive federal funding for capacity building and federal financial participation for costs that would otherwise not be matchable federally. This flexibility in financing allows states to cover services and populations not included in their Medicaid State Plan.

Other state example: North Carolina's Section 1115 waiver provides funding to CBOs and MCOs to provide eligible Medicaid enrollees with a variety of non-medical services to address food, housing, interpersonal violence and transportation needs through the **Healthy Opportunities Pilots** program. The program predominately serves Medicaid enrollees in three rural regions of the state and provides services to meet a variety of HRSN including nutrition, housing, transportation, toxic stress and interpersonal violence. The program has been **evaluated** with promising results, including improvement in enrollee's social needs and lower total cost of care.

Other approaches not prioritized

When considering potential for impact, the following approaches were not prioritized by the Health-Related Social Needs (HRSN) Workgroup for further investment. Additionally, Ohio Medicaid is current utilizing each of these approaches to provide HRSN services to Ohioans.

Value-Added Services

Medicaid 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 there is not a requirement, incentive or encouragement for MCOs to work with community-based organizations to address HRSN through their value-added services authority.

Community reinvestment

States can direct MCOs to invest a portion of their profit and reserves into local communities, including HRSN services. ODM requires MCOs in Ohio to participate in community reinvestment and encourages MCOs to work collaboratively to maximize the collective impact of community reinvestment funding.

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 adults 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/or other HRSN services.

Children's Health Insurance Program Health Service Initiatives

The Children's Health Insurance Program (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 **2021 guidance to states**, the Centers for Medicare and Medicaid Services (CMS) indicated that some HRSN services can be provided using HSIs. Ohio has an approved CHIP HSI for lead abatement.

Action steps and policy recommendations

The recommended approaches above require collective action. Leaders across Ohio, including community-based organizations, health systems, insurers and state policymakers, all have a role to play in improving the health and economic well-being of Ohioans through increased support for housing, nutrition and other health-related social needs (HRSN) services.

The action steps and policy recommendations in this section were generated by the **HRSN Workgroup** and informed by other groups who are also working to inform increased support of HRSN services. These groups include the Community Health Equity Collaborative hosted by **Health Impact Ohio** and the **CliniSync** Community-Based Organization Subcommittee.

Next steps for cross-sector partners

The members of the HRSN Workgroup and partners across community-based organizations (CBOs), health systems and insurers will continue working together to advance the objectives below. Partnership and engagement with the Ohio Department of Medicaid (ODM) and other state policymakers is needed for these objectives to be achieved. Action steps for cross-sector partners include:

Improve data infrastructure so that Medicaid billing for health-related social needs services is possible

Led by stakeholders with expertise in health information technology, CBOs, Medicaid managed care organizations (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. Data standards and shared metrics across systems can support cross-collaboration, as well as monitoring and evaluation activities. Stakeholders in Ohio are considering the **Gravity Project** as a national resource in data standards.
2. **Identify a process for data sharing, referrals and billing** 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. **Engage in ongoing, consistent collaboration** to overcome barriers among healthcare providers, MCOs and CBOs (e.g., organizational structure and leadership, legal frameworks for operations, funding structures) that can impede the quality of referrals and workflows, and to establish a data governance structure that supports all sectors.

Develop policy proposals to support health-related social needs services through Medicaid

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

1. **Identify a set of HRSN services** that can be offered at scale in Ohio, building on existing efforts. For example, MCOs are working together, with the input of CBOs and state associations, to develop a set of nutrition, housing and care coordination in lieu of services and settings (ILOS) services to propose to state and federal regulators for approval. MCOs and partner CBOs will consider the results of current housing and nutrition pilots, as well as research in other states, and incorporate those findings into future recommendations.
2. **Partner to develop detailed policy proposals**, building on current partnerships, programs and policy priorities in Ohio. For example, CBOs, MCOs and healthcare providers can work together to develop a concept paper for an 1115 waiver that would cover housing and nutrition services, including priority populations (e.g., Medicaid enrollee demographics or regions in Ohio) that will be the recipients of the waiver services.

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:

3. **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.

Active groups and cross-sector partnerships

Several groups have been working, separately and together, to inform increased support of HRSN services, including:

- Community-Based Organization Subcommittee, CliniSync
- Community Health Equity Collaborative, Health Impact Ohio
- Foodbank Champions Team, Ohio Association of Foodbanks
- HRSN Workgroup, Health Policy Institute of Ohio
- Nutrition Equity Committee, Case Western University Swetland Center

These groups are coordinating their work to increase efficiency and establish the collective impact network referenced above.

Needed policy action

ODM, the Ohio General Assembly and other policymakers are critical partners in achieving the goals of this report. Goals include supporting Ohio workers and families and reducing 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 ODM, the Ohio General Assembly and other state policymakers will be essential for achieving the objectives above. Policymakers could also establish a legislative study commission to participate in this work. Financial support is also needed, for example, to establish a data sharing and referral platform statewide.
2. **Require MCOs to establish a statewide data infrastructure,** including data standards, data sharing, data collection, billing and referral processes, in partnership with CBOs and health systems. State action is critical for aligning all MCOs to a statewide data infrastructure that will reduce administrative complexity and increase collaboration with CBOs across Ohio.

