

The Vital Role of Mobile Integrated Healthcare in Washington State's Community Care Hubs

Becky Betts | Chief Operating Officer
Greater Health Now | October 25, 2024

“The only time I don’t think about my miserable existence is when I am using”





HOMELESS!!
A LIL HELPS ALOT!!
THANKYOU!
GOD BLESS!! PRAYERS PLEASE!!
☺❤

“WHAT WE DON'T
NEED IN THE MIDST
OF STRUGGLE IS
SHAME FOR BEING
HUMAN.”
- BRENE BROWN



JUST DO GOOD

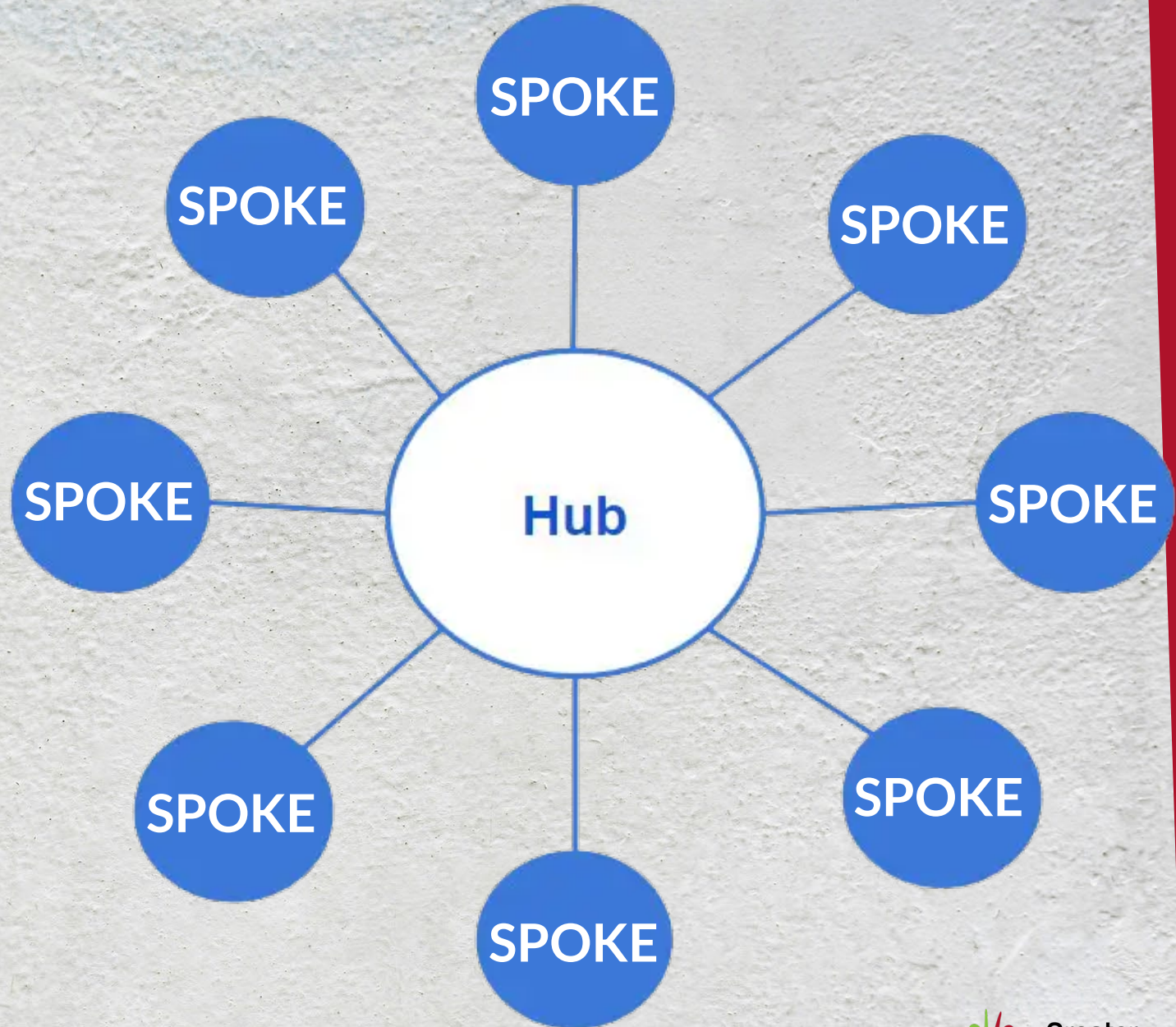
WHAT 2050 LOOKS LIKE



Healthcare systems, including EMS, are fully integrated with each other and with the communities in which they operate. Additionally, local EMS services collaborate frequently with their community partners, including public safety agencies, public health, social services and public works. Communication and coordination between different parts of the care continuum are seamless, leaving people with a feeling that one system, comprising many integrated parts, is caring for them.

