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Partnership
to Align Social Care

A National Learning
& Action Network

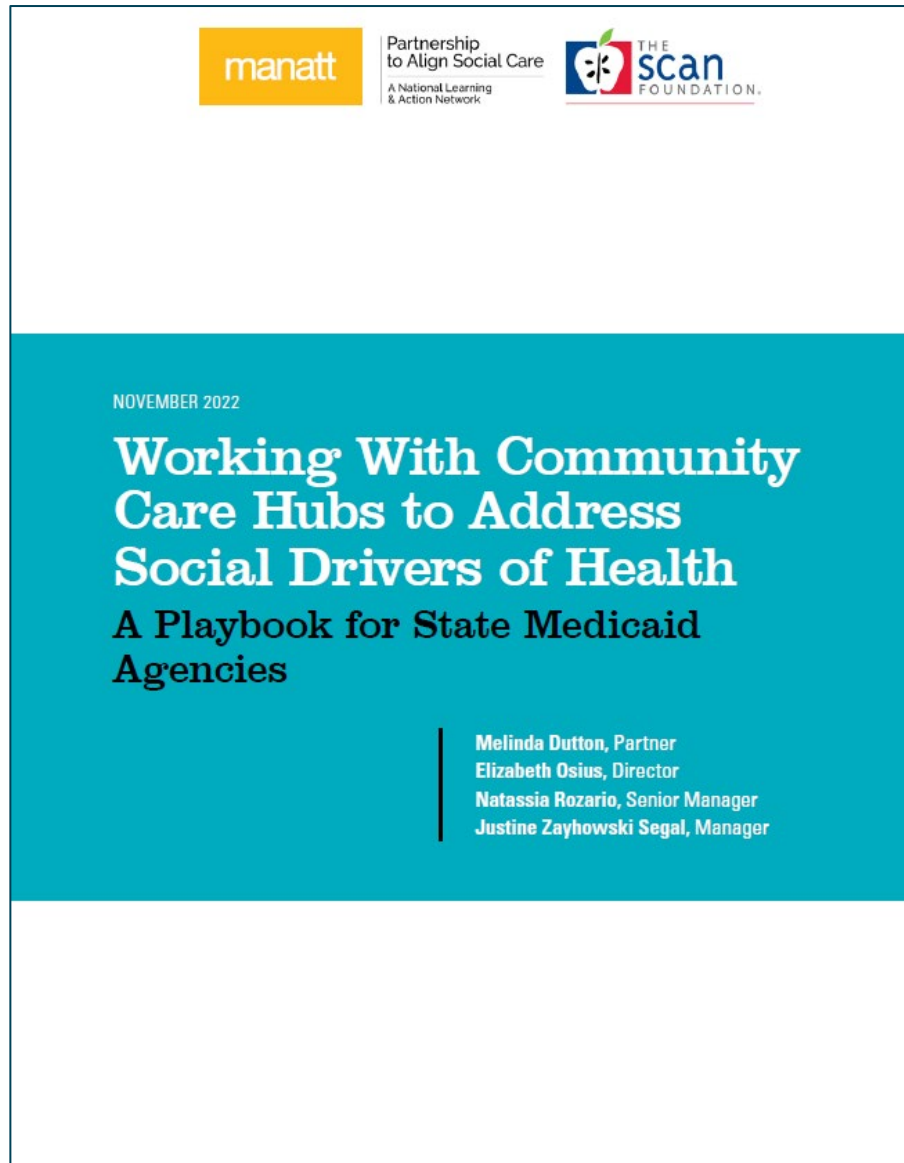


Working with Community Care Hubs to Address SDOH: A Playbook for State Medicaid Agencies

November 18, 2022

- **Context & Speakers**
- **Introduction to Community Care Hubs**
- **How State Medicaid Agencies Can Work with Community Care Hubs to Address SDOH**
- **Panel Discussion: On-The-Ground Experiences of Medicaid Agencies, CCHs, and Health Plans**

Context & Speakers



Goals of the Playbook

- The Playbook addresses:
 - What a community care hub is
 - How community care hubs can help state Medicaid agencies address SDOH
 - Practical strategies and resources for engaging with CCHs to address SDOH and improve health and health equity



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Introduction to Community Care Hubs

What is a Community Care Hub?

Definition: A community-centered entity that **organizes and supports** a network of community-based organizations (CBOs) providing services to address health-related social needs. A Community Care Hub (CCH) **centralizes administrative functions and operational infrastructure**, including but not limited to, contracting with health care organizations, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting.

A CCH has **trusted relationships** with and **understands** the capacities of **local community-based and healthcare organizations** and fosters **cross-sector collaborations** that practice **community governance** with authentic **local voices**.

Source: Partnership to Align Social Care

Core Features

- Developing and maintaining a network of CBOs
- Advancing a collective vision for CBO-health care partnerships, SDOH initiatives and health equity
- Centralizing administrative and operational infrastructure
- Managing financial resources



The CCH model has deep roots in efforts to serve populations who are aging and disabled, but continues to evolve.

