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MEMORANDUM

DATE: Thursday, November 30, 2017
TO: National Quality Forum's Food Insecurity & Housing Instability Project Team
FROM: Benefits Data Trust
RE: Public Comment on the Food Insecurity & Housing Instability Draft Report

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Thank you for the opportunity to respond to the National Quality Forum's (NQF) request for public comment regarding *A Framework for State Medicaid Programs to Address Food Insecurity and Housing Instability Draft Report*.

Benefits Data Trust has the following three overarching comments:

1. Clearly identify state Medicaid agencies' Responsibilities
    - There is a role for state Medicaid agencies to play in how they better serve Medicaid clients across government funded health and human services delivery system. The effective use of data and person-centered service delivery is critical to transform the healthcare system for low-income clients across the country. While the role of the "healthcare system" being payers and providers is important, how Medicaid agencies work with partner agencies to coordinate a more robust, person-centered health and human service delivery system is essential. BDT recommends NQF review and incorporate the Health and Human Services Integration Maturity Model 2.0 and the Business Model for Horizontal Integration of Health and Human Services developed by the American Public Human Services Association[1] into your review and recommendations.
    - Specifically, while SNAP is mentioned, BDT recommends further articulating the value of making sure that all eligible Medicaid enrollees are also enrolled in SNAP. Policy options (like the Elderly Simplified Application Program or ESAP), process changes, better use of verified household data from Medicaid and targeted outreach - as demonstrated through BDT's work in PA, MD, NYC, CO, SC, NC and CT increase participation rates.
    - Improving SNAP participation rates decreases healthcare utilization and increases healthcare cost savings; $2,100 per dual-eligible senior enrolled into SNAP.[2]
    - There are also valuable nutrition programs in addition to SNAP. BDT recommends specifically noting the value of WIC in improving health for mothers, toddlers and babies. Further coordination between Medicaid enrollees and WIC programs will benefit this population. As an example, every mother enrolled in Medicaid should be screened for, and

[1] http://aphsa.org/content/dam/aphsa/pdfs/NWI/APHSA%20Maturity%20Model_2%200.pdf and http://www.aphsa.org/content/dam/aphsa/pdfs/NWI/NWI%20Business%20Model-Final_8.17.12.pdf
[2] Samuels, L. et al. "Increased Access to Supplemental Nutrition Assistance Program reduces hospital utilization among older adults. The case in Maryland." Population Health Management. Szanton, et al. "Food assistance is associated with decreased nursing home admissions for Maryland's dually eligible older adults." BMC Geriatrics. *See also:* Berkowitz, S. et al. Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults. JAMA Intern Med. 2017;177(11):1642–1649. https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2653910

supported with WIC enrollment. State Medicaid agencies must better use data to coordinate and deliver this support.

- Other benefits like Weatherization, Home Modifications, & LIHEAP all help create safer, more affordable housing. BDT suggests including a recommendation about how these government funded programs can be better coordinated with Medicaid programs.

2. Incorporate CBOs and the Anti-Hunger network into "Figure 1: Framework of Health Care Systems Role in Addressing Social Needs"
    - While the infographic lists "Food and Nutritional Support" and "Philanthropy", as collaborators, human service community based organizations (CBOs) and the anti-hunger network are omitted or not clearly highlighted. As strong partners in the field, and in many cases the entities that will deliver SDOH solutions these groups should be explicitly included.
3. Revise Payment Methods and Innovative Use of Resources Section
    - State Medicaid agencies must create payment models that align, incentivize, and ultimately fund health and human service interventions that result in better health outcomes, improved quality of life and reduced costs. While waivers are part of this reform, this report should encourage and enable Medicaid agencies and healthcare partners to consider more overarching solutions – pay for performance, value based-reforms and the creation of other payment models is necessary.
    - Specifically, we caution against the recommendation of providing a list of referrals without clearly articulating that human service supports need to be fully funded.

In addition to the aforementioned overarching comments, BDT also has three specific recommended revisions. Below, in red, are these recommended edits and additions to the Draft Report as well as rationale for the suggested alterations:

"Recommendation: *Acknowledge that the healthcare system has a role in addressing social determinants of health*

The Expert Panel recommended the explicit acknowledgement that the healthcare system has a role to play in addressing SDOH. The Panel stated that healthcare organizations are often able to influence the communities in which they serve and many are anchor institutions within the community. Not only is the healthcare system in a prime position to address the SDOH, doing so would benefit the healthcare organizations themselves as well as their clients by lowering costs and improving health outcomes. The Expert Panel noted, however, that the healthcare system is only one participant in the larger effort to tackle these issues."

- *Rationale for Change:* While healthcare systems should acknowledge they have a role in addressing the social determinants of health, they should also be provided with a reason as to why it is in their best interest to do so. Providing such an incentive will cause them to be more willing to make such an acknowledgement.

"Recommendation: *Create a comprehensive and accessible list of community resources and create integrated mechanisms to connect and coordinate clients to appropriate service supports*

Multiple Panel members noted the need for a comprehensive list of specific local community services that could be accessed by members of the healthcare system, as well as institutionalized and standardized partners and processes for coordinating access. Data are important to understand the demand for services and the available supply of services to address them. The Panel recognized the challenges of keeping a catalogue updated, but recommended it as a key component of establishing the healthcare and community linkages…"

- *Rationale for Change:* While a continuously updated and thorough list of specific local community services is a beneficial document / tool if the correct members of the health care community do not have a standardized method of using it, it will likely fall by the way side.
- *The provision of a list of resources is just a first step, but a more robust and comprehensive recommendation is necessary to actually influence how potential readers think about building SDOH interventions and help Medicaid enrollees meet their human service needs*

"**Recommendation:** *Increase information sharing between health and non-health sectors to better serve clients across the health and human services ecosystem*

There are examples of Medicaid programs coordinating with social service programs to share information for the purpose of identifying individuals with social needs (e.g., KS, MA, MI, NY). Still, many meaningful connections have not yet been made. There are other data sources that can be used to determine an individual's social needs, which have not been traditionally considered for informing healthcare delivery. For example, knowing which patients are enrolled in the SNAP, their demographic characteristics, and if they are using their benefits could benefit a healthcare provider. The data share in the opposite direction is equally beneficial; a healthcare organization communicating to an appropriate social service organization which of its members are not on SNAP would ultimately reduce food insecurity rates. Likewise, information on individuals enrolled in supportive housing programs or those who are on waiting lists could be potential indicators of housing instability."

- *Rationale for Change:* It is important to highlight that, in order to comprehensively address the SDOH, that healthcare organizations should be the 'data sharers' in addition to the 'data receivers' whenever possible under relevant law.
- BDT also recommends strengthening this recommendation to be more inclusive of how data can and should be used to architect a new model of healthcare that includes social service supports in the family of care. Data can be used to predict intervention, target supports, and measure the impact and value of said interventions. BDT cautions against limiting the recommendation to just focus on targeting when health and human service partners have so much work to do in how they use data to better serve client needs.

Benefits Data Trust appreciates NQF's consideration of this input. For additional information, please contact Ginger Zielinskie, President and CEO, at gzielinskie@bdtrust.org or 215-207-9101.