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Administration for Community Living

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SDOH Learning Collaborative: Session 7 - Policy and Regulatory Initiatives to Address SDOH

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ACL's Primary Roles

- Implement critical disability and aging programs
- Serve as the advisor to the HHS Secretary on disability and aging policy
- Work with other HHS agencies, Departments and the White House on disability and aging policies, including:
  - HHS Office for Civil Rights, Centers for Medicare & Medicaid Services, Substance Abuse and Mental Health Services Administration, and the Centers for Disease Control and Prevention
  - Departments of Housing and Urban Development, Education, Labor, Justice, Veterans Affairs, and Transportation
- Engage a range of disability and aging stakeholders to inform policy development and implementation

Core Competencies and Services Offered by Aging and Disability Networks

- ACL funds over 20,000 community-based organizations in every state and in communities across the country
- Acute focus on high cost, high need populations
- Robust planning and assessment, expert knowledge/navigation of complex social services system
- Core services include:
  - Assessment for SDOH needs
  - Benefits eligibility and financial resource coordination
  - Care transitions
  - Case management
  - Housing assistance (eviction prevention, supportive services, home mods)
  - Information and referral
  - Nutrition assistance (home-delivered and congregate meals, access to SNAP benefits, food banks, etc.)
  - Social isolation support
  - Transportation assistance

Achieving Health and Social Care Alignment through CBO Networks

- When CBO networks partner with health care providers, the resulting alignment can lead to better outcomes and lower costs (Brewster et al. Health Affairs)
- Networks have the capacity to:
  - Deliver a broad scope of services
  - Expand and evolve populations served
  - Build stronger administrative infrastructures
  - Capitalize on economies of scale
  - Provide expanded geographic coverage
  - Offer “one-stop” contracting for variety of services/payers
  - Expand quality improvement initiatives

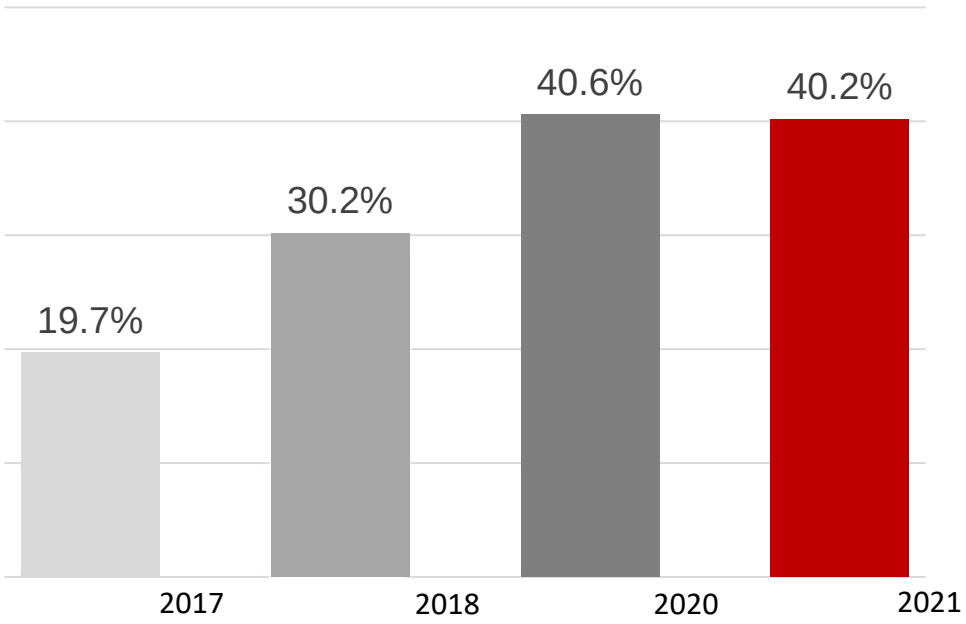
Community Care Hub

- Operational infrastructure for aligning health and social care for populations most at risk for adverse health outcomes
- Enables contractual relationships with health plans/systems
- Coordinates the services of the wider network of social services providers and is responsible for contractual relationships between health care and social services providers
- Takes the lead in governance responsibilities as it pertains to network composition, geographic reach, and performance/quality of contracted services
- Accountable to health care payers, CBO network providers, and individuals served

Essential Hub Functions (Enabled through a Lead Entity)

- Leveraging trusted relationships to develop, manage, support, and maintain accountability for a network of community service providers
- Securing and managing health sector contracts
- Managing claims, collections, and payments
- Establishing and maintaining centralized service and data standards, controls, infrastructure
- Implementing and/or overseeing a continuous quality improvement process for the CBO network
- Coordinating workforce development and training in partnership with the CBO network providers

