Greater Health Now Presents:

The Role of a Community Hub in Waiver 2.0

- PCTM Shared Learning Webinar
- March 28, 2024

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Today's Agenda

- Welcome-Laurel Avila
- Introductions
- Becky Betts, DNP RN CRRN, Chief Operating Officer, Greater Health Now
- Question and Answer
- Evaluation

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First Quarter Reporting Due April 30!

- Please sign in and make sure everything is in working order
- Questions?

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Introductions

Please take a moment to introduce yourself:

- Name
- Organization
- The Community Based Organization you work with most often

Type your name and organization in the chat so we can give you credit for attending today.

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The Role of the Community Hub in Waiver 2.0

Presentation by Becky Betts, DNP RN CRRN,
Chief Operating Officer, Greater Health Now

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- Greater Health Now, established in 2015 is one of 9 regional Accountable Communities of Health(ACH) funded by the Center for Medicaid Services (CMS) through the WA State Health Care Authority (HCA). Each ACH is an independent 501C3 organization, not a state agency.
- ACHs were established under the CMS Medicaid Transformation Project to develop innovative strategies to increase population health outcomes.
- Greater Health Now is the largest ACH in the State of WA by territory, serving 9 counties throughout Southeast WA, and the third largest in the state by Medicaid lives served.
- 1. Healthier Here (Seattle area) 2. North Sound ACH at 15%. 3. Greater Health Now at 14%

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MTP 2.0: Terminology and Acronyms

Health Related Social Needs (HRSN)

- *An individual's unmet, adverse social needs that contribute to poor health resulting from their community's underlying SDOH.*

Community Based Care Coordination (CBCC)

- *Locally based supports for individuals and families across the continuum of care that reduces fragmentation, improves access, and meets HRSN needs.*

Community Hub

- *A community-centered entity that organizes and supports a network of contracted case management agencies*

"Case Management"

- *Refers to designated activities for the purpose of assessing and supporting a client's HRSN needs. Often used interchangeably with care coordination, navigation, and care management*

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Bird's Eye View: MTP 2.0

Accelerating care delivery and payment innovation focused on health-related social needs (HRSNs) and equity through:

- *Community based care coordination hubs – aka "Community Hub"*
- *Community-based workforce*
- *Statewide Tribal Hub (HCA)*
- *Re-entry for short-term pre and post release services from corrections settings (TBD)*
- *Health Equity programs (TBD)*

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MTP 2.0: What it Is and is Not

What it IS

An opportunity to partner with Greater Health Now to:

- Deliver CBCC services through the Community Hub
- Build capacity/infrastructure for providing CBCC
- Receive workforce support through FTE funding, training/TA, and infrastructure investment
- Contribute to and partner with a network of Hub case management partners
- Serve community members through case management
- Integrate into a Client Management System (CMS)

What it's NOT

Unrestricted, flexible funding to:

- Sustain current care coordination and case management programs that are NOT part of the Community Hub
- Resource community/clinical innovation projects
- Support integrated care efforts
- Initiate workforce or career pipeline programs (unrelated to Community Hub)
- Implement population health management tools

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Key Differences Between MTP 1.0 and 2.0

MTP 1.0

- Flexible.
- Broad scope.
- ACHs had broad autonomy to choose projects and approaches, and how to invest the MTP 1.0 funds.
- Greater Health Now largely provided flexible funds for partners to invest in capacity building and developing infrastructure with minimal oversight.
- Deliverable based contracts.

MTP 2.0

- More prescribed, less flexible.
- Narrower focus.
- Specific role for ACHs- to be a Community Hub and deliver case management and HRSN services to the community.
- Hub funding will support capacity building for Hub Case Management partners and reimbursement for services provided by contracted HRSN benefits providers.
- Contracts for service delivery.

