Value-Based Insurance Design (VBID) Model's Health Equity Incubation Program

Session 4: Leveraging VBID to Improve Equity in Housing Stability and Quality

Thursday, December 8, 2022

Kristina Askin:
Hi everyone. Thank you so much for joining. Now I'm going to pass it over to Aurelia to get us started today. [00:00:09]

Aurelia Chaudhury:
Great. Thank you so much, Acumen team. My name is Aurelia Chaudhury. I'm one of the co-leads of the Value-Based Insurance Design, or VBID Model. I'm so excited to have all of you joining us here today for our last webinar of the year. Before digging in, I'd just like to put out a disclaimer that our goal here today is for educational purposes and general information sharing and educational purposes, as noted on this slide. And now we can jump into the agenda. [00:00:46]

We've got an exciting agenda today, where you'll be hearing both from experts in housing and general supports for living access and from MAOs that are paving the way with new initiatives for their enrollees facing housing instability through their VBID interventions and beyond. Today, we're very excited to be joined by federal experts at the Department of Housing and Urban Development, the Division of Energy Assistance within the Office of Community Services and the Administration for Children and Families, and the Office of Climate Change and Health Equity. [00:01:11]

We will also be hearing from leaders at Humana and SCAN Health Plans to talk about their strategies, successes, and challenges in using VBID flexibilities to improve housing stability and quality for their enrollees, and we'll have a Q&A session at the end for both our national experts in housing and general supports for living and our participating MAOs, so please submit your questions through the WebEx Q&A feature. There's a lot of content to cover in this area, so let's quickly talk about how we're thinking about health equity broadly here at CMMI. [00:01:46]

As you may know, CMMI recently completed a refresh of its core strategy, putting health equity at the center of everything we do, so I'm especially pleased to be able to join you for this webinar focused on improving equity with respect to housing and general supports for living. We see health disparities as a key dimension of quality, and reducing those disparities is a core strategy for improving healthcare quality and outcomes for beneficiaries. Another dimension of our strategy is accelerating the transition to value-based care. [00:02:13]

The Value-Based Insurance Design Model provides an opportunity to do just that with its focus on targeting benefits, rewards and incentives where they can produce additional value, especially

with respect to chronic health and social needs, like food insecurity, transportation, and housing instability within the Medicare Advantage space. To see how the VBID Model is trying to keep the conversation going on in health equity, I'll highlight the Health Equity Incubation Program. [00:02:41]

The Health Equity Incubation Program of the VBID Model is a learning and fusion arm of our model, and the program is designed to focus engagement and learning on the highest beneficiary impact areas, and to do this in partnership with the MAOs that are participating in VBID and more broadly with CMS. With the increasing proportion of Medicare beneficiaries electing to enroll in MA plans, these partnerships with MA leaders in value-based care are essential to accelerating the broad transformation to value-based care. [00:03:07]

I mentioned, there was a lot of focused learning on the highest beneficiary impact areas, and as you may have guessed, housing and general supports for living was identified as a high impact area. There are many opportunities for MAOs to address housing instability, and we think that plans participating in the VBID Model are well positioned to create positive change through innovative benefit design. With this in mind, I'm excited to introduce our guest speakers from our federal partners. [00:03:31]

We have Leah Lozier from the Department of Housing and Urban Development, Akm Rahman from the Division of Energy Assistance within the Office of Community Services and the Administration for Children and Families, and Joseph McCannon, Jenny Keroack, and Thomas Bane from the Office of Climate Change and Health Equity. To further discuss the current state of housing security in federal rental assistance programs, I'm going to turn it over to Leah Lozier, who's a social science analyst in the Policy Development Division with the Department of Housing and Urban Development. Take it away, Leah. Thank you. [00:04:05]

Leah Lozier:
Thanks, Aurelia. I am so excited to be presenting to this group today. I'm going to briefly cover the current state of housing insecurity in the context of federal rental assistance programs. First, I want to set some context about HUD as an executive department in the U.S. Federal Government. HUD is a medium-sized agency with an annual budget around 60 billion. HUD's mission is to create strong, sustainable, inclusive communities and quality, affordable homes for all. [00:04:36]

HUD's current strategic plan, there are several goals I think this group would be interested in, including supporting underserved communities and advance sustainable communities. Within the advance sustainable communities goal, there's also a specific objective: 4C that seeks to advance policies and recognize housing's role as essential to individual, community, and population health. So, at HUD, we've been really thinking about health for a long time now. At HUD, we like to say housing is not just a social determinant of health. [00:05:11]

It is the social determinant of health, because it really does fit into so many different buckets, from education, neighborhood and built environment, economic stability, and so forth. What I think is really important for this group is to understand housing security. So what is housing insecurity? This is what is needed for a person or household to not just survive, but also to

thrive. Housing that is safe, physically adequate, affordable, based on choice, and is certain. [00:05:54]

On the flip side of that is housing insecurity. There's actually not a common definition in the research community on how this construct is defined. At HUD, we're actually working on this, but that's a whole other conversation. But there are several examples of housing insecurity that can vary greatly. So, we're talking about being rent burdened, right? Paying a huge proportion of your income in rent, being behind on rental payments, eviction - which can either be formal, where you get an eviction notice - or informal. [00:06:22]

A landlord can say, "Hey, you're behind on rent. I'm going to evict you. Why don't you just move out and we won't go through the process?" We're talking about violence, overcrowding, couch-surfing, no shelter, displacement, living in one's car, and poor housing quality. So all of these really fit into what we think of as housing insecurity. At HUD, we're tracking housing insecurity using two metrics, collected in the Census Household Poll Survey. According to our estimates in November, about 13 percent of renter households were behind on rental payments and about five percent feared imminent eviction. [00:07:00]

On the right of this slide is a chart tracking these two outcomes since data collection began in April 2020. Behind on rental payments is in blue on the top, and then imminent eviction is in dark blue on the bottom. As you can see, we're actually starting to return to normal, but this highlights that we actually had a crisis before the pandemic, and so we still really face significant issues in this space. This slide shows the estimated number of U.S. renters not confident in their ability to pay next rental payment on time from April 2020 to October 2021, so really at the height of the COVID-19 pandemic. [00:07:42]

I'm not going to spend a whole lot of time on this, but I do want to underscore how folks' perceptions of their own housing security rises and falls in tandem with the larger environment. So this is really tracking perceptions. Not surprising to this group, there are significant and dire disparities regarding housing insecurity, and the pandemic only exacerbated an existing crisis. As shown in the graphic, Black and non-Hispanic households are three times more likely to report fear of imminent of eviction when compared to white, non-Hispanic households. [00:08:18]

And we know that the causes of this are deeply rooted in our system and history as a country. So now I want to transition to some really brief remarks about key HUD programs, which is really important to understand when you're thinking about interventions in this space. This graphic highlights a bunch of terms that we hear a lot. There's a lot of language around housing. Sometimes things are used incorrectly or interchangeably, and so I want to demystify some of this language today, which I think will be helpful. HUD has three major program categories: Public Housing, Assisted Multi-Family Housing, and the Housing Choice Voucher program. [00:08:59]

Public housing, I think, is what folks are most familiar with. That is hard units in a location, and the subsidy is there. So folks that live in public housing pay approximately 30 percent of their income in rent, but when they leave public housing, they don't take a subsidy with them.

