



Aging and Disability
BUSINESS INSTITUTE

Connecting Communities and Health Care

Integrating CBOs to Provide Social Services and Supports: A Blueprint for Health Plans

The “Business Institute”

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

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Aging and Disability Business Institute

Connecting Communities and Health Care

When community-based organizations (CBOs) and the health care system work together, older adults and people with disabilities get the coordinated care that lets them live with dignity and independence in their homes and communities as long as possible.

Resource Categories

Get Started

Understand the Landscape

Define Your Value

Build Your Network

Manage Finances

Evaluate Contracts

Deliver Measurable Results



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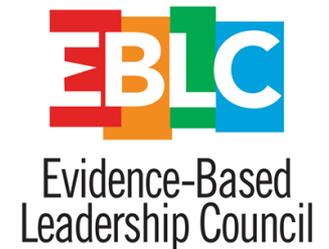
Our Partners



Elder Services of the Merrimack Valley, Inc.



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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



3. Communicate Expectations Upfront



2. Agree on a Discrete Set of Services



4. Address Infrastructure Needs and Costs



Steps to Sustainable Health Plan & CBO Partnerships



5. Design Mutually Beneficial Payment Arrangements



7. Build in Referral Capacity



6. Develop Organized Structure to Promote Coordination



8. Use Data to Drive Internal and External Change





Commitment from Health Plan & CBO Leadership

- Any initiative to partner with CBOs must start with a commitment from health plan leadership that it is a priority
- Health plans have many competing priorities and it must be acknowledged that the Return on Investment (ROI) is part of a longer-term strategy to drive real system change that improve outcomes and lower costs





Identify a Discrete Set of Services

- Health plans could identify specific unmet social service needs that a CBO might provide for its members and explicitly solicit for that discrete set of services
- This step will allow a health plan to determine if the relationship requires the CBO to be part of the formal network, or if an informal network arrangement can meet the needs of members





Communicate Expectations Upfront

- The development of a Request for Information (RFI) can help a health plan identify which CBO(s) can meet that need and what elements will be necessary in a full RFP
- Then a health plan can structure the RFP to recognize that CBOs have varying degrees of sophistication and make the requirements specific so that it can identify the type and size CBO that will work best within the health plan's model





Address Infrastructure Needs and Costs

- CBOs and health plans must be able to share data, invoice and pay for services, and build internal organizational and referral processes
- Integrated models offer the potential to spread the infrastructure and start-up costs across multiple payers (the county, the state, the federal government, the health plans), which makes building a comprehensive system more feasible than if one payer has the burden of the entire cost





Design Mutually Beneficial Payment Arrangements

- Once the services are defined and the RFI/RFP process has identified the appropriate CBOs it is important that health plans design payment arrangements that reflect the needs of both parties
- The payment structure should reflect the cost projections based on the best available data at the time of implementation, and there can also be an opportunity built into the process to re-evaluate the rates based on post implementation data





Develop Organized Structure to Promote Coordination

- Health plans that want to contract with CBOs should consider the development of an on-boarding process for these providers that is like what new medical providers receive
- CBOs need to understand how the health plan works and what the expectations are, or the relationship will be set up to fail





Build in Referral Capacity

- Referrals are the key to a successful relationship and health plans must create CBO referral workflows in the internal case management system or identify other internal processes that will promote integration and coordination with the CBO
- If health plan staff are not aware of the services available or the pathway to refer members is too cumbersome then it will result in few to no referrals, which is a waste of the investment of time and resources used to establish the relationship



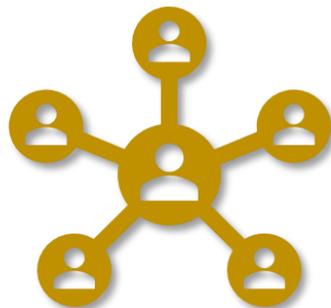


Use Data to Drive Internal and External Change

- Health plans and CBOs should allow for an iterative process, recognizing that this is a new and complicated partnership
- Collecting data on both success and challenges of the relationships with CBOs is a tool that can be used to better inform advocacy with state and federal regulators, improve current and future partnerships



Integrated Care Services



“Integrated Care Services” describes a relationship that puts the health plan at the center of the delivery system with flexibility to use CBOs to cover necessary social services and supports

Barriers to CBO and Health Plan Partnerships:

- 1** Rate Structure
- 2** Regulatory & Contractual Barriers



Opportunities to Reduce Barriers to Integration

1. Maximize or Leverage Rate Structure

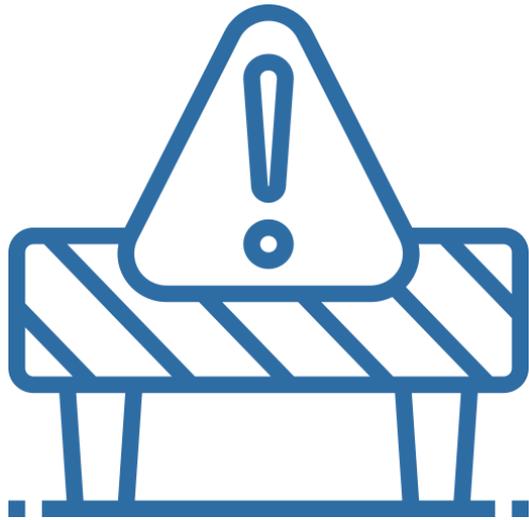


Medicare has signaled its intent to allow Medicare Advantage health plans to cover some non-medical needs through the adoption of the [CHRONIC Care Act](#)ⁱⁱ and Medi-Cal has the authority under the final [Medicaid Managed Care Rule](#)ⁱⁱ to use shared savings or in-lieu of services to build in the costs for certain **social services** and **supports** into health plan ratesⁱⁱⁱ.



Opportunities to Reduce Barriers to Integration

2. Eliminate Regulatory & Contractual Barriers



Health plans provide access to social services and supports through programs such as the *Coordinated Care Initiative*^{iv}, *Whole-Person Care Pilots*^v, and the *Health Homes Program*^{vi}, yet regulatory and contractual requirements have not been adapted to reflect the delivery of care under a social model.



Opportunities to Reduce Barriers to Integration

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



Additional Resources

Additional resources that health plans could benefit from as CBO partnerships are established include, but are not limited to, the following:

- A directory of local social service providers and services offered by CBOs
- Universal CBO agreement/contract templates (developed by stakeholders and approved by regulators) with the right balance of criteria and flexibility
- Toolkits and managed care training for CBOs that are cross sector and include information on Medicare
- Funding by foundations or the government for startup grants that can be combined with research to demonstrate ROI
- A managed care training and contract guide for CBOs. Health plans should work with CBOs and other stakeholders to identify how these resources could be developed and if there are funding opportunities that could be leveraged to assist in creating resources that will help drive the necessary internal and external system changes



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.



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



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.



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



Questions & Answers: Please Submit Using the “Questions” Box



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The LTSS Care Management Experience Survey: A Tool to Enhance Contracting Between CBOs and Health Care Entities - August 22

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Questions about the Aging and Disability Business Institute?

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