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WA's 1115 Walver Renewal: What Got Approved

- Continuous Apple Health enrollment for children, ages 0-5
- Apple Health postpartum coverage expansion
- Full Medicaid coverage for individual up to 193 percent poverty through 12th month of post-partum period
- Contingency management for SUD (substance use disorder) treatment
- Program innovations that support older adults, including expanded eligibility and presumptive eligibility to support access and enrollment
- Continuation of a variety of authorities from previous waiver – e.g. foundational community supports, residential treatment for SUD
- Re-entry coverage for individuals leaving a prison, jail, or youth correctional facility
- Programs that address health-related social needs (HRSN)

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Addressing Health Related Social Needs

- Community-based care coordination hub for social care needs
  - ACH Community Hubs and a Native Hub
  - Includes funding for significant investments into the Community-Based Health Workforce

- Funding for Health-Related Social Needs (HRSNs)
  - Specific menu of services for target populations

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Health Related Social Needs (HRSN)

- Washington is taking advantage of an opportunity CMS has made available to states to address the health-related social needs of Medicaid members

- HRSNs are a set menu of services made available to any Medicaid beneficiary who meets the eligibility criteria
  - Washington's menu includes some housing and housing transition supports, nutrition supports, environmental remediation/adaptation (asthma, lead, air conditioners, etc.), stabilization centers, day habilitation programs, care respite services.

- These services will be phased in over the five years of the Waiver renewal (not all at once)

- All of the implementation detail for these services still needs to be worked out, including:
  - Rates
  - How members will access services
  - Role of ACH Community Hubs in managing these services

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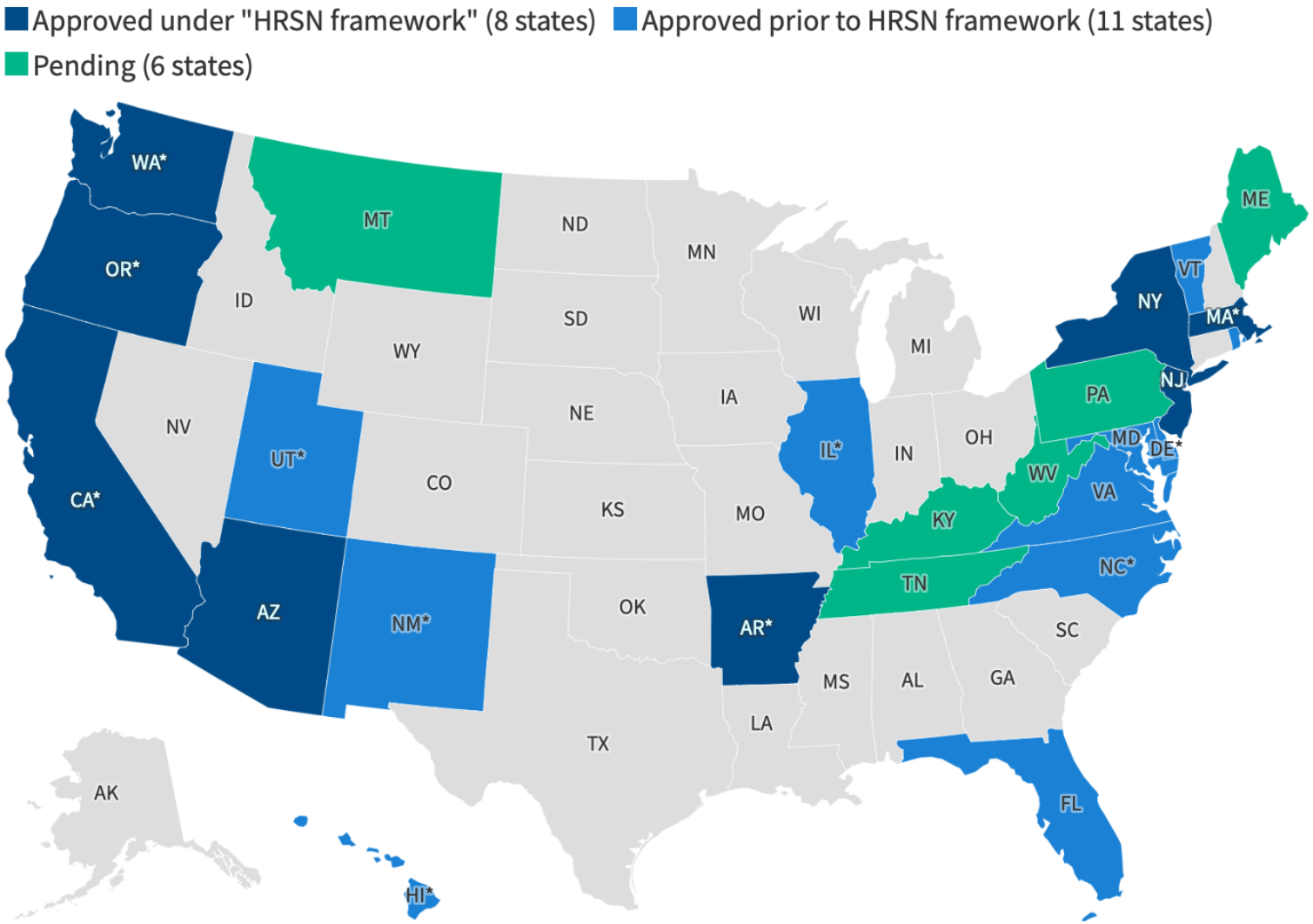
Section 1115 Waivers with Provisions Related to Social Determinants of Health (SDOH), as of February 2024