Assisted Multi-Family Housing is actually privately owned housing that is subsidized by the federal government, and so again, folks pay about 30 percent of their income in rent, and if they leave the housing, they also lose their subsidy. Finally, there is the Housing Choice Voucher Program. [00:09:30]

A lot of people sometimes call this Section 8. We call it HCV, and this allows folks to rent in the private market with a voucher. Again, they pay about 30 percent of their income in rent, and it allows a lot of choice. So when they move, the subsidy moves with them, and they can rent up to a certain payment standard. What's really important to understand is that housing assistance is not an entitlement. Housing assistance does not serve everyone who is eligible. Only about a fifth of eligible households actually receive assistance. [00:10:03]

In some place, waiting lists for housing assistance are years to decades long. The need and the demand massively outstrips the supply. In our population, we serve about 10 million individuals on assistance, including about 4 million children. Elderly and disabled households make up over half the tenant households, and program eligibility is based on citizenship, gross income, and household size. And in terms of racial and ethnic composition, over 75 percent identify with a minority group. I apologize. I got behind on my slides. I got so excited. [00:10:44]

So, this is what I just talked about, in terms of our three major programs and who we served at a glance. And I want to close with just a couple of notable projects of interest that we're pursuing at HUD. The first is a collaboration with the Office of the Assistant Secretary for Planning and Evaluation, also called ASPE. That is part of HHS. The objective of this project is to learn more about the Medicare Advantage members living in HUD assisted housing, so we're facilitating a national data linkage to estimate the number of individuals with Medicare Advantage plans living in HUD assisted housing. [00:11:28]

Greater than 10, right? So, we have some self-side suppression. As Medicare Advantage participation increases, MA plans may want to consider focusing on participants in HUD assisted housing for care coordination and other supports. I want to note, this is a collaboration, but ASPE is the lead, and we have a number of plan deliverables rolling out in January 2023. Finally, HUD has a collaboration with CDC on aging and place. We established a five-year interagency agreement to leverage opportunities and resources in support of shared agency priorities related to aging and place. [00:12:07]

We're working with them to identify evidence and form policies and practices that can be implemented in certain avenues around where elderly affordable housing is, what's referred to as 202 Housing. We're trying to prioritize communities for future housing, engaging with the health system, and then identifying structural characteristics of housing that may protect health. So this is an ongoing partnership. We hope to publish some information on this this calendar year. So I'm going to stop there. If you have further questions, you're welcome to email me. [00:12:47]

If I'm not the right person to answer your question, I will direct you to somebody who can. So thank you so much. And I will pass it back to Aurelia. [00:12:56]

Aurelia Chaudhury:
Thank you so much, Leah, for that wonderful presentation. And also if you have questions, you can drop them in the chat, and we'll handle them during the Q&A at the end. Next, we have Akm Rahman, the Program Operations Branch Chief within the Office of Community Services in the Administration for Children and Families in the U.S. Department of Health and Human Services. Akm is one of the leaders of the Low-Income Home Energy Assistance Program, and we're happy to have you join us, Akm. Thank you. [00:13:29]

Akm Rahman:
Thank you so much, Aurelia. Afternoon, everyone. Thank you very much for inviting me to talk about LIHEAP, which is one of the HHS programs that provides home energy assistance to over five million households in the country. We invest about four billion dollars each year. Two years ago, we got a significant funding increase from the [Low Income] Home Energy Assistance Program's ERP allocation. It helped us bump up the funding to about eight billion dollars, but what we saw, even at eight billion dollars, that amount of money was not sufficient for us to serve all of the households who actually are suffering from energy insecurity. [00:14:22]

By energy insecurity, what I mean is that folks every year - low-income folks - they have difficulty paying for their heat and cooling bills, as well as they are facing crisis every year. So, we are looking into ways to maximize the LIHEAP benefit that goes to the low-income households, and today's discussion, I believe, is extremely important because, as I said, LIHEAP alone, even at eight billion dollars, is not sufficient to serve our mutual customers, which is the low-income citizens in this country. [00:14:57]

If we look at the data, we see that across the nation, our participation rate is about 25 percent of the income-eligible population, which means that we have a huge opportunity to reach out to the remaining 75 percent of the households who could potentially be income eligible and receive home energy assistance. So we have been focusing a lot of outreach. Today's effort is part of the outreach effort. We are also looking at ways how we can - we call it braiding resources - we're calling it leveraging today. It's basically how we can bring other like resources to the same household. [00:15:40]

We heard about folks living in subsidized housing. Many of them are income eligible for LIHEAP. We don't know how many of them are receiving LIHEAP nationwide, so that is an opportunity for us to partner with HUD on those kind of reach-out. We can also partner with Medicare-eligible population. We know that a significant number of LIHEAP households also receive SNAP benefits. They also receive Social Security and they also receive Medicaid. This is showing our national network. We do provide grants to all 50 states, Washington D.C., and five territories, and, interestingly, 150 tribal governments. [00:16:35]

We do have a significant amount of leveraging going on with our tribal network. As I said, 150 of the tribal government receive direct support from us. When we go to the next slide, it gets more interesting. As you can see, there are hundreds and hundreds of dots. This is a static map, but I did use an active link so that folks can go to the actual map and find out where the nearest local LIHEAP intake office is. So we provide the grants to the states, for example, and the state would partner with many local nonprofits. Many of them are senior centers. [00:17:22]

Many of them are community action agencies, and even there are branches of local governments, such as city or county government offices, where LIHEAP intake happens. So, my interest in showing this map is that we would like to make this map available to all of you so that if you're interested in partnering with one of the local agencies or group of local agencies, please do so. Please feel free to do so and we can provide you with more information about these local agencies. So there are roughly about 850, give and take a few, nationwide that provide LIHEAP. [00:18:06]

I think we can skip this [next] slide. This basically showing what percentage or how many LIHEAP households who are also older Americans. So again, this is a program where we have a lot of opportunity to partner with the healthcare network, with other low-income programs, and I wanted to focus a little bit more on, "what is the connection between home energy and the health outcomes?" Of course, we all know from studies - from various anecdotal evidence - that there is a very strong connection between safe, indoor air temperature - air quality - with positive health outcome. [00:18:53]

We deal with heatwaves during the summer months. We deal with winter weather during the winter months, and it is absolutely important - especially for our vulnerable population, older individuals, families with children - to maintain optimal temperature. LIHEAP, through weatherization can assist these households become more energy efficient and become more energy secure. And then if we dig a little bit more into who these recipients are, we know that energy insecurity does not impact everyone the same way. We see a huge disparity in terms of energy burden in the urban areas among people of color. [00:19:35]

We see disparities among families with vulnerable populations, and of course, the entire LIHEAP population is low-income. But it is very, very important to remember is that it does depend on what kind of housing structure they live in and where they live in. So we would like to make sure that we all understand that this household does not have just one need, which is home energy assistance. If we can at least lessen that need, they will have money to pay for other basic necessities. We can skip this [next] one; it's just regulatory things. But I'll just quickly mention what was in that slide. [00:20:22]

