

Utilizing Medicaid to Address the Social Determinants of Health Early Successes and Challenges in California

Erika Hanson, JD

Clinical Instructor

Center for Health Law and Policy Innovation

Harvard Law School

October 25, 2023





Social Determinants of Health • The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life

• E.g., Economic stability

Social Risk Factors

 An attribute or exposure of an individual that increases their likelihood of poor health

• E.g., Food and housing insecurity

Health Related Social Needs

- The social and economic needs that individuals experience that affect their ability to maintain their health and wellbeing
- E.g., Food and housing need

Adapted from: Katie Green & Megan Zook, When Talking about Social Determinants of Health, Precision Matters, Health Affairs Blog, Oct. 29, 2019, DOI: 10.1377/hblog20191025.776011

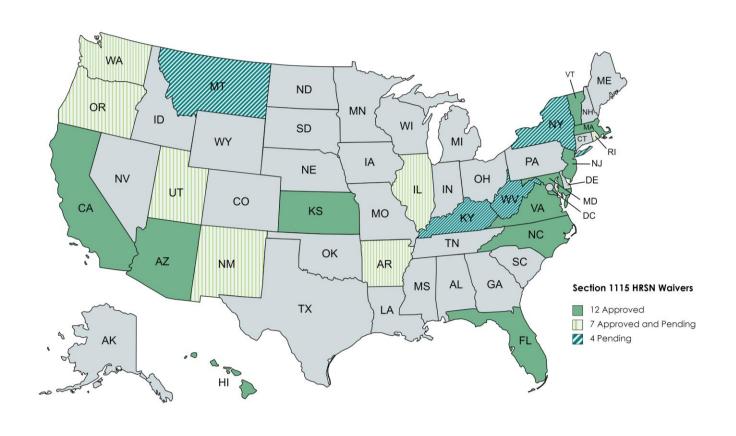


The social determinants of health, ranging from structural racism to socioeconomic factors, drive as much as 50% of health outcomes.

Hood CM, Gennuso KP, Swain GR, Catlin BB. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. Am J Prev Med. 2016;50(2):129-135.







Created with mapchart.net

Sources: KFF, Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State (Sept. 29, 2023), https://www.medicaid.gov/medicaid/section-1115-waivers-by-state; Centers for Medicare & Medicaid Services, State Waivers List,

https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html (last visited Oct. 16, 2023).



California Advancing and Innovating Medi-Cal (CalAIM)

Under a Medicaid section 1115/1915(b) waiver, California Medicaid managed care plans can provide 14 categories of optional in lieu of services (ILOS), called "Community Supports"

- 1. Housing Transition Navigation Services
- 2. Housing Deposits
- 3. Housing Tenancy and