COLORADO
Department of Health Care Policy & Financing
303 E. 17th Avenue
Denver, CO 80203

Expanding Health Related Social Needs Supports in Colorado Event

March 11, 2024

About the Event

The Department of Health Care Policy & Financing (HCPF) held a stakeholder event on March 11, 2024, to highlight existing and upcoming initiatives to expand, enhance, or pursue new health related social needs (HRSN) services offered through Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+). In recognition of the tie between social needs and health, the Centers for Medicare and Medicaid services (CMS) has created new opportunities for states to use Medicaid authority to expand services that meet members' HRSN. HCPF is directed through legislation to investigate the feasibility of expanding HRSN services in Colorado, and hosted a meeting with 207 participants, 344 registered, to share about these initiatives, answer questions, and collect initial input from stakeholders.

Meeting Materials

- Recording, including American Sign Language (ASL) interpretation.
- Presentation

Key Themes

- **Definitions**: Social determinants of health (SDOH) are the factors that influence health outcomes, such as the home environment or the wider set of forces and systems shaping the conditions of daily life. Health related social needs (HRSN) are needs that a person has as a result of the social determinants of health and impact a person's health and well-being. When HRSN like housing, food, or transportation are not met, individuals may experience poor health and health disparities across entire communities may be perpetuated.
- **Timeline:** Colorado House Bill 23-1300 "Continuous Eligibility Medical Coverage" directs HCPF to study the feasibility of HRSN service expansions or additions by January 1, 2026. If enacted, Colorado House Bill 24-1322 "Medicaid Coverage Housing & Nutrition Services" will add a study focusing on housing and nutrition HRSN service feasibility by November 10, 2024. If determined to be feasible, HCPF must seek federal authority by July 1, 2025.

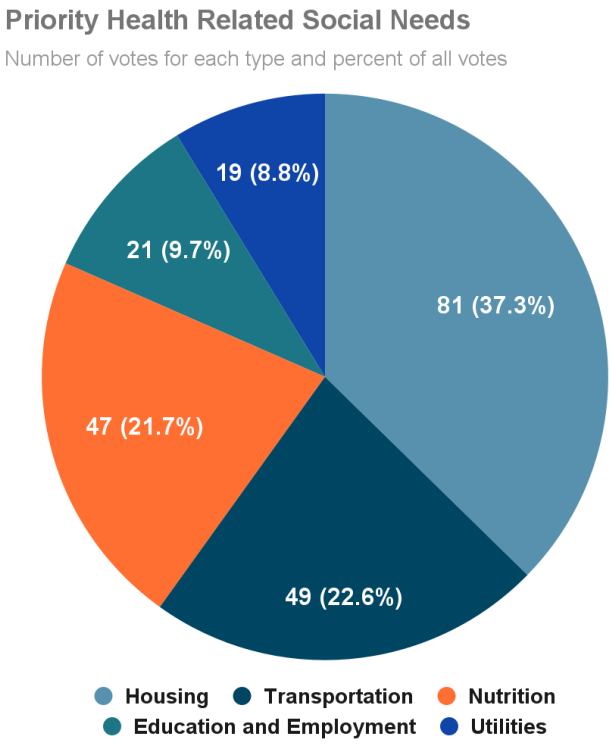
- **Coordination:** HCPF is coordinating with other state agencies who provide HRSN services to ensure our expansions supplement what they offer. HCPF also is coordinating with city and county governments, providers, and organizations that enroll members to ensure expansions support their work.
- **Eligibility, Providers, and Services:** Through the stakeholder engagement for these initiatives, HCPF will identify which services, providers, and populations are HRSN service eligible.

Poll Summary

Attendees participated in a poll to share their priorities related to HRSN services. Attendees were most interested in housing as HRSN and its associated services, supports, and eligibility considerations.

Poll 1: What do you see as the most pressing HRSN affecting you or the populations you serve?

Most respondents reported interest in housing related services, followed by transportation and nutrition.