Area Agencies on Aging and Centers for Independent Living

- Funded by the U.S. DHHS, Administration for Community Living (ACL), AAAs and CILs:
 - Provide information, referral assistance and social care navigation services
 - Manage a local network of CBOs that deliver comprehensive community-based services to older adults and persons with disability
 - Have evolved to form CCHs

Example: Virginia Area Agencies on Aging Cares ([VAAACares](#)). Comprised of 25 AAAs. Contracts with Medicaid, Medicare and private MCOs and health systems to provide care transitions, care coordination and case management for LTSS.

Pathways Community HUB model

- The Pathways Community HUB Institute® Model (PCHI® Model):
 - Uses tools to identify and address social and health risk factors at the individual and community levels.
 - Relies on the HUB entity, a neutral entity that provides infrastructure for a network of care coordination agencies that hire CHWs to help address needs ranging from postpartum to housing and behavioral health.

Example: [Northwest Ohio Pathways Hub](#). Consists of 11 care coordination agencies and has funding partnerships with various organizations, including the CDC, Medicaid managed care organizations and local foundations. Established to address high rates of low-birthweight births and infant mortality, especially among Black infants. Has expanded to address diabetes, heart disease, and other chronic conditions.

How State Medicaid Agencies Can Work with Community Care Hubs to Address SDOH

How Medicaid Agencies & CCHs Can Collaborate to Address SDOH

The Playbook focuses on how state Medicaid agencies can best collaborate with CCHs to support efficient, effective and sustainable CBO-healthcare organization partnerships--specifically to:

Engage
Communities

Expand
Community
Capacity

Promote
Operational
Excellence


Create Pathways
to Financial
Sustainability

Look Upstream

- CBOs and healthcare entities have historically operated in silos, with different cultures, missions, funding sources, financing mechanisms and regulatory policies.
- CCHs can build buy-in and trust among CBOs and healthcare partners to bridge these two worlds and gather feedback from a diversity of community voices to inform state SDOH efforts.

Strategies

- ✓ Support relationship-building among key players
- ✓ Integrate authentic community voices and equity principles into all stages of planning and implementation



Washington leveraged [1115 waiver](#) authority to expand nine regional “[Accountable Communities of Health](#)” (ACHs), originally established through a [CMS State Innovation Grant](#). ACHs are designed to be neutral conveners that coordinate across local communities and the health care delivery system. ACHs work on specific healthcare and social needs-related projects to improve the health of their communities as a whole.


ACHs must submit [semi-annual reports](#) in which the ACH attests that its organizational structure has a diverse and representative decision-making body and that it has conducted meaningful communication, outreach and engagement activities for community members. Demonstrated achievement on progress reporting is required for an ACH to earn [incentive](#) payments under the state’s DSRIP program.

[WA ACH Reporting template \(July 1, 2021- December 2021\)](#)

- CCHs and CBOs operate on narrow margins and may need additional resources to enter into new contracts and manage increased demand for services.
- CCHs can help deploy capacity expansion investments in their CBO network, including managing requests for and distribution of funding and monitoring its use and impact.

Strategies

- ✓ Provide upfront funding to support CCHs and CBOs
- ✓ Support training and technical assistance to CCHs, their CBO network, and partnering healthcare organizations



New York: Building upon its earlier SDOH initiatives with an eye toward scalability and sustainability, New York’s pending [1115 waiver amendment](#) proposes to establish regional Social Determinants of Health Networks (SDHNs), comprised of a lead entity that will develop and manage CBO networks. The CBOs will provide evidence-based interventions to address social care needs that will improve health outcomes.


The pending 1115 waiver requested between \$92.5 million and \$185 million per year for its SDHNs’ expenses related to initial network infrastructure, referral systems, staffing, CBO coordination activities, capacity building of CBOs and contracting.

Promote Operational Excellence

- Efficient and equitable CBO-healthcare partnerships require infrastructure and business practices that promote operational excellence and accountability.
- CCHs can help clarify roles/responsibilities in written contracts, gather CBO feedback to inform improvements in the partnerships and support infrastructure selection, investment and implementation.

Strategies

- ✓ Ensure key players having a clear understanding of each other's roles and responsibilities
- ✓ Balance the need for standardization and accountability with flexibility to adapt to community needs
- ✓ Support the development of the IT and data exchange infrastructure needed for service referrals, payment, program monitoring, evaluation and oversight



North Carolina: Received federal approval through its [1115 waiver](#) to spend up to \$650 million in Medicaid funding to implement the “[Healthy Opportunities Pilots](#),” which evaluate the impact of SDOH interventions related to housing, food, transportation and interpersonal safety and toxic stress on high-need Medicaid enrollees’ health outcomes and health care costs.

In each of the three geographic regions where the Pilots are operational, a Network Lead develops a CBO network that provides social services to eligible Medicaid managed care enrollees.