3. **Fund infrastructure development** for local organizations, such as the purchase of data and referral platforms, convening and collaboration activities, and ongoing evaluation work. For example, community reinvestment funds could support the data and billing infrastructure needs of organizations providing housing and nutrition services and community-based care coordination.
4. **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 ongoing 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).
5. **Develop the legal and financial framework** 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**).
6. **Establish an evaluation and monitoring structure** to support any Medicaid policy change regarded health-related social needs (HRSN), meeting any requirements of the Centers for Medicare & Medicaid Services (CMS), in partnership with MCOs and healthcare provider organizations and with input from CBOs. Monitoring should include public reporting on quality and health equity measures.
7. **Submit policy documents** to CMS for approval, potentially including:
   - A set of housing and nutrition ILOS
   - A State Plan Amendment to include community-based care coordination in Ohio's Medicaid State Plan
   - An 1115 waiver application to cover housing and nutrition services

Capacity to provide health-related social needs services in Ohio

There are many organizations providing potentially Medicaid-reimbursable health-related social needs (HRSN) services in Ohio. In order to quantify the amount of service providers in the state, HPIO requested data from the 2-1-1 referral network. The organizations captured in the data represent entities receiving referrals from 2-1-1 agencies across the state. The methodology for this analysis, including limitations, can be found in the **appendix**.

There are many organizations across Ohio providing HRSN services for housing, nutrition and care coordination. They include non-profit organizations, religious organizations, healthcare providers and local government entities (displayed in figure 3).

Figure 3. **Number of organizations providing potentially Medicaid-reimbursable HRSN services, by provider and service type, Ohio**

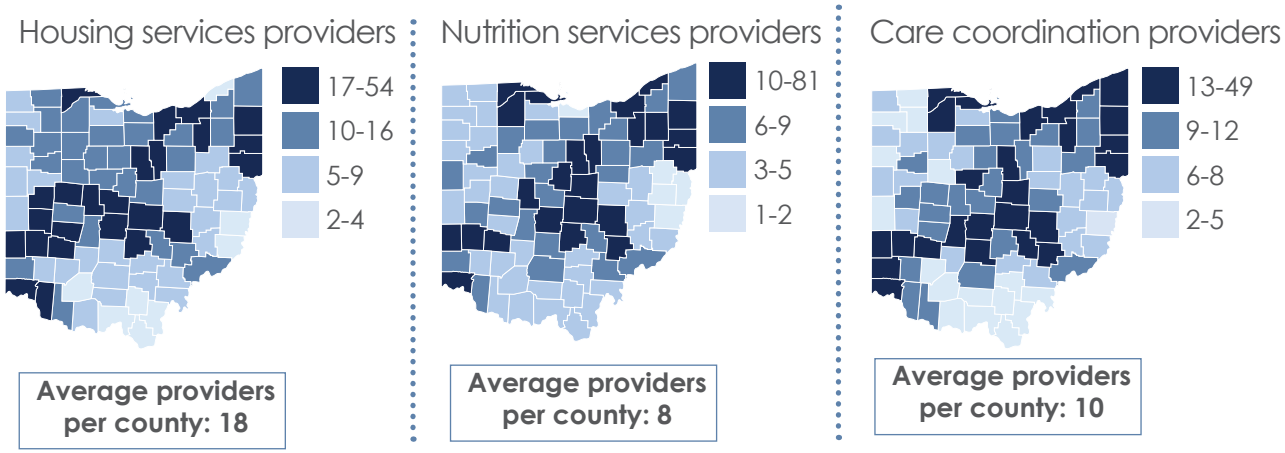
Provider type	Number of providers		
	Housing services	Nutrition services	Care coordination services
Community non-profits, including organizations serving children, older adults, people with disabilities and people in recovery	124 (22.3%)	56 (14.2%)	94 (24.9%)
Religious organizations	88 (15.8%)	88 (22.3%)	29 (7.7%)
Independent non-profit housing or nutrition service providers, such as Habitat for Humanity and Meals on Wheels	89 (16.0%)	47 (11.9%)	11 (2.9%)
Local government, including county commissioners, housing authorities, and children services	64 (11.5%)	49 (12.4%)	24 (6.3%)
Healthcare providers, including federally qualified health centers or behavioral health treatment providers	34 (6.1%)	29 (7.3%)	44 (11.6%)
Community Action Agencies	37 (6.6%)	19 (4.8%)	26 (6.9%)
Assisted living, senior centers and skilled nursing facilities	12 (2.2%)	19 (4.8%)	11(2.9%)
County developmental disability boards	16 (2.9%)	1 (0.3%)	24 (6.3%)
County job and family services	31 (5.6%)	1 (0.3%)	9 (2.4%)
Other organizations, such as advocacy organizations, businesses and national non-profits	19 (3.4%)	9 (2.3%)	11 (2.9%)
Local health departments	0 (0.0%)	20 (5.1%)	16 (4.2%)
2-1-1/United Ways	5 (0.9%)	3 (0.8%)	27 (7.1%)
Area Agencies on Aging	12 (2.2%)	11 (2.8%)	12 (3.2%)
Colleges or universities	0 (0.0%)	22 (5.6%)	2 (0.5%)
State agencies	9 (1.6%)	2 (0.5%)	5 (1.3%)
Foundations/philanthropy	10 (1.8%)	3 (0.8%)	2 (0.5%)
Pathways Community HUBs	1 (0.2%)	0 (0.0%)	14 (3.7%)
Foodbanks	0 (0.0%)	12 (3.0%)	2 (0.5%)
Local family and children first councils	0 (0.0%)	0 (0.0%)	11 (2.9%)
Federal government	5 (0.9%)	1 (0.3%)	3 (0.8%)
Community coalitions	1 (0.2%)	2 (0.5%)	0 (0.0%)
Medicaid managed care organizations	0 (0.0%)	1 (0.3%)	1 (0.3%)