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What ACH Community Hubs Will DO

- Organize community partners into a regional network of social care providers, creating a single point of contracting for HRSNs and other social care needs
- Make significant investments to expand and strengthen the community-based health workforce in each region for high-touch social care coordination
- Work with partners to establish and maintain a regional closed-loop referral network for HRSNs and other social needs utilizing a technology platform
- Facilitate the implementation of a uniform social needs assessment and screen (or assure partners screen) Medicaid enrollees for social needs
- Report on identified needs, utilization, outcomes and performance metrics
- Monitor for social care “network adequacy” and report on service gaps
- Provide technical assistance, training and capacity-building support to social care providers, including quality improvement and shared learning

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Equity is Central to Community Hubs

- Equity is central to the core work of ACH Community Hubs
- Authentic and sustainable community engagement is needed to develop solutions that lead to inclusive and lasting progress toward health equity
- ACH Community Hubs will invest in and support trusted, community-centered, culturally and linguistically effective organizations
- ACH Community Hubs will also strengthen the voice of these social care providers in the delivery system
    - This is an important shift toward recognizing new voices essential to advancing equity goals
- Centralized data collection and reporting on identified social needs, available services and gaps and outcomes will be important contributions to advancing equity

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Waiver Implementation is Complicated

- Washington's Waiver has been approved (effective July 1, 2023) but there are still hurdles to get through before implementation can begin
  - CMS requires approval of "protocols" and other implementation plans

- It might seem insane to be more than half-way through the first year of the Waiver renewal without clarity about budgets or implementation plans, but it is not unusual

- HCA has submitted high level protocols for Community Hubs and HRSNs but there is still a lot of detail to figure out, including final budgets
  - Initial funds ("Infrastructure Funding") expected soon (April/May 2024?)
  - Funds to support Community Hub operations (Case Management rate) expected Summer 2024

  - ACHs will have to demonstrate "readiness" to receive services funding
    - HCA has not yet defined this

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Why Community-Based Care Coordination?

- During the first 5 years of the MTP waiver, HCA identified community-based care coordination (CBCC) as a significant strategy for improving the health of Medicaid enrollees.

- Throughout MTP 1.0, CBCC also emerged as an area of high potential for ACHs to have actionable impact, particularly with the positionality to:

  - *Be a neutral convener*
  - *Build trusted relationships with regional partners*
  - *Steward regional funding*
  - *Provide training, TA, and QI support*

- In MTP 2.0 ACHs have a specific role- to serve as Community Hubs for community-based care coordination and delivery of Health-Related Social Needs (HRSN) services.

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How Will this Benefit Our Communities?