Attendees shared additional HRSN to consider:

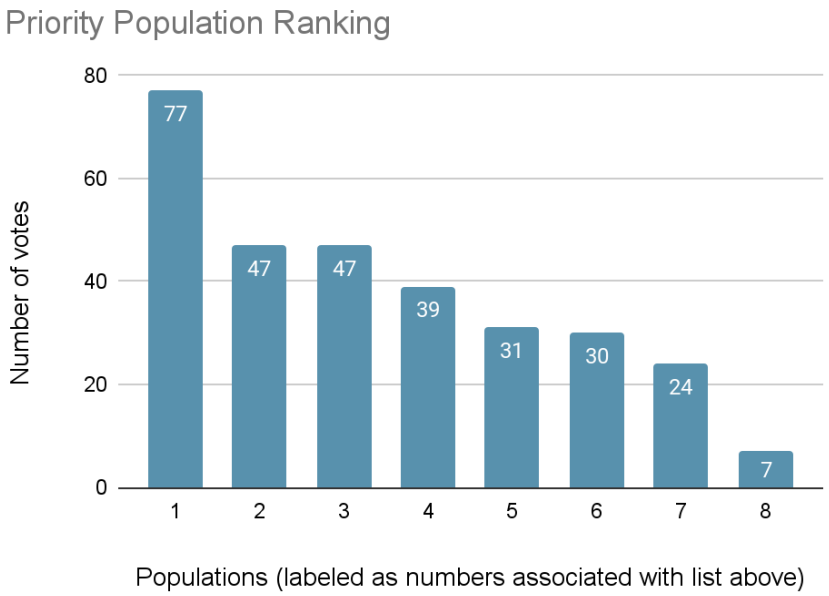
- Childcare
- Accessibility in housing
- Eviction prevention
- Immigration
- Environmental/occupational health
- Health literacy
- Medical legal partnerships
- Health care access to more providers, allied providers, mental health care, individuals leaving incarceration, and continuous coverage

Poll 2: What populations should HCPF prioritize understanding the HRSN of?

Attendees ranked the following populations in order of highest to lowest priority:

1. Individuals experiencing housing insecurity
2. High-risk infants and children
3. People with substance use disorders and behavioral health conditions
4. Foster care youths, those transitioning out of foster care, and former foster care youth

5. Individuals impacted by intimate partner violence
6. Perinatal recipients
7. Justice system involved individuals
8. Low-income individuals impacted by natural disasters



Attendees shared additional populations to consider:

- Older adults
- Adults and children with intellectual and developmental disabilities
- Homebound individuals
- Individuals with traumatic brain injuries
- Black, Indigenous, and People of Color
- Refugee, immigrant, or undocumented adults, children and families
- Individuals with chronic or severe illness
- Nursing home patients
- Family units that qualify
- Individuals living in rural communities
- Non-perinatal parents or caregivers
- Multicultural and multilingual individuals or families
- Monolingual individuals or families

Question and Answer

See appendix A for additional questions and answers

Topic: Waivers

1. Is HCPF planning on applying for an 1115 waiver to help address HRSN?
    - HB 23-1300 directs HCPF to study the feasibility of expanding HRSN services but does not give HCPF authority to pursue federal authority. Pending legislation HB 24-1322, if passed, directs HCPF to study the feasibility of expanding housing and nutrition HRSN services, and would give HCPF authority to pursue a waiver if doing so is budget neutral.

2. Do 1115 demonstration waivers work in conjunction with other waiver services?
    - If approved, a HRSN 1115 waiver would be in addition to the existing 1915(b)(3) and 1915(c) waivers. Member eligibility is dependent on requirements defined by HCPF and approved by CMS. The CHRP waiver and CHP+ are out of scope for this project.
3. What are the budget neutrality requirements for Medicaid 1115 waivers?
    - State and federal budget neutrality requirements related to 1115 demonstration waivers are different. The budget neutrality calculation from CMS requires that waivers must be budget neutral over the five year period it is active for. For the state, HCPF must demonstrate budget neutrality year by year over the five year period of the waiver. See guidance from CMS on how these calculations are made.
4. Is HCPF going to collaborate with other agencies to leverage funding?
    - HCPF is actively collaborating with other state agencies on these topics and may have the opportunity to leverage state funds to pull down a federal match for HRSN services through an 1115 waiver.