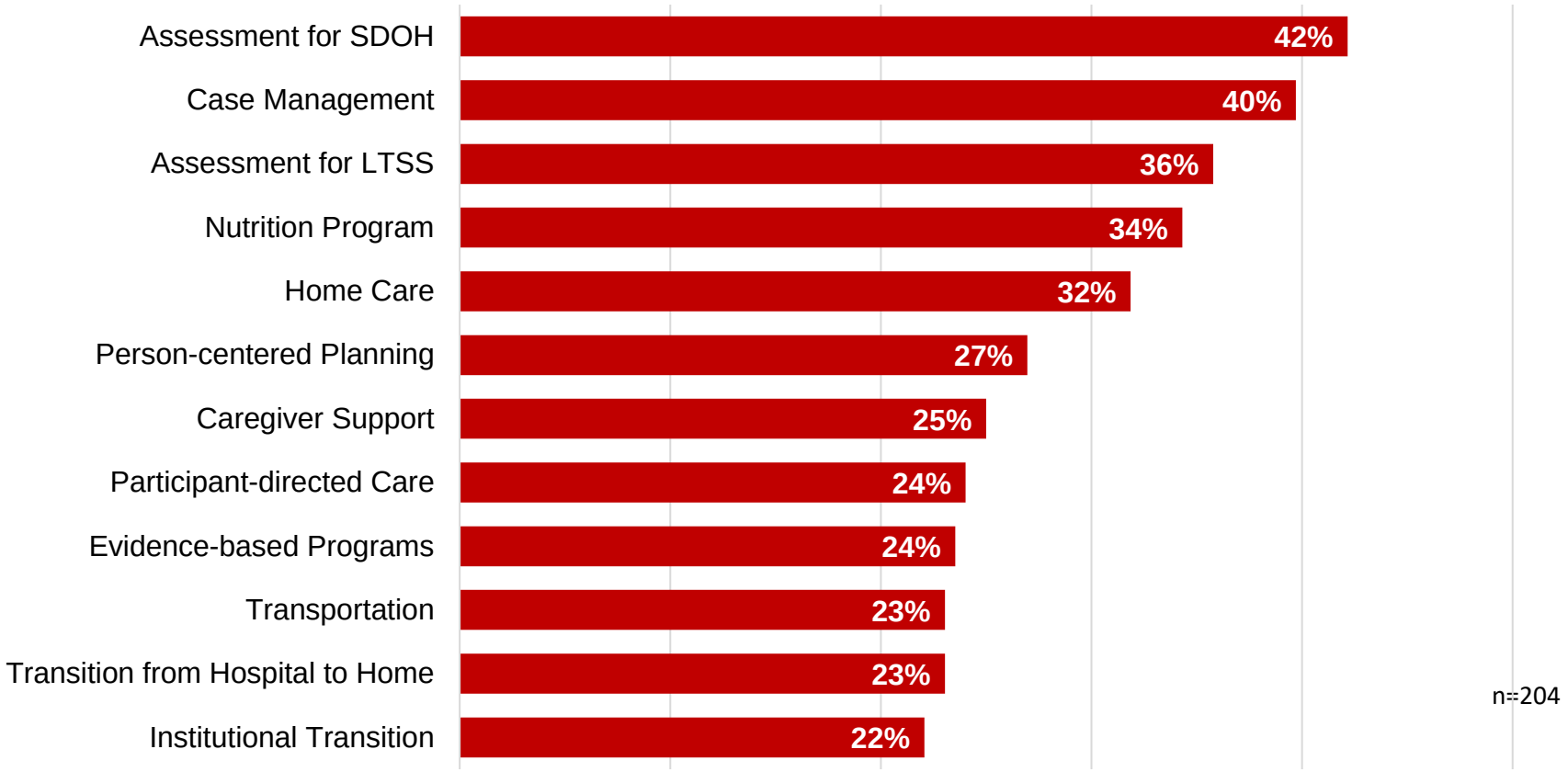
Percentage of Contracting CBOs who Contract as Part of Network



- **Network:** a coordinated group of CBOs that pursues a regional or statewide contract with a health care entity
- The proportion of CBOs that report contracting as part of a network has doubled since 2017 (a statistically significant increase)

Request for Information IV on CBO Contracting with Health Care Entities. Scripps Gerontology Center and USAging. https://www.aginganddisabilitybusinessinstitute.org/adbi-resource/contracting-between-community-based-organizations-and-healthcare-new-insights-from-the-2021-cbo-health-care-contracting-survey/