Note: Data is a point in time count as of February 7, 2025
Source: HPIO analysis of Ohio 2-1-1 data, as compiled by the United Way of Summit and Medina

Ohioans across the state are being served by the organizations listed in figure 3. While counties containing major cities (such as Cuyahoga, Hamilton and Franklin) have the most service providers, as expected, other counties such as Montgomery, Greene, Mahoning and Preble also contain a large number of providers. For all service types, rural and Appalachian counties had a lower median number of service providers (as displayed in figure 4).

Figure 4. **Potentially Medicaid-reimbursable HRSN services, by county, Ohio**

There are higher concentrations of providers in the three metropolitan areas, with fewer providers in Appalachia and northwestern Ohio.

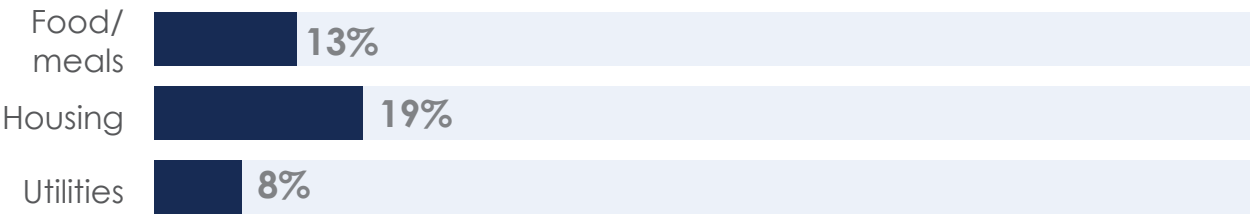


Note: Data is a point in time count as of Feb. 7, 2025
Source: HPIO analysis of Ohio 2-1-1 data, as compiled by the United Way of Summit and Medina

Despite the large number of organizations providing potentially Medicaid-reimbursable HRSN services in Ohio, there continue to be unmet HRSN needs (shown in figure 5). As of February 7, 2025, Ohio 2-1-1s reported that 19% of the housing needs they received could not be referred to a service provider; 13% of food needs and 8% of utility needs also went unreferred.

Figure 5. **Unmet need for HRSN services**

The percent of people who called 211 with a housing or nutrition need and could not be referred



Note: Data is a point in time count as of February 7, 2025
Source: HPIO analysis of Ohio 2-1-1 data, as compiled by the United Way of Summit and Medina

Common reasons that housing and nutrition needs are unmet include:

- The needed service is unavailable
- Appointments are full or the service is at capacity
- The caller needs but is not eligible for the service
- The caller has already used the available service, but still has an unmet need
- The service is too far away or transportation is unavailable

Providing opportunities for housing and nutrition service providers to bill Medicaid can increase the capacity of these services and help to reduce unmet need.

Notes

1. HPIO analysis of Ohio Department of Medicaid Demographic and Expenditure dashboard (Accessed Jan. 22, 2025) and U.S. Census Bureau, American Community Survey (2023 1-year estimates)
2. HPIO analysis of Ohio fiscal year expenditure from total Ohio spending from OBM Interactive Budget, Ohio Checkbook, accessed on September 27, 2024. **https://checkbook.ohio.gov/State/Budgets/default.aspx?BudgetFunds=All**
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Acknowledgments

Authors

Hailey Akah, JD, MA
June Postalakis, BS
Jacob Santiago, MSW

Contributors

Amy Rohling McGee, MSW
Nick Wiselogel, MA
Édith Nkenganyi, BA

HRSN core team leaders

Amy Riegel, Executive Director, COHHIO
Jenelle Hoseus, Chief Policy and Partnerships Officer, Health Impact Ohio
Angela Weaver, Director of Regulatory Affairs Relations, Ohio Association of Health Plans
Stephanie Gilligan, Assistant VP, State Government Relations Ohio State University Wexner Medical Center
Grace Wagner. Director of Health Initiatives, Ohio Association of Foodbanks

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