Topic: Providers and Services

1. What populations or services will this initiative consider? For example, older adults, emerging or bridging housing, or medical legal partnerships?
    - Through the feasibility study required by HB 23-1300, HCPF will seek input from stakeholders on priority populations and HRSN support services like housing or medical legal partnerships.
2. What are licensing and billing requirements for providers like dietitian or peer support professionals to provide HRSN services?
    - Providers all have differing licensure requirements and there are limitations on who may be reimbursed through Medicaid. This initiative will explore covering what are traditionally considered non-clinical services to include more community based organizations in providing HRSN services. Visit our Peer Services webpage or our Community Health Workers webpage to learn more about those specific provider types.

Topic: Enrollment and eligibility

1. How are you reducing churn to keep eligible individuals enrolled in Medicaid during the public health emergency unwind?
    - HCPF is reporting its progress on “unwinding” the continuous coverage requirement, see more information here.
2. Does Medicaid eligibility determine eligibility for other state services?

- No, Medicaid eligibility does not determine eligibility for other available services in the state.

3. Who is responsible for screening and enrolling members, and how is HCPF improving the enrollment process across state and federal benefits?
    - Screening and enrollment varies by type of benefit. HB23-1300 and HB24-1322 both include considering how to best coordinate with other state agencies and systems. See Appendix A for a more detailed answer.

Topic: Social Health Information Exchange (SHIE)

1. When will the Social Health Information Exchange (SHIE) go live, and how can stakeholders prepare?
    - SHIE implementation will be phased - initial use cases will be launched by September 30, 2024, the full project is covered by a ten year contract that ends in 2034. SHIE team is looking to partner directly with a wide variety of organizations including community organizations, county level agencies, and others working on data sharing, but may be relying on manual processes. Learn more here.
2. Will the SHIE reduce paperwork, improve time to identify patients needs, and be compatible with screeners and platforms already in use?
    - The SHIE effort intends to reduce the number of times members have to do HRSN screenings by sharing that data across providers. This ensures all members of the care team have access to information that identifies members risk factors and needs earlier, determining an appropriate screening cadence with fewer questionnaires for the member. The SHIE development team is focusing on a few systems, and will be expanding the infrastructure in alignment with additional systems and screeners.

Next Steps

- Subscribe to our newsletter to make sure you are aware of future engagement and feedback opportunities, as well as project updates.

For more information contact

hcpf_hrsn@state.co.us

Appendix A

How to engage

1. How do we connect if we are a HRSN provider interested in working with HCPF?
    - Please sign up for our newsletter [link] to stay informed about future opportunities to engage, and reach out to hcpf_hrsn@state.co.us with additional questions

Waiver

1. Is HCPF planning on applying for an 1115 waiver to help our state address HRSN?
    - HB 23-1300 directs HCPF to study the feasibility of expanding health-related social needs services. However, it does not give HCPF authority to pursue an HRSN 1115 waiver. Pending legislation HB 24-1322, if passed, would direct HCPF to study the feasibility of expanding health-related social needs services, specifically housing and nutrition services, and would give HCPF authority to pursue an HRSN 1115 waiver if doing so would be budget neutral.
2. Do 1115 demonstration waivers work in conjunction with other waiver services?
    - If approved, an HRSN 1115 waiver would be implemented in addition to the existing 1915(c) Home and Community-Based Services (HCBS) waiver. Member eligibility for waiver services is dependent upon requirements defined by HCPF and approved by CMS.
3. Do budget neutrality calculations include savings from reducing the duplicate entry and duplicate reporting, and reduction of member churn?
    - The feds will not take into account savings related to churn reduction since they have a set calculation for states to go through. At the state budget level, it is difficult to capture data on these savings due to the amount of detail required and the way that state funds may be reallocated. We focus more on service related cost savings as opposed to administrative cost savings. See guidance from CMS on how these calculations are made.
4. What are the budget neutrality requirements for Medicaid 1115 waivers?
    - State and federal budget neutrality requirements related to 1115 demonstration waivers are different. Waivers must be budget neutral over the five year period it is active for. We receive a calculation from CMS to show that it is budget neutral, and we may not match federal funds with federal funds. For the state, the calculation is different and we must demonstrate budget neutrality year by year over the five year