- Through CBCC services and HRSNs, the Community Hub will help individuals and families in our South Central Region more easily connect to supports and resources to achieve their optimal health and wellbeing
- Improved navigation of the health and social services systems
- Access to culturally responsive services for communities by people in their communities
- Improved coordination across sectors
- Improved advocacy for resource and access needs through the availability of robust data
- Large scale community-based workforce support

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What about GHN as a Community Hub?

Under MTP 2.0, a Community Hub is a community-centered entity that **ORGANIZES** and **SUPPORTS** a network of **HUB CASE MANAGEMENT PARTNERS** providing

1) Case management services and
2) Connecting people to health-related social needs services

A Hub Centralizes Administrative and Operational Functions/Infrastructure Including:

- Contracting with case management partners
- Payment operations
- Managing and assigning referrals
- Service delivery compliance
- Technology infrastructure
- Information security
- Data collection & reporting
- Training/TA/QI support

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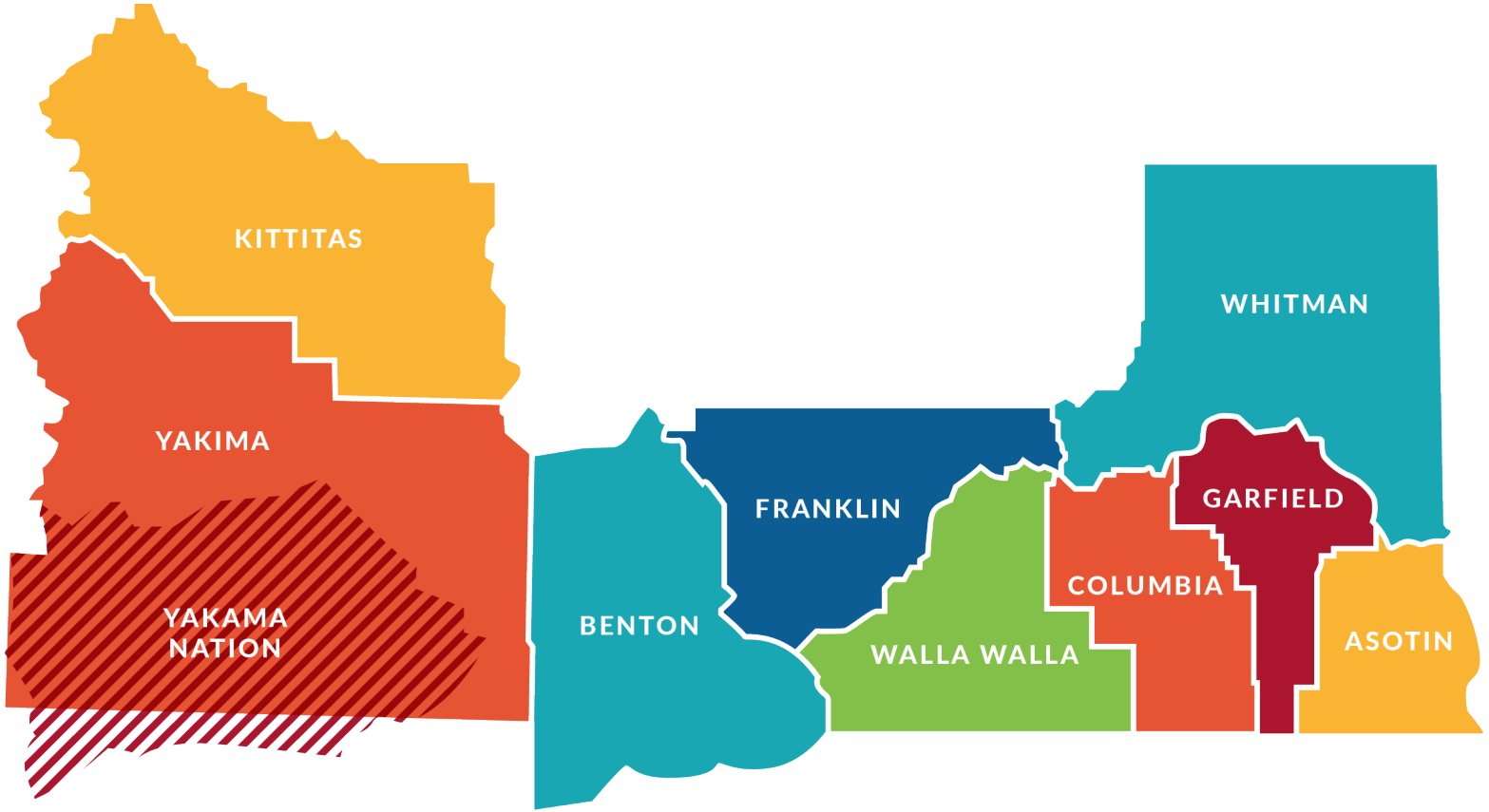
Hub Formation Task Force