So, LIHEAP actually as a federal program, we are mandated by Congress to make sure that we have coordination of services with low-income programs. We also are mandated to make sure that our grant recipients do outreach and they also provide the maximum possible benefit to households with lowest income. So that is one of the mantra that we promote among our grant recipients. For those of you who actually don't know much about LIHEAP, I'm going to just go through some of the basics and try to make some connection between LIHEAP assistance and how it can actually stabilize health. [00:21:03]

For example, if we go through this laundry list, as you can see, heating assistance is a major way that we provide assistance to low-income folks. So during the winter months, LIHEAP pays for utility bills, as well as it can pay for fuel deliveries, propane, heating oil. We see that happening all over the country, especially in the Northeast, where heating oil is a major source of energy. We also see propane in the Midwest, so LIHEAP can assist with those kind of deliveries. Home

energy assistance. For example, we all know that we need working heating and cooling systems in our home. [00:21:41]

And if they break down, LIHEAP benefit can pay for replacing those or even repairing them, in need of a need. Cooling assistance is an important one. I just wanted to mention that due to climate change, we're seeing heatwaves. We are seeing more and more natural disasters, so LIHEAP is also becoming very much aware of the impacts of climate change. This just past summer, we worked with various offices within our department as well as some stakeholder organizations to make sure that everyone understands the need for cooling assistance during summer months. [00:22:27]

Air conditioning is another nice way to provide assistance. So there are many states and tribes where low-income folks can receive an air conditioning unit during summer months. We are also looking at some new technologies such as heat pumps, swamp coolers. Fans are also available from some grantees, but I just wanted to caution everyone that we really don't recommend fans because many of you know that in humid weather, when the heatwave hits us, a fan can basically recirculate humid and hot air, which is not healthy for many of our households. So that's not really recommended, but it's available. [00:23:06]

And then finally, a couple of things I wanted to mention before I move onto the next slide, which is weatherization. All 50 states, including Washington, D.C. and a few states, they also do home weatherization. Basically, what it means that they make these energy-related repairs, such as doors, windows, air sealing, insulation. These kind of things can make a home more energy efficient, but also, as you know, that home becomes more weather-friendly. That means it can maintain an optimal temperature when the weather fluctuates outside the home. [00:23:46]

Weatherization is key and we believe that weatherization also ensures really good, optimum temperature, which is needed. Also, during weatherization, what we have seen, that even replacing a refrigerator can save lives. Many of our vulnerable population, they use electric devices to maintain health and safety, so it is extremely important for us to understand that continuous home energy services - electricity, natural gas, heating oil, propane - is extremely important. They are not isolated things that we can ignore. [00:24:30]

And then case management. Also, many LIHEAP grant recipients, they do case management. They also braid resources with DOE, for example, with U.S. Treasury, HUD, of course, and many utility companies also provide assistance to the same group of customers. As we near the end of the presentation, I wanted to actually share some ideas about the ways LIHEAP and Value-Based Insurance Design program can stabilize housing. First of all, I think we can all launch some sort of a national public campaign where we reach out to our targeted population - letting them know how to apply for LIHEAP assistance, where to go to apply for LIHEAP assistance - [00:25:28]

I think it's extremely important. We can also look at different enrollment timeframes for various programs. Usually, we see a huge increase in LIHEAP applications at the onset of winter months, and then also we see a huge increase in LIHEAP applications just at the onset of the cooling months, like, for example, just before the summer starts. So, these are the timeframes

when we can have a huge opportunity to reach out to more and more low-income folks and ask them to actually apply for assistance. [00:26:03]

We can also, definitely at the local level - as I was showing the map - I mentioned that there is a huge opportunity for us to do some sort of a 360 referral. What I mean by that is that LIHEAP intake offices can definitely refer folks to healthcare networks, and healthcare networks can refer folks to LIHEAP. Definitely, that is an opportunity for us to jointly work and develop some kind of an intervention tool that will assess a household's home energy need, especially households who are receiving disconnection notice. [00:26:38]

It happens throughout the year, especially during summer months when many states would not have the Home Energy Disconnection Moratorium, and therefore these households will receive disconnection notices if they are not able to pay their bills. I think this is it. As I said at the beginning of the discussion, that I have included many active links, so please feel free to visit them and use them, and if you have any questions, I will be able to answer them. Thank you so much. [00:27:17]

Aurelia Chaudhury:
Thank you so much, Akm, for that presentation and for all of your work in this area. Next, we have Joseph McCannon, the Senior Advisor to the Director at the Agency for Healthcare Research and Equality and the Healthcare Sector Lead at the Office of Climate Change and Health Equity. Joining him are Jenny Keroack, the Senior Policy Advisor at the Office of Climate Change and Health Equity, and Thomas Bane, Special Assistant to the Regional Administrator of CMS New York. Go ahead, Joe. [00:28:05]

Well, thanks, Aurelia, and thanks for the opportunity to be here with you all today, and I want to move really quickly with my part of this presentation so I can turn to my colleagues, Jenny and Thomas, who are going to share some specific ideas we have for how you might protect your beneficiaries from the risks to housing security and health that are associated with climate change. [00:28:46]

But I do want to do a brief introduction to our office and its mission, just to do a little bit of level-setting. In a nutshell, our office exists because by consensus of more than 200 medical journals and thousands of experts globally, climate change is the single greatest threat to global public health today. Both causes increasing and intensifying weather events - so, fires, floods, extreme heat, drought - it causes those events, which threaten people where they live, and which create or exacerbate also chronic cardiovascular, pulmonary, mental health impacts, not to mention waterborne and insect-borne illness. [00:29:48]

So, all of those things cumulatively cause great harm and result in great cost to the healthcare system, and we know further that these impacts take a disproportionate toll on vulnerable communities, so indigenous communities, communities of color, rural communities, elderly communities. Since those are the places that are often not proactively prepared because they're long-time victims of decades of discrimination and underinvestment in infrastructure and housing, those are the places that are going to be less capable of managing the acute impacts of climate change when they occur. [00:30:38]

Taken all together, that means that there are enormous threats and enormous risks to beneficiaries. If we go to the next slide, it's against this backdrop that our office was created. Essentially, what the Biden administration said is that while there has been some work on climate health at HHS through research at NIH, through the Climate and Health Program at CDC, which has worked in certain regions and areas of the country, and of course, through the Assistant Secretary for Preparedness and Response, which responds to the medical part of emergency events, despite that, there hasn't been anything that's tapped the vast resources of HHS to really focus on the broad impacts of climate change on human health. [00:31:36]

Our office was created in the first week of the new administration in an executive order, 14008, tackling the climate crisis at home and abroad, and its mission is an ambitious one. It essentially is seeking to protect people living in the United States from the harm associated with climate change, particularly the most vulnerable communities, and it's also seeking to mobilize the healthcare sector to take responsibility for its own contributions to climate change by reducing its greenhouse gas emissions, which are quite significant: eight, nine percent of all of the emissions in the U.S. [00:32:20]