period of the waiver. HCPF must leverage state funds that are not currently getting federal match. We cannot match federal Medicaid funding for other federally funded programs, we can only match state funded programs with Medicaid dollars. For example, if the Department of Local Affairs (DOLA) is providing rental assistance that is 100% state funded, we could work to leverage their existing infrastructure and funds. If 90% are already on Medicaid, we find and identify that individual, verify they are on Medicaid, then we can get matching funds (standard Medicaid recipients will get 50% match paid by the federal government, expanded populations will get 90% match paid by the federal government). If HCPF can demonstrate how we will leverage state and federal dollars year by year for to the Colorado joint budget committee, we will then have authority through house bill 24-1322 to pursue an 1115 waiver for those proposed housing service changes without having to seek additional authority from the state legislature or make an additional budget request. Then, only if state funded, we may leverage state funded programs with federal funding. See guidance from CMS on how these calculations are made.

5. Is CHRP waiver going to be covered under CHP+?
    - The CHRP waiver and CHP+ are out of scope for this project but this feedback will be shared with those teams.

Services

1. Will this work consider older adults and HRSN services and collaborate with other agencies to leverage funding?
    - Through the feasibility study required by HB 23-1300, HCPF will seek input from stakeholders on priority populations. HCPF is actively collaborating with other state agencies on these topics and may have the opportunity to leverage state funds to pull down a federal match for HRSN services through an 1115 waiver.
2. Does “housing” as an area of focus include emergency and bridging shelter?
    - Through the feasibility study required by HB 23-1300, as well as HB 24-1322 if enacted, HCPF will seek input from stakeholders on priority areas within the realm of housing and housing supports.

Providers

1. If community health workers and peer support professionals are included in case management as a HRSN intervention provider, do those positions need licensing?

- Please visit our Peer Services webpage to learn more about requirements for peer support professionals delivering Medicaid billable services. Please visit our Community Health Workers webpage to learn about HCPF's efforts to add community health worker (CHW) services as a Health First Colorado benefit starting July 1, 2025. These two types of non-licensed professionals have differing requirements. Through the HB 23-1300 Feasibility Study, HCPF will be seeking input from stakeholders regarding opportunities and priorities as it pertains to the HRSN workforce.

2. Do lack of state licensure requirements for registered dietitians in CO contribute to the difficulty in payment models for nutrition services?
    - There are limitations on who may provide services that are reimbursed through Medicaid, which may include licensure requirements. Through this initiative to assess the feasibility of expanding HRSN services in Medicaid, we will explore how we might bill for what are traditionally considered non-clinical services to include more community based organizations to create holistic teams and reduce barriers to HRSN services.
3. Will barriers related to billing be considered in this work to expand or pursue new HRSN services? For example, dietitians or nutritionists, community health workers, or peer support professionals?
    - There are many factors related to implementation that will be considered through this initiative to determine the feasibility of these expansions, including billing structure and provider types. We will seek input from stakeholders on how these methods and providers are defined.
4. Will medical-legal partnerships be considered in this initiative to expand HRSN services?
    - Thank you for raising this important topic - we will be taking the feedback from today and looking into the possibilities for Medicaid coverage or other ways Medicaid can engage. Stay tuned for how to engage more in these conversations.