The Role of the Community Hub in Waiver 2.0

Section 1115 Waivers





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

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

Health Related Social Needs (HRSN)

Washington State's In Lieu of Services (ILOS)

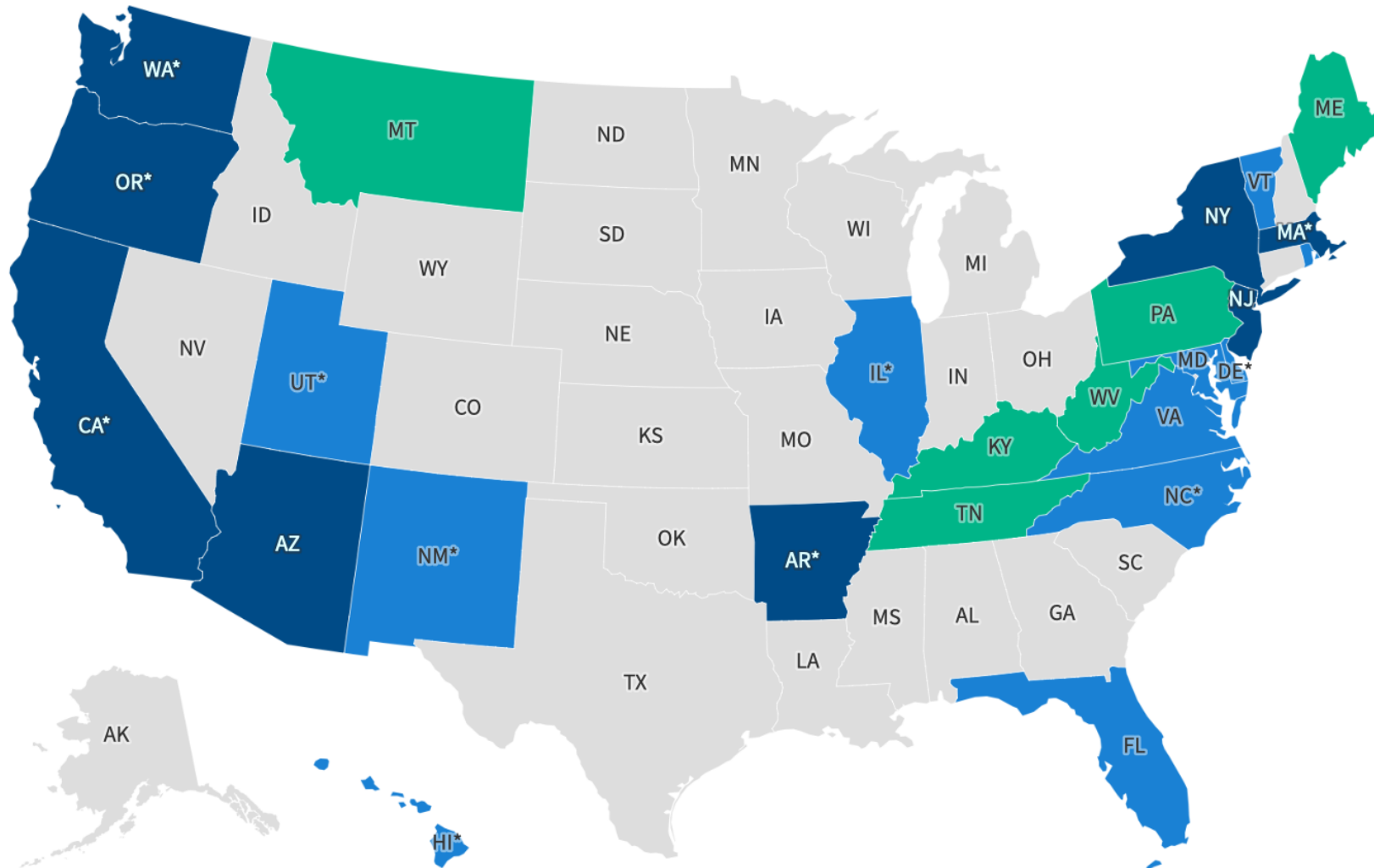
Authorizes payment to support a new menu of services:

- ▶ Nutrition supports
- ▶ Recuperative care and short-term post-hospitalization housing
- ▶ Housing transition navigation services
- ▶ Rent/temporary housing for up to six months
- ▶ Stabilization centers
- ▶ Day habilitation programs
- ▶ Caregiver respite services
- ▶ Case management: Community Hubs and Native Hub
- ▶ Community transition services: Personal care and homemaker and transportation services