The good news is, if we think about resilience and we think about resilience of communities and individuals of the kind we've been talking about so far here in this conversation, there is some momentum and there is some precedent for action on resilience. I'm not going to go into each of these in too much detail, but there was, in April of 2019, a letter on implementing supplemental benefits for chronically ill enrollees, which clarified that MA plans could make investments in protections associated with extreme heat, associated with storm-related threat, and could do so under the auspices of special supplemental benefits for the chronically ill. [00:33:21]

We equally have recently seen at the state level in the Medicaid program waivers that have been negotiated, which gives states like Oregon the flexibility to introduce infrastructural supports and community health worker supports that will focus on meeting the needs of vulnerable populations to climate related harm, so I think there's learning to be done from the innovation in those Medicaid programs as well. But there's a lot to learn and a lot to build on, and I'm going to turn to Jenny Keroack from our office who's going to talk about some of our specific ideas for how you all may be able to take action in this area. [00:34:03]

Jenny Keroack:
Thank you. So briefly, this is our vision for a flourishing and resilient Medicare Advantage, where all organizations are lowering costs and improving quality of care for beneficiaries. So for MA plans in general, that can look like covering equipment to improve indoor air quality, like air conditioners, for people who have applicable chronic conditions, perhaps people with chronic lung conditions who are sensitive to mold and extreme heat, for example. It can also look like using care management services to support community health worker access. [00:34:38]

And then for you all - for the VBID Model participants - we hope that you lead the way, proactively identifying and addressing climate change hazards, and hopefully you'll be able to bring us your ideas and innovations. We've put some examples here to get the ball rolling and we look forward to a robust discussion with you about this. Our examples are looking for

opportunities to leverage VBID by condition and/or socioeconomic status to target items to those most at risk and offering assistance to ensure beneficiaries can pay for their utilities. [00:35:09]

And now my colleague Thomas is going to talk you through an example of how this could work in practice for just one enrollee. Thomas? [00:35:18]

Thomas Bane:
Awesome. Thank you. So, we wanted to conclude our presentation by sharing a story about what this could look like for one of your enrollees. The Office of Climate Change and Health Equity has been hearing from people across the nation about their experiences, so hopefully this will resonate with you. Leola is a 78-year-old who lives in a three-story walkup in the Bronx and she suffers from COPD and takes medication that can increase the risk of health-related illness. [00:35:50]

And watching the weather, we know that an extreme heat wave is expected in one week. So how can VBID participants help to keep Leola safe during an extreme weather event? Well, luckily, she is enrolled in an MA plan that participates in VBID, and the plan was able to ensure that she had access to an air conditioner prior to this event, and this was all related by targeting her disease status of COPD and LIS status. The plan itself was able to deploy a community health worker to call her two days before that extreme heat event and let her know that it was expected. [00:36:25]

And they were able to, at that time, confirm that she has the air conditioner, that it's working, and that someone will check in on her during the heat wave. They also let her know about a neighborhood cooling center, if she wanted to avail herself of that, and some examples of how she could stay cool and healthy during the event itself. And lastly, Leola was concerned about leaving her home during the extreme weather event, but luckily, she was able to access her physician still through a telehealth intervention, and luckily this is a successful story for Leola and we hope that it resonates with all of you. [00:36:59]

We just wanted to end by saying that we hope you'll stay connected with the Office of Climate Change and Health Equity. We want to still hear from you. Lots of great webinars are planned, lots of great newsletters that can help you stay up to date on extreme weather events. This concludes our portion of the presentation, so thank you all, and I'll turn it back to Aurelia. [00:37:25]

Aurelia Chaudhury:
Thanks. We'll actually turn it over to Aaron to talk about some of the benefit design opportunities available under the Model. [00:37:33]

Aaron Tam:
Great. Thanks, Aurelia. So, thank you, Thomas, and thank you to all our wonderful guest speakers for giving such valuable insight into all the different work that's being done around housing stability and quality. My name is Aaron Tam and I'm an analyst on the VBID team, and with the information provided by all these national experts at the top of our minds, we'll now

move into a discussion of benefit design opportunities, including those that can be operationalized through the flexibilities offered to MAOs under the VBID Model. [00:38:11]

Great. So for those of you who have attended any of our recent VBID webinars, this slide will be familiar to you. I want to first start off as we typically do by clarifying what options are available to health plans already under Medicare Advantage and what additional options are available through VBID to aid in our thinking about ways plans can implement benefits that advance equity and housing stability and quality. So, on the VBID side of this table, we'll first talk about targeting. [00:38:43]

VBID is unique in that it allows MAOs to target by low-income subsidy, commonly referred to as LIS, or dual status alone, which is not allowed under supplemental benefits for chronically ill enrollees, which are commonly referred to as SSBCI or uniformity requirements under the MA program. Under VBID, MAOs can also target by a combination of LIS or dual status and chronic conditions. VBID allows for targeted benefits related to Part D, which is unique to the model, and includes reduced or eliminated cost sharing for Part D drugs. [00:39:15]

VBID also allows for new and existing technologies, or FDA-approved medical devices, as a mandatory supplemental benefit. Under rewards and incentive side - or RI side - VBID has an RI limit that is tied to the value of the expected impact on enrollee behavior or the expected benefit, not the cost of activity, and allows for RI to be related to Part D, again, not permissible under the MA program. Finally, MAOs can apply to participate in the VBID Hospice Benefit Component. Under this component, plans cover all of their enrollees' Medicare benefits, including hospice care, and can also offer transitional concurrent care and hospice supplemental benefits. [00:39:57]

Great. So now for this slide, how do these flexibilities actually align with innovative benefits that aim to address housing quality and stability? So as our previous speakers have noted, given the known disparities in housing quality and stability, targeting those most in need is particularly important in addressing housing instability. On the targeting side, under VBID, health plans could offer rental subsidies as a direct benefit or lower energy cost burden through utilities assistance to all enrollees with LIS. [00:40:32]

Beyond just providing utilities assistance or rental assistance, plans can sign ways to address housing instability through other means, like subsidies for assisted living communities or through benefits that address environmental health hazards, like both lead or pests. General supports for living could also complement other VBID interventions like structural home modification benefits, to ensure that the beneficiary is able to stay in a home that fits their physical needs. [00:40:59]

We'll cover some more options during our panel discussion in a moment. On the RI side, plans can provide a reward of, say, a 50 dollar flex spending card to incentivize the completion of a housing instability assessment or the utilization of a high-value service, which can include participation in a care management program. Housing can also be addressed through the Hospice Benefit Component of VBID. An example of a hospice supplemental benefit can

include coverage of room and board in a residential facility while a beneficiary is on hospice. [00:41:31]

Great. So now that we've covered some examples of VBID Model interventions, I'm going to hand it off to Michael de la Guardia, who will talk to some of our current VBID Model participants about what housing and general supports for living benefits look like in practice. [00:41:50]

Michael de la Guardia:
Great. Thanks so much, Aaron. So today, we're very lucky to have two amazing panelists with decades of experience from two MAOs participating in the VBID Model. Today, we'll plan to talk about implementation challenges and success as it relates to improving housing stability and quality in the Medicare population. I'm pleased to welcome Eve Gelb, Senior Vice President of Duals at SCAN Health Plan, and Emily McGrath, Director of Health Equity, Product Development at Humana. So, we'll start with an overview of your organization's work in the space and then jump into hopefully some interesting questions after that. [00:42:32]

