



# Blueprint For Health Plans

*Integration of Community-Based Organizations  
to Provide Social Services and Supports ▶*



## ▶ Executive Summary

In 2018, The SCAN Foundation, in partnership with Chapman Consulting, met with leaders from health plans and community-based organizations (CBOs) to better understand how these two sectors are working together to address the needs of older adults who have a number of medical and functional needs. The following is a summary of findings. The full report can be accessed [here](#).

The current health care system does not adequately meet the needs of older adults with complex medical and social needs. The result is that care often remains uncoordinated and fragmented for older adults, specifically for those eligible for both Medicare and Medicaid (referred to as dual eligible). The data shows that the integration of the medical and social models of care leads to better outcomes.

# Community-Based Organizations Role in Health Care

CBOs are trusted organizations within the community that can meet the non-medical needs of health plan members, such as home modifications or a recuperative care placement. CBOs and health plan partnerships can help members avoid more costly medical treatments and result in more person-centered care achieving better health outcomes.

## Successful Partnerships

Health plans in California have successfully developed contractual relationships with CBOs for multiple services. The following represent the most commonly contracted:



- ▶ Medically tailored food delivery



- ▶ Intensive case management for behavioral health/homelessness



- ▶ Home modifications



- ▶ Transitional recuperative care

## Steps to Sustainable Health Plan & CBO Partnerships



1. Commitment from Health Plan & CBO Leadership



2. Agree on a Discrete Set of Services



3. Communicate Expectations Upfront



4. Address Infrastructure Needs and Costs



5. Design Mutually Beneficial Payment Arrangements



6. Develop Organizational Structure to Promote Coordination



7. Build in Referral Capacity



8. Use Data to Drive Internal and External Change

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# Opportunities to Reduce Barriers to Integration

## 1. Maximize or Leverage Rate Structure

Medicare has signaled its intent to allow Medicare Advantage health plans to cover some non-medical needs through the adoption of the *CHRONIC Care Act*<sup>i</sup> and Medi-Cal has the authority under the final *Medicaid Managed Care Rule*<sup>ii</sup> to use shared savings or in-lieu of services to build in the costs for certain social services and supports into health plan rates<sup>iii</sup>.

## 2. Eliminate Regulatory & Contractual Barriers

Health plans provide access to social services and supports through programs such as the *Coordinated Care Initiative*<sup>iv</sup>, *Whole-Person Care Pilots*<sup>v</sup>, and the *Health Homes Program*<sup>vi</sup>, yet regulatory and contractual requirements have not been adapted to reflect the delivery of care under a social model. Some important regulatory & contractual barriers that should be addressed include:

- ▶ Implementation of the In Lieu of Services (ILOS) payment structure to make paying for social services and supports sustainable
- ▶ Development of clear guidance on what social services and supports can be funded with health plan dollars
- ▶ Re-evaluation of federal prohibitions on paying for housing
- ▶ Case management requirements to allow for the use of additional social service provider types
- ▶ Creation of a standard vetting process for CBO provider credentialing, oversight, and quality
- ▶ Updates to the network adequacy/access requirements and measurements to reflect the nature of the social services and supports delivery system
- ▶ Consistent application of HIPAA regulations and standard data security certification requirements

### Key Takeaways

The integration of CBOs into health plan networks can help address both the social and medical needs of older adults and dual eligibles.

Health plans, CBOs, and policymakers should work collaboratively to develop a more coordinated system of care where social services and supports can be readily accessed.

There is a pathway for creating successful partnerships, however the current system is not conducive to large scale adoption of integrated networks.

All stakeholders should examine their role in reducing barriers to increased integration and advocate for policy changes.

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- i <https://www.thescanfoundation.org/chronic-care-act-2018-advancing-care-adults-complex-needs>
  - ii <https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf>
  - iii <https://www.commonwealthfund.org/publications/issue-briefs/2017/nov/addressing-social-determinants-health-through-medicaid-managed>
  - iv <https://www.dhcs.ca.gov/provgovpart/Pages/CoordinatedCareInitiative.aspx>
  - v <https://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx>
  - vi <https://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx>



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