Enrollment and eligibility

1. How are you reducing churn to keep eligible individuals enrolled in Medicaid during the public health emergency unwind?
    - Current unwind that started last May will be complete next month, at that time we expect to have returned to our pre public health emergency caseload in January 2020 when individuals who were enrolled and continuously eligible over those three years are disenrolled if no

longer eligible. The 1115 SUD waiver amendment proposal includes continuous eligibility components for children ages 0-3, and individuals leaving the Department of Corrections. These components, if approved, will reduce churn for those populations. See more here.

2. Does Medicaid eligibility determine eligibility for other state services?
    - No, Medicaid eligibility does not determine eligibility for other available services in the state.
3. Who is doing the screening for these programs and responsible for enrolling members?
    - For supportive housing services, HCPF has facilitated Managed Care Entities (MCEs) entering into agreements with the four Continuum of Care (CoC) entities in Colorado to connect eligible members to housing services. For nursing facility transition services, the transition coordinator connects members to services directly and/or works closely with HCBS case managers to ensure members are connected to services they need. For CDPHE programs, federal food assistance (WIC, WIC Farmers Market Nutrition Program, and CACFP), federal eligibility rules are followed. For healthy food incentive programs (Double Up Food Bucks and Colorado Nutrition Incentive Programs), those are allocated to other recipients of federal food assistance programs (SNAP, WIC, Older Adult Congregate Meal Settings) so those programs determine eligibility.
4. What is HCPF doing to make federal assistance program enrollment easier and more streamlined to help eligible people enroll easily without duplication?
    - HB23-1300 and HB24-1322 both include considering how to best coordinate with other state agencies and systems in determining the feasibility of HRSN service expansions. We will include this question in future discussions on opportunities to improve our work in this area.

Technology

1. What types of organizations should be prepared to apply for the Regional SHIE Hubs and where do we keep an eye out for the request for applications?
    - We are looking to partner directly with a wide variety of organizations including community organizations, county level agencies, and others who are already working on data sharing, but may be relying on manual processes. The best way to stay up-to-date is to monitor our website https://oehi.colorado.gov/SHIE and sign up for our mailing list on that page. Additional details will be coming in late spring 2024.
2. Will HRSN screenings increase paperwork for patients during intake?
    - The SHIE effort intends to reduce the number of times members have to do HRSN screenings by sharing that data to the provider, and then

determining an appropriate screening cadence to reduce the number of questionnaires that member has to fill out.

3. Will risk, and not just need, be included in HRSN screenings happening in clinical settings to identify what interventions are needed before a member is in crisis?
    - One of the goals of SHIE is to ensure all members of the care team have access to the information they need to understand their patients' holistic health. We hope, in the long term, this helps identify folks' needs earlier, since screenings and assessments captured in a non-clinical setting could be available to the clinical team over SHIE. We are exploring data types to integrate into SHIE and risk assessments could certainly be included if they are prioritized by the provider community.
4. How will the SHIE manage the variety of screening and workflows already in use by providers?
    - The SHIE is being built with flexibility in mind - we want to integrate based on existing workflows as much as possible, and let providers continue to implement workflows and screeners that are appropriate for their populations. We are developing the SHIE based on use cases to try and take the time to understand existing workflows as much as possible, and optimize those workflows where needed to improve member and provider experience. The SHIE RFA and SHIE Hubs components are intended to help support community partners in integrating those existing workflows into SHIE. While we won't be able to ingest every type of screening, we plan to avoid requiring a particular screener.
5. Do we know what other platforms SHIE will be compatible with?
    - The SHIE development team is currently in the process of prioritizing systems around use cases, starting off with a focus on housing and systems like HMIS and the care coordination systems being used by the RAEs, among others. Next steps include expanding the infrastructure in alignment with additional systems, such as PEAK.
6. When will the SHIE will go live, and how can stakeholders prepare for SHIE integration?
    - SHIE implementation will be phased - we are launching a few initial use cases by September 30 of this year, but the full project is covered by a ten year contract that ends in 2034. We are doing discovery to understand the current state across different sectors and are aligning with national standards for screening and referrals, for example, the Gravity Project.