So first of all, I'll hand it off to Eve to do a quick overview of SCAN's work in this space. [00:42:39]

Eve Gelb:
Yeah. Thanks so much, Michael, and great speakers beforehand. It makes me think about all the things we are not yet doing that we should be doing, so thank you for all of that. My name, again, is Eve Gelb. I'm the Senior Vice President for Duals, and I'm responsible for health equity, and also I run our organization's community-based organization called Independence at Home. We're going to talk primarily about housing and homelessness, and what SCAN has done is we recognize that housing and homelessness has mostly been families and younger person-focused set of activities. [00:43:23]

And it's really hard for the Housing Services Authority and the housing organizations that we've been working with to tailor their interventions to older adults, to consider things like cognition, frailty, activities of daily living. And for the housing organizations, oftentimes for older adults, success is nursing home placement because at least there's a roof over somebody's head, there are meals, et cetera. For us, independent living - keeping seniors healthy and independent, being able to live in their own home in a stable housing environment - is what is success. [00:43:59]

So, we've created what we call an ecosystem where we have programs on the health plan side, primarily using benefits that we've been able to engage with the state on. So we're doing this for our duals, and so it's a fully integrated dual eligible special needs plan [FID-SNP], but also, the benefit flexibilities that VBID allows us to focus on these programs. There are a set of benefits around housing supports, rent assistance, those sorts of things coupled with intensive care management or enhanced care management. [00:44:34]

We also at SCAN have started a street medicine team because our provider partners are not really well versed at working with the population that is unhoused and we recognize that for older adults, the street medicine teams did not really exist. So, we've created a street medicine team

that partners with SCAN as the primary care provider for our members experiencing homelessness, and then once they get housed, we work with them to transition to one of our other provider partners, and the street medicine team doesn't only serve SCAN; it's pair-agnostic, [and]. [00:45:12]

it serves other pairs as well as fee-for-service. And then thirdly, we have a community-based organization called Independence At Home that is doing intensive care management for people experiencing homelessness and at risk of homelessness because this population is fluid. One moment, they're our member. The next moment, they're not our member. And so, what we wanted to do is make sure that we create an entire ecosystem that supports older adults across all platforms and continuums. [00:45:48]

Michael de la Guardia:
Great. Then I'll hand it over to Emily. [00:45:52]

Emily McGrath:
Good afternoon. At Humana, we have a vision for an equitable healthcare system, one where every person has a fair, just, and dignified opportunity to reach their full health potential, and a major component in doing that is addressing underlying health-related social needs that individuals experience, including housing instability and housing quality issues. So, thinking about Maslow's hierarchy of needs, individuals who are struggling to meet their very base physiological needs - things like food security and housing stability - are not going to be able to focus on their higher-level needs like health. [00:46:28]

What that means to us is an individual who is struggling to afford housing isn't going to be prioritizing the healthy behaviors we encourage, including preventative screenings, medication adherence, and closing gaps in care. At Humana, 53 percent of our Medicare Advantage members report experiencing at least one health-related social need. Forty-one percent of our MA members report experiencing financial strain. Eight percent report experiencing housing instability. Twenty-one percent report housing quality issues. [00:46:57]

And Medicare Advantage is uniquely positioned to be able to address these needs, given our focus on prevention and care coordination. But we can only do so in a stable environment. It's important to our members that we have benefit stability as well as strong core benefits. So how we do it, we leverage a product development process to test new interventions, starting with understanding the customer problem. This is especially true for housing. We can't effectively design a solution until we understand why it's a problem [and] what impact it has on our individuals' condition space to be able to help address it. [00:47:33]

In first quarter of this year, we completed consumer research that found that participants could make the connection between housing and health, and, some thought, a role for health insurers in addressing it. The primary need expressed was around finding resources. Some didn't know where to start. Some thought they had exhausted all of them, and so really finding a way to identify sources of affordable housing. Participants were very interested in any new resources we might have. The challenges with affordable housing also expanded into other dimensions of financial strain, including food security and digital connectivity. [00:48:11]

And when it came to solutions, the idea for a one-stop shop, if you will, or centralized model that offered multiple services in the building, such as a pharmacy, medical services, and groceries, were very appealing. We used that feedback to test and design interventions, and once we identified successful ones, we had the opportunity to scale through benefits and other programs, which we'll discuss in a few minutes as part of our national housing strategy. [00:48:39]

Michael de la Guardia:
Great. So I think I can go ahead and get us kicked off with the main portion of this interview, and it's interesting, I think. Both of you highlighted this portfolio of approaches to address housing, and I know there's a lot of ground to cover, and perhaps maybe we'll start with Eve here: I'm wondering if you could tell us about one or two of the interventions specifically that address housing stability and quality. You can focus in on the populations that you're targeting, or what populations that SCAN is looking at, and then maybe a bit on why you selected those interventions. [00:49:19]

And it doesn't have to be directly related to VBID- I know it's a very emerging space- but yeah, I'll hand it back to you. [00:49:27]

Eve Gelb:
Yeah, thanks, Michael. So what we've done is we started a housing and homelessness care management program probably back in 2015, and this was before SSBCI hit full swing, before CalAIM, which is California Advancing and Improving (*sic*) Medi-Cal, I think that's what it stands for -- came out with a set of benefits and services that we could provide. And so at the time, we were targeting populations that were very high-need that we thought had multiple chronic conditions, had acute utilization, that had a really difficult time accessing the health services. [00:50:14]

And we started with the model that was a social worker and a community health worker, and they were really doing intensive care management. Then, along came the CalAIM, which allowed us to provide services, and we selected of a list of 15 services: housing transition and navigation, housing deposits, housing tenancy and sustaining services, short-term post-hospitalization, recuperative care, and then in addition to that, we wrap around our long-term services and supports that we provide as a as a FID-SNP. [00:50:52]

So, things like homemaking, personal care, support for falls, other things in the home, because as the various speakers have talked about, aging in place isn't just about, "Do I have a place to live?" It's also about, "Can I live safely in the place I live?" And so, by doing all of this with the support of CalAIM and partnerships in the community with those housing navigation organizations, either us doing it or working with housing support organizations, recuperative care organizations, this was the first time we actually figured out how to do contracts because we couldn't figure out how to fit those sorts of things into our regular Medicare benefits. [00:51:37]

We've been really focusing on intensive care management, social worker, community health worker, wrapped around and supported by a set of benefits that we can use. And we identify folks through our HRA, so we're focusing mostly on our duals, but we do have lots of folks that

get intensive care management but perhaps not the benefits that I've talked about because they're not in that FID-SNP. They're not necessarily dual eligible, so we can't bring that set of benefits to them, so we have these two models. Full model, we can provide all of these benefits, and partial model, which is really intensive case management to support connecting them to all the resources. [00:52:25]

Michael de la Guardia:
That's super, super helpful there. And then Emily, I know you touched on it a bit in your intro, but are there any interventions or specific populations that you zero in on and chat about on the Humana side? [00:52:41]