Final Recommendations and Next Steps



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Community Hub Work to Date

Fall of 2022

- Shared various Community Hub models with GHN and partners to develop shared understanding
- Interviewed leaders from all 9 counties
- Synthesized interviews and identified county/ regional differences and similarities
- Compiled recommendations including the formation of a Task Force

Winter/ Spring/ Summer 2023

- Interviewed CBOs and MCOs
- Launched Community Hub Formation Task Force
- Developed recommended Hub Framework
- Held discussions surrounding Hub attributes
- Cross-walked identified needed attributes with other successful models around the country
- Facilitated Task Force wrap up
- Outlined recommendations for Hub Advisory Council

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Task Force Members

County	Participant	Agency	Sector
Kittitas	Robin Read	Kittitas County Health Network	CBO
Yakima	Rhonda Hauff	Yakima Neighborhood Health Services	FQHC
Yakima	Dr. Maxine Janus	Heritage university	Education
Walla Walla	Ruben Hernandez	Walla Walla County Public Health	County Gov
Benton/ Franklin	LoAnne Ayers	United Way Benton and Franklin Counties	CBO
Garfield, Columbia, Asotin	Martha Lanman	SEWA	CBO
Columbia	Shane McGuire	Columbia County Health System	Health System
Whitman	Tahnee Runions	Rural Resources	CBO
Walla Walla	Everett Maroon	Blue Mountain Heart to Heart	CBO
Statewide	Kat Latet	Community Health Plan of Washington	MCO

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Key Takeaways

Local needs may differ from regional or statewide needs

Organizations are differently resourced and have different needs (training, TA, tech, staffing, capacity)

Incentives needed for participation in CIE

Referral agencies and those receiving referrals are differently resourced and staffed

Importance of CBO capacity building

Being a backbone organization may be more useful to some than others

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Interview Themes

CIE (technology)	Sustainability	Successes	Barriers
• Multiple platforms already in use • Beholden to multiple reporting agencies • Interoperability	• Restrictive funding streams • Unpaid work • Outcome based payment could be great - but a big lift	• Partnerships • MOUs • Shared staff • Community case conferencing • Collaboration • Trust	• Data sharing • Capacity • Getting people to use systems • Lack of funds for coordination • Unrealistic deliverables for small agencies

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Recommended Hub Attributes

(based on existing models and Task Force member feedback)

- Governance
- User Support & Capacity Building
- Technology
- Quality
- Communications
- Streamlined Contracting & Funding
- Standardized SDOH screenings
- Data and Analytics
- Evaluation and Interventions
- Equity Focused

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Greater Health Now's Community Hub

It is **EQUITY CENTERED**

Will **SERVE THE WHOLE COMMUNITY** through case management services (not just the Medicaid population)

- Many communities aren't Medicaid eligible but still have a need for case management.
- People cycle on and off Medicaid.
- A 'no wrong door' approach is consistent with GHN values.