North Carolina requires its Medicaid managed care organizations (MCOs) to contract with the Network Leads and collaborated with its Network Leads and MCOs to develop model contracts to support [Network Lead-MCO](#) and [Network Lead-CBO](#) contracting.

Create Pathways to Financial Sustainability

- Achieving long-term sustainability for CBO-healthcare partnerships can be challenging for various reasons: historic underfunding of social care, complexities of integrating industries that are financed differently, and relying on an emergent evidence base
- CCHs can help overcome these barriers—they understand communities' social service demand/costs, are aware of more diverse funding resources (e.g., local philanthropies and programs) and can build consensus on metrics of success

Strategies

- ✓ Provide adequate reimbursement for health-related services
- ✓ Collaborate with other federal, state, local and non-profit/private organizations to align resources
- ✓ Support evaluation frameworks and outcome measurements to identify long-term value

Ohio:

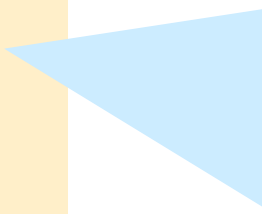
- [Ohio's baseline managed care contract](#) requires plans to provide pregnant members with specialized services—including care coordination that links the member to needed employment, housing, education, social and medically necessary services—through community health workers or public health nurses employed by or under contract with a qualified community hub.
- Under the [Financial Alignment Initiative](#), [Ohio's three-way contract](#) between the state Medicaid agency, CMS and health plans, Ohio requires its health plans for dually eligible Medicare and Medicaid enrollees to contract with the state's AAAs for coordination of Home and Community-Based Services (HCBS) provided under 1915 waivers.



State Medicaid agencies seeking to address SDOH and health equity have an opportunity to contribute to broader, collective efforts to invest in their communities—going beyond addressing individuals’ immediate social needs. This requires multiple stakeholders—including other federal, state and community partners—coming together and keeping the following principles in mind:

Principles for Upstream Efforts

- ✓ Community revitalization is key to achieving health equity
- ✓ Addressing racism is central to health equity and addressing SDOH
- ✓ Health equity and SDOH solutions require a resilient and diverse workforce



Oregon’s Coordinated Care Organizations (CCOs) are encouraged to provide health-related services, including “community benefit initiatives” (CBIs)—community-level interventions focused on improving population health and health care quality for CCO members and non-members. Examples of CBIs include funding a CBO to hire a CHW to provide low-income families in affordable housing communities with on-site supports and investing in community resource and referral technology integration with providers’ electronic health records.

As part of the “Supporting Health for All through Reinvestment (SHARE) Initiative,” CCOs are also required to invest a portion of net income or revenue on services to address health inequities and the social determinants of health and equity (SDOH-E).



Panel Discussion: On-The-Ground Experiences of Medicaid Agencies, CCHs, and Health Plans

On-The-Ground Experiences of Medicaid Agencies, CCHs, and Health Plans



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Q&A

During our discussion, please submit any questions you have for the panelists through the Zoom Q&A feature

*Co-Designing A Social Care
Delivery System*

*Leading the Way on Aligning
Health and Social Care*

Partnership to Align Social Care

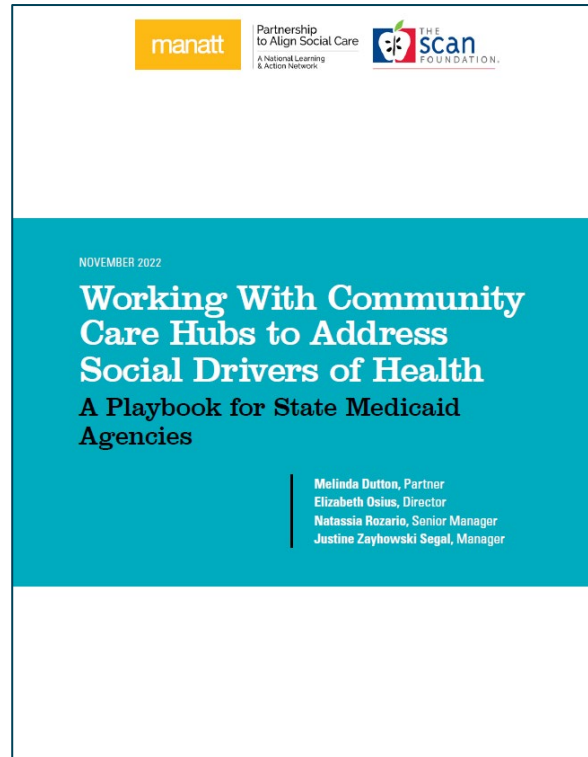
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*Building Sustainable CBO
Network Capacity*

Envisioning an Ideal State

Thank you!

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**Download the
Playbook**

Thank you for taking the time to attend today's webinar.

Following this presentation, you will receive:

- A copy of the Playbook
- A link to the webinar recording

Please feel free to reach out to Melinda Dutton (mdutton@manatt.com) with any questions.

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