Emily McGrath:
Sure. So I'll focus on benefits first. Humana started offering our Healthy Foods Card VBID, which is a monthly refillable grocery card, in plan year 2020. We filed it on a small number of D-SNPs with dollar amounts of 25 and 50 dollars per month. In 2023, we're really excited to announce it's been expanded, so it's now going to cover food, over-the-counter, rent, utilities, Internet access, and other supports for general living. The benefit's going to be available on select plans across the country, with dollar amounts ranging from 30 dollars to 175 dollars a month. [00:53:19]

It's also important to note that when we first launched the benefit, we only offered it to our D-SNP members. As we gained more experience, we realized that there were really more members in need of the services we could provide, and so it's now available on all plan types, either offered as VBID or as SSBCI. We also have other SSBCI options that can help improve housing stability and also housing quality. So in the SSBCI benefit flexibilities we first launched in plan year 2020, we filed our Flexible Care Assistance Benefit, which allows our care team to address housing quality issues like members in need of a window AC unit, pest control, minor repairs, and more. [00:53:59]

When we look at our top requests for the plan year 2022, we see utility assistance and housing payment support as the top request, followed by food support and co-pay assistance, and so in '23, we're expanding it as well. So it's still going to be available on select plans across the country, but with dollar amounts ranging from 500 dollars to 3,000 dollars for the year. In addition, we have a national housing strategy, and one big component of it is increasing that support of affordable housing, and so as part of that, we've invested 50 million dollars via syndicated funds to increase the supply of safe, affordable housing across the country. [00:54:37]

We're also partnering with those doing the most good - organizations like Volunteers of America - through their Aging with Options model. We've provided safe and stable housing as well as those wraparound services that were so popular as part of our consumer research. [00:54:53]

Michael de la Guardia:
Great. And you just touched on there a bit, but outside of some of the direct benefits, how do you think about housing as a portfolio of beneficiaries? Can you talk a little bit more about some of the initiatives or efforts that complement the actual benefit design piece of the housing benefit? [00:55:19]

Emily McGrath:
So like Eve was discussing, we too have our care management and social worker teams who are just a critical component of member care, really providing that care coordination and also those model of care programs. They're really the face of Humana to so many members in need of assistance, helping them understand their care plans, facilitating social support - including that for housing - and the importance of holistic care, really. And so they're just, yeah, the MVPs here. But that said, we've recently provided them with a new tool called Humana Community Navigator. [00:55:50]

It's powered by Findhelp, and it really allows us to make more community resource referrals. Again, the top search request is utility assistance. In fact, three of the top seven are for housing and utility support. The tools available to all of our care managers are social workers as well as our sales agents and other customer-facing associates, and it really is a multifaceted approach, through benefits, through community resources, through care management, and also strategic investments. [00:56:24]

Michael de la Guardia:
Great. And then, Eve, perhaps the same question to you, and I know you talked a bit on the care management piece and the work at CalAIM, but anything else on your thinking about the suite of benefits or other services and initiatives to think holistically about housing and how it interacts with some of the other benefits and initiatives at SCAN? [00:56:50]

Eve Gelb:
Yeah. So just like Humana's talked about, we do have community resource navigation. We also partner with Findhelp and our member services team; folks who are not necessarily as integrated in community resources use that a lot to be our first line of triage. But certainly, the in-community partnerships partnering with specific housing organizations for their older adults, because what they're doing is they're trying to find somebody who's going to be a good fit for their location, for their real estate, their apartment, and find somebody who's going to stay there. [00:57:34]

And so, it's really important for older adults to have long-term services and supports in order to manage their activities of daily living to sustain their housing, and most of these organizations are not assisted living facilities. They are senior housing complexes that need the support from other organizations to keep those folks housed. So in addition to the support that a case manager and a community health worker have with respect to coaching that resident on what it's like to live in a community - how to be a good neighbor, how to be a good resident - we also need to make sure that they have long-term services and support. [00:58:14]

So, assistance with bathing and grooming, right? For many of them, assistance with smoking cessation and other rules that they're going to have to obey in the facilities that they're in, and housekeeping services. So it's really hard for folks who have been on the streets for a long time to figure out, "How am I going to cope with keeping this place that I've been given and I'm very appreciative to be in in the kind of situation that the housing organization expects me to?" So really providing those sorts of supports is important. [00:58:52]

In the state of California, we also have this program called In-Home Support Services, but that requires you oftentimes to hire your own caregiver. That's a really hard process, so our case managers can help people through that process. So, I think there's a full wraparound, but I cannot understate the importance of long-term services and supports for keeping people housed and safe. [00:59:18]

Michael de la Guardia:
Thank you. So we've talked a bit about some of the opportunities and the benefit design. I wonder if we could transition to talk about some of the challenges that are unique to implementing the housing benefits, and maybe we'll start with Emily on this one. Could you chat a bit about some of the barriers and challenges with implementing these sorts of benefits? [00:59:44]

Emily McGrath:
Sure. So a very large oversimplification of the available solutions. You really have two options: one is covering the cost of housing; the other is connecting the individual with resources that can provide safe, affordable housing. The issue with the first is really the price tag, so think about the cost of your monthly mortgage or rent, and now multiply that by the estimated ten million households in the U.S. that are headed by seniors and their cost burdens, spending over a third of their monthly income on rent. [01:00:15]

The problem with the second option is really that there is nationally a shortage of safe, quality, and affordable housing. As Leah mentioned in her presentation earlier, the wait list could be years to decades long. There's also limited research with rigorous study design and proven outcomes on housing interventions outside of those that address homelessness. Research has not shown that housing instability interventions improve unhealthy behaviors like smoking or alcohol use. [01:00:43]

With that said, housing interventions do have a positive impact on those that they serve. They can alleviate financial strain, which can also have a positive effect on anxiety and depression. They can result in higher member satisfaction net promoter scores, resulting in higher retention. Long term, we also expect to see control measures improved through housing intervention -- for instance, medication adherence. Due to the reduced financial strain associated with paying the rent, mortgage, and utilities, we'd expect to see that individuals are able to fill their prescriptions. [01:01:17]

And I would be remiss if I didn't note that we as payers really have an opportunity to help improve the body of research in this domain, given our strong data analytics and research capabilities. [01:01:30]

Michael de la Guardia:
Thanks. And then, Eve, same question to you, around barriers and challenges unique to housing? [01:01:36]

Eve Gelb:

Yeah. So, I mean, I would agree with Emily. The housing shortage and the paying for it is a huge piece, so certainly funding and just being able to solve the problem. I would also say from an eviction prevention standpoint, case finding is hard. So we do that through our health risk assessment. We do that through other data gathering or sometimes a self-referral or a predictive model that we may have built that helps us identify that or just looking at different communities that have high vulnerability. But finding people at the moment before it becomes a crisis is really hard. [01:02:22]

And to your question earlier about, "What are we thinking might be other benefits?" We're looking at medical legal partnership for eviction prevention, but honestly, the key question for that is case finding. I'll say, another piece is the housing services organizations in our community are amazing, and they are doing a fantastic job, but they are also strapped for resources. There's high turnover in their staff because it is a hard job to be doing this. And so really, being able to have the strong relationships, have these poor organizations that have all the health plans now engaging with them, wanting to pay them, in theory, to do services, it's just a really difficult thing. [01:03:11]