Most Common Services Provided through Contracts



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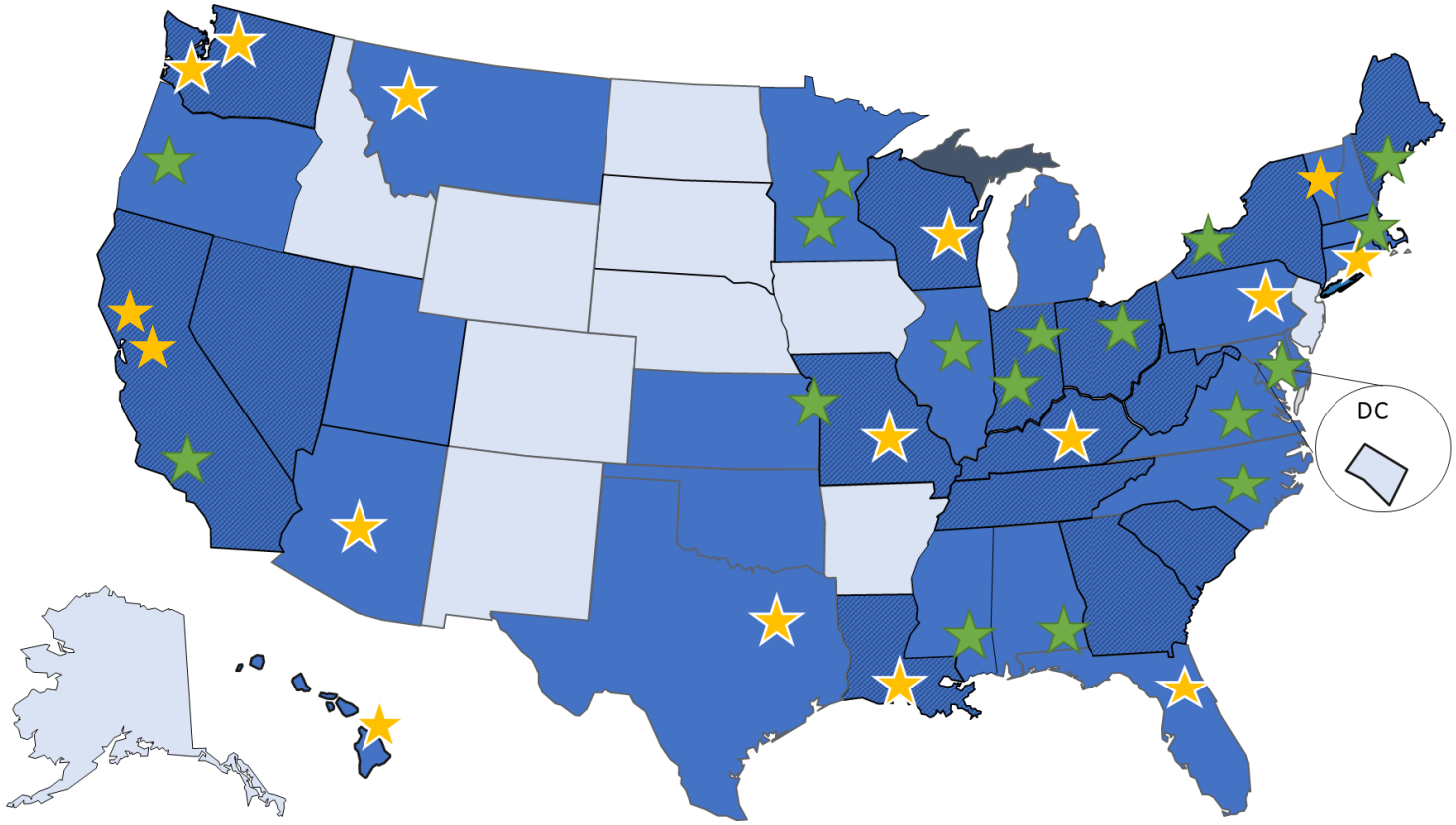
States with CBO Networks



Map Key:

Network activity has occurred

Network activity has occurred and GroundGame Health has current contract activity within the state

Network activity has not occurred

- Developing Hubs

- Established/Mature Hubs

Represents knowledge from ACL informal communication with state and CBO personnel.

Data last updated: March 2022, updated quarterly

Next Update: July 2022

Real Life Example of SDOH Integration

- Next Gen ACO in North Carolina completed a population health data analysis that revealed increased ED admissions for malnutrition
- ED implemented a food insecurity screen
- Positive screens referred to CBO network covering multiple counties in NC
- Network lead sends the referral to the appropriate CBO partner
- CBO conducts a full SDOH screen
- CBO develops a person-centered plan
- Interventions deployed
- Provided reports to the Next Gen ACO on the impact

NC Example – Patient Experience

- Medicare bene with repeat ED visits for falls and positive malnutrition screen
- Full SDOH assessment by CBO revealed:
  - In-home assessment found no working stove or microwave in the house
  - Significant fall risk throughout the house
  - Patient reports inability to meet insulin copayments for several months
  - Dual Eligible (Medicare + Medicaid)
  - Self-reports of social isolation and loneliness

NC Example – Patient SDOH Interventions Deployed

- SDOH Person-Centered Plan leveraged a braided funding approach to address identified needs:
  - Home-delivered meal voucher
  - Enrollment in SNAP
  - Community Development Block Grant for energy assistance
  - Local church donation of microwave and stove repair
  - Enrollment in Low-Income Subsidy for Medicare Part D to help pay insulin copayments
  - Enrollment in a LTSS Medicaid Waiver
  - Linkage to a local senior center depression intervention

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