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Forms and Supports a Network of Case Management Partners

- Community-based, Tribal led/serving, and clinical organizations
- Agencies receive referrals to provide case management services
- Honors & leverages the capacity of local organizations to provide culturally responsive services to community through a reflective workforce
- Fosters cross-sector collaboration across a network of agencies

It is the Centralized Place of Coordination for Referral to Community-Based Resources

- Central (not single) point of referral
- Role is to connect, coordinate, and collaborate on behalf of people who need support (outside clinical care)
- Provide warm handoff to connect people to clinical care when needed (in partnership with MCOs for their Medicaid enrollees)

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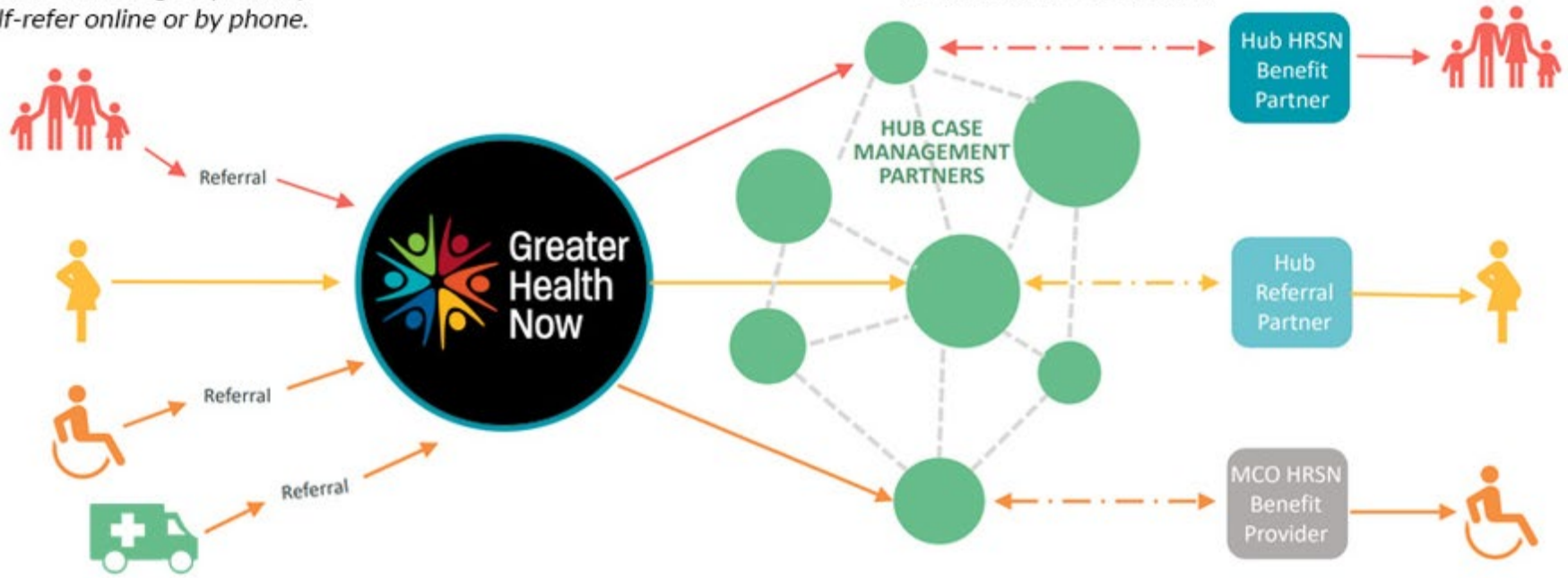
A Visual Representation of the Community Hub

Clients are referred to the Greater Health Now Hub by a CBO, Health Care Provider or Social Service Agency or may self-refer online or by phone.

Clients ore screened and referred to a HUB Case Management Partner based on cultural/ language match.

The Case Manager assesses the clients' needs and available benefits and connects them to Health Related Social Needs (HRSN) providers, then follows up to assure their needs are met.



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What We Still Don't Know

- **Contract details!** *(Special terms and conditions, protocols, payment methodology)*
- Which HRSNs will be approved and for which specific populations (Probably will be a phased approach)
- Mechanisms by which case managers and/or the Hub can verify clinical indication for HRSNs
- How Greater Health Now will be able to resource organizations for infrastructure needed to participate as a Hub Case Management partner
- Reimbursement for Hub Case Management partner contracts
- How the re-entry program will be structured and administered (2025)

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Questions?

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