Washington State
Health Care Authority

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

■ Approved under "HRSN framework" (8 states) ■ Approved prior to HRSN framework (11 states)
■ Pending (6 states)



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

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 **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:

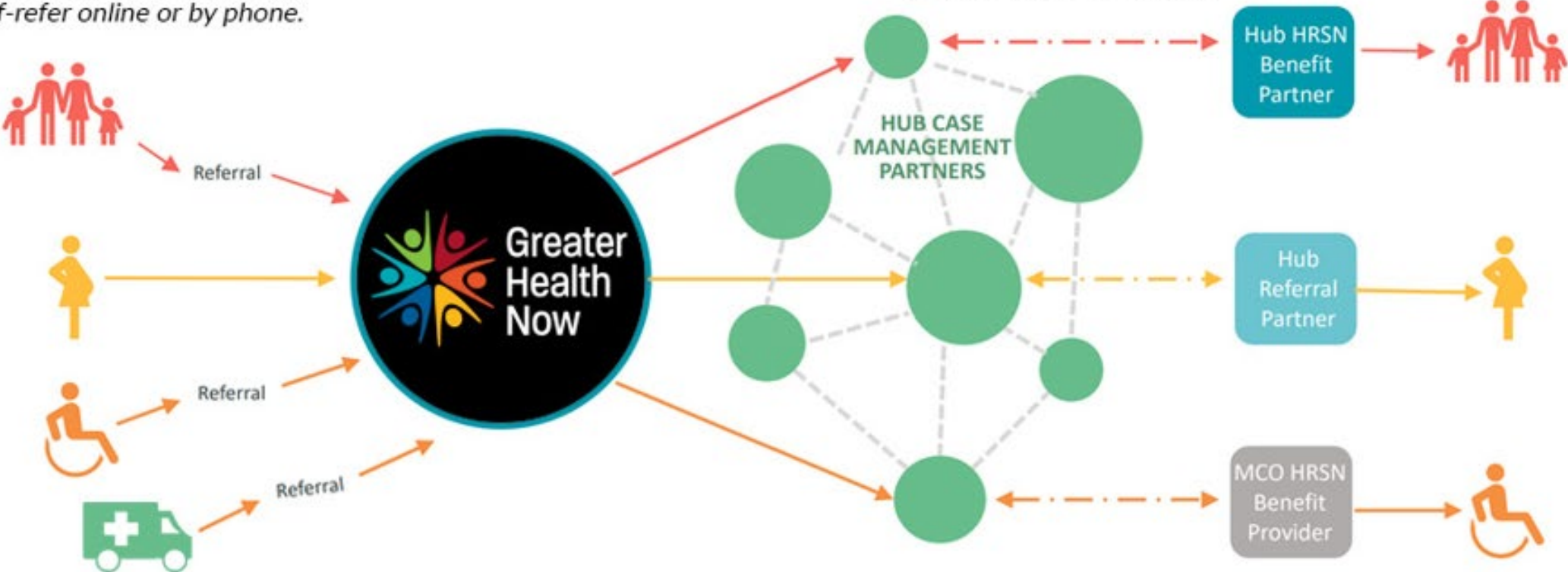
- Contracting with case management partners
- Payment operations
- Managing and assigning referrals
- Service delivery compliance
- Technology infrastructure
- Information security
- Data collection & reporting
- Training/TA/QI support

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 are 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.



“The best way to predict the future is to create it.”




Greater Health Now Hub is live

Referral form on the GHN website allows providers, individuals, and others to make referrals.

Email to the Community Hub Referral Management Specialist at hubreferrals@greaterhealthnow.org

Phone Number:
Coming soon!




CARE CONNECT
COMMUNITY HUB
HUB ADVISORY COUNCIL
TECHNICAL ASSISTANCE


Community Hub

Strengthening Community-Based Care Coordination

The Greater Health Now Community Hub is a community-centered entity that centralized referrals from across the GHN region to connect people to health-related social needs services and benefits. The Hub brings together community-based, behavioral health, and healthcare organizations to provide culturally responsive care coordination support for community members. The Hub's benefits and services are free for everyone.

The Greater Health Now Community Hub is gearing up for a new launch in mid-2024 through the Medicaid Transformation Project 2.0. Want to see where we're going and learn how your organization can get involved? Watch this space for resources and information coming soon.

[View the Presentation Slides](#) 

[Frequently Asked Questions](#) 

[Community Hub Referrals](#) 