And then I would say the last thing is really data sharing. So for a long time, we were trying to get to be part of the coordinated entry system for housing supports in our communities, and as a health plan, this was really hard to do. Through CalAIM, this has become more possible, and so super excited that now we are part of that entry system and have access into the housing and homelessness information management systems. But data sharing is really hard, particularly as I mentioned they're your member, and then they lose eligibility and then they're not your member or they dis-enroll and they didn't know they dis-enrolled. [01:03:52]

But we have to provide that continuum, and so it's really hard to provide that continuum in this situation, where there's all the HIPAA and privacy and data issues. [01:04:05]

Michael de la Guardia:
And on that note, could you talk a bit more about some of the key data that you're looking at, both maybe perhaps to identify beneficiaries or housing insecurity on a target for these programs, and along with that, if there's any screening tools that you utilize? And then also data to measure impact in this space, whether it be anything from beneficiary satisfaction to actual health outcomes, or even if it's just more from an operational standpoint? A lot packed into that question, but feel free to tackle any part of it. [01:04:46]

Eve Gelb:
Yeah, I can go first, Emily. So with respect to the case finding piece and the data that we're using, so our health risk assessment is key. For our SNP population, we have about an eighty percent completion rate for our HRA, so we tend to find people through that, and it's good. For our non-SNP population, we have an HRA. It's not mandated, but we have one, and it's about a thirty to thirty-five percent completion rate, so it's much harder to find those folks. And we are using standardized questions where we can, but basically, we're asking people if they have housing insecurity or if they are currently experiencing homelessness. [01:05:33]

We also ask questions about the financial supports, like need for assistance with utilities, rent, and food, so that that is, we're hoping, a precursor; a more upstream predictive question. With respect to once people are in the programs, our primary outcome is sustaining housing or finding housing, and so we're looking at clients housed, clients remaining housed, evictions prevented. It's really hard to actually say, "Yep, we prevented that eviction." It's pretty easy to say, "Yep, we housed that person," because if they're unhoused, it's a clear distinction. [01:06:17]

We also look at utilization of the various services, like how many people are using housing transition and navigation, how much we're spending, how many people are using the housing deposits, and all the various services. Recuperative care and the short-term post-hospitalization are relatively new contracts for us, so we have very limited use there and we're checking to see what that actually does. Our goal was not to say, "We're going to fund this by reducing acute utilization," so while it is something we look at, it's not an ROI piece that we're looking at it, but we are looking at acute utilization. [01:06:55]

We're looking at ER utilization, and then generally to the point Emily was making, we're looking at things like are they at a point now where they can be adherent to their diabetic medications? Are they at a point now where they are actually seeking primary care? Are they at a point where they're able to engage with us on some of the quality outcomes we're focused on as a health plan? [01:07:23]

Michael de la Guardia:
Thank you so much. And then Emily, anything you'd highlight on the data piece there? [01:07:29]

Emily McGrath:
Sure. So we can look at it from a couple of different lenses. We conduct health-related social needs screenings throughout the year using the Accountable Health Community Health-Related Social Needs Screening Tool, so we can continue to evaluate the level of need and associated trends based on what our members are experiencing. When it comes to benefits, though, we look at several different data sources, one being utilization reports. We're analyzing categories we spend, percentage of the allowance used, dollar amounts used during transactions, card activations, and other utilization metrics. [01:08:03]

But we're also leveraging qualitative feedback from our care teams, our care managers, and our social workers, again, that face of Humana to so many of our members. When it comes to evaluating the success of the benefit, it's really important for us to reframe that conversation, not so much focus on return on investment, or ROI, but really focus on return on health. So many of those categories that Eve just mentioned, thinking about clinical outcomes, quality and safety, access to care, health equity, and also patient experience are all super important when we think about how we can measure the impact of housing interventions. [01:08:43]

Michael de la Guardia:
Thank you. And so I know we have about five minutes left, and I'm going to try to squeeze in two questions into this time. One would be, I guess knowing what you know now, is there anything you would share with another MAO looking to enhance their housing and general

supports for living benefits or considering implementing some sort of housing intervention to address quality or instability? Either one of you feel free to take this one. [01:09:19]

Emily McGrath:
I can start. I just think it's really important to know that we can't solve all housing issues through benefits. It has to be a comprehensive approach, including those care managers and social workers, community resource connections, and other sources. And while it may not be feasible to pay the full amount of rent for an individual for an entire year based on that price tag that we discussed, it's important to identify an amount that can really make an impact and ways to alleviate other sources of financial strain. [01:09:48]

So, it could be food support so that an individual can afford rent and utilities. The last point I would make is just it's really important for your members to be aware that the benefit exists, and that you're able to contact them, too. So thinking about the high unable-to-contact rates that we experience. That way, when you know that they're eligible for the support, you can outreach them to see, "Are you utilizing the benefits?" [01:10:17]

Eve Gelb:
In addition to what Emily said, I would add that real community engagement is important. I love the Findhelp tool; I think it's amazing. It does act as a good triage, but you have to engage with the organizations in your community that are providing these services. So, one of our success stories, this woman named Wilma, she came to us through a community-based organization who referred her to us to let us know that her son had locked her out of her home and changed the locks and had dis-enrolled her from our plan without her knowing. [01:10:52]

Her need was actually insulin. She was going to run out of coverage, and this organization knew that SCAN could help her and they connected her with us. At the time, so she needs her insulin, she's locked out of her home, she happened to be couch surfing with her friend Olga, and so we had to bring all of the pieces together, and she wasn't actually our member, right, because she had been dis-enrolled. So, we have to engage with the community organizations, and they are burdened, so we have to come to them with offering something rather than taking something. [01:11:29]

The other thing is I would say that the state was really helpful with rate-setting guidelines for how to pay for these services because we should be paying for these services in the community. We shouldn't just be expecting the community to provide it for free. They need support as well. So rate-setting guidelines were really important. And the other thing is champions in your organization. You need to find the champion. We had this housing and homelessness program since 2015 until our CEO arrived and said, "We are going to tackle homelessness head on." It was this tiny little program. It allowed us to go big. So, champions help you go big. [01:12:08]

Michael de la Guardia:
Thank you. Thank you so much for that. And maybe to close this section out a bit, Eve, I'm curious where do you hope to go next with your housing and general supports for living benefits? And then if possible, highlighting anywhere that VBID Model fits into some of that ongoing work anywhere? [01:12:35]

Eve Gelb:
Yeah. So we're doing VBID for our I-SNP and our D-SNP right now. The D-SNP side, I think the Part D piece that Erin talked about has been super helpful because it's dollars in peoples' pockets that really matter. If they're limited with respect to the housing costs, et cetera, dollars matter. We have a food card as part of our regular SSBCI benefits. I think we look to using VBID for the more overarching flex card piece of it, and I love the fact that VBID allows you to select based on income status because one of our struggles is we're only doing it for duals now because it's a clear, cut, and dry, and we have the piece that the state is providing. [01:13:26]

But using the VBID will allow us to serve low-income folks who are not necessarily full duals in our other plans. But the real question is the funding, and as much as these benefits are amazing, they're not sexy benefits that sell your plan, right? So it's competing with your gym benefit, your dental benefit, and the other things that sell your plan, so we have to figure that particular thing out. But I think that and then the medical legal partnership for eviction prevention upstream, so as much as we can do that and support that through grants, through VBID, through CalAIM and other braiding of various resources, that's where we're going. [01:14:14]

Michael de la Guardia:
Great. Super exciting stuff, and we're looking forward to seeing what else SCAN will continue to do in this space. And then to you, Emily, on the Humana side. [01:14:24]

Emily McGrath:
Sure. So a big component of the VBID Model is measuring the impact of the intervention on reduction and medical expenses, and transparently, we may not be able to show that impact, but they are helping members in other ways. So we're hopeful that we can continue to offer these innovative benefits even in the absence of a favorable return on investments, but on the basis of that return on health. I also want to mention that we're encouraged to see the 2023 VBID measures focused on screenings for food insecurity, transportation, and housing stability as well as that intervention component within 30 days because that can really help to measure the magnitude of the problem but also drive creative solutions to help resolve those health-related social needs that members experience. [01:15:16]

Michael de la Guardia:
Great. So what I'll try to do now is seamlessly transition us into the Q&A portion, and we did have several questions for both you, Emily, and Eve, so maybe we'll prioritize those first while you're on camera, and then we had a couple for Akm as well. So this question I see here was both for Emily and Eve, and it's, "Are any of you hoping to fund service coordinators within HUD seniors housing to serve as your on-site navigators?" So anything on the interaction with HUD or anything you're doing in that space. [01:16:00]

Eve Gelb:
I can take a stab. We're not doing anything directly with HUD, but we certainly are working with housing with buildings themselves. So what we're doing is we're partnering with organizations like - they're going to kill me because I've forgotten all of the names of the organizations now as you're staring at me - but because we're focused on older adults, we're

placing our folks in that building for a day a week, something like that. So, we're not necessarily funding the building's coordinator, but we're giving the building resources is where we're going. [01:16:41]

Emily McGrath:
And to my knowledge, we are not helping to fund those coordinators, so I would have to confirm. [01:16:50]

Michael de la Guardia:
And then next question here for Eve. Is there any needs or capacity building for social service providers to be able to partner and contract with healthcare payers? I think this is a lot on the capacity building you're doing around any partners in the space. [01:17:11]

Eve Gelb:
Yeah, and I would point out Highmark Health - and I know they've just come out with a paper on food insecurity and community capacity building - so we look to a model like that. But basically, it's about creating partnerships, and we've been fortunate in at least LA County, LAHSA has helped connect us to the community-based organizations where we've been able to say, "Okay, you do the part about finding the housing. We do the part about keeping them housed with their long-term services and supports so that we can partner that way." [01:17:46]

Also, the state of California has an incentive program to have health plans partner with and support community-based organizations for setting up that infrastructure for billing. They can't submit a claim. Nobody's going to submit a claim -- so invoicing structures, things like that. A lot of coalitions have been formed, and I really applaud the state of California that they're doing in each of the counties to make this happen, and that's enabled us to create those partnerships, but we would love to do more through grants, through technical assistance, and that sort of support, and I love what Highmark is doing. [01:18:26]

Michael de la Guardia:
Great. And then last question for you, Eve, that I've seen in the chat. Can you talk a bit about the rate setting model that recognizes housing expenditures? [01:18:39]

Eve Gelb:
Yes. So basically the state of California came up with this list. At the time, it was called In Lieu of Services, but now they call them Community Supports, and they created guidance for how much you pay for housing navigation per month. And things like that are super important because honestly, it first allows the community agency to budget and to say, "Okay, this is how much I'm going to get for it," and they didn't set an exact price. They gave us a range, and it has been really easy because it takes that part of the negotiation and organization with the community agency out. [01:19:16]

We don't have to worry about that part. It's figured out. So you can go on the state website - and I can send folks the link - but there's a policy guide, and it's got the rate-setting guidance, which has been super helpful. But we didn't do it. The state of California did. [01:19:36]

Michael de la Guardia:
And then Emily, I believe this is the last question here for you. Can you offer other examples of how you're increasing safe, affordable housing? [01:19:50]

Emily McGrath:
The way that we're doing this is through investment through three syndicated funds, and so we're focused on specific states, and we know that there is a need for affordable housing going through it [by that?] method. In addition, we're working with Volunteers of America on several different initiatives. We're focused on providing safe and stable housing to the residents, and so that could be a Medicaid population or a Medicare population or a dual-eligible population. [01:20:19]

Michael de la Guardia:
Great. Well, thank you so much for your time. I really enjoyed the conversation and I'm excited to see what you're doing in the space. And so with that, we did have a couple more questions, and I believe both of these were for Akm. So the first one here is essentially, "How do you access the LIHEAP benefits? Or how can MAOs support their members accessing those benefits?" I think you may be on mute. [01:21:03]

Akm Rahman:
So during my presentation, I was showing a map, which basically shows all the local intake sites for LIHEAP. The best way to apply or bring resources to this household is to contact one of the local agencies. They have many ways to do the intake. Some have online access, where someone can submit an application. Some local agencies will be able to take information over the telephone and make someone eligible. There are only a handful of states where they do not use local agencies, but they might have a local office such as a volunteer intake site where someone can go and even apply for assistance. [01:21:57]

So, the best thing to do is contact the local agencies, and I'll just put a link on the chat that will allow anyone to pull up a list of local agencies: https://hhs-acf.maps.arcgis.com/apps/dashboards/683ba3b0c2064498a4a60fc04644a1ea. [01:22:17]

Michael de la Guardia:
Great. Thank you so much. And I believe that is all the questions that we have in the chat here. I'll do one final scan. Yes, I think that's everything I'm seeing on my end. So with that, we can go ahead and flip to the next steps slide. So as mentioned, we've approached the end of our session, and I really do want to reiterate that through this webinar and future learning sessions, part of the Health Equity Incubation Program, we hope to develop a forum for MAOs to innovate around health equity, social needs, and social determinants of health. [01:23:15]

Not only does the model provide a unique toolset for health equity innovation, but it is our hope that this program will provide a forum for solving common problems and challenges related to health equity in the Medicare Advantage space. Here, I'll highlight a few next steps. Please do provide feedback on future health equity TA. That will be valuable to your organization. We're always looking to improve the assistance we're providing to MAOs. Feedback can be submitted

through the post-webinar survey and through our VBID mailbox, VBID@cms.hhs.gov . The address is listed here. And, again, as mentioned, these slides will be posted. [01:23:58]

I'll also note that the 2024 RFAs for VBID and VBID Hospice will be released in the coming weeks. Please be on the lookout for them if you are a Medicare Advantage organization interested in participating. And finally, the Health Equity Incubation Program will continue in 2023, but with a new format and greater focus on operational issues, so more details will be announced on that in the coming months. And with that, thank you so much to everyone for attending, and have a great rest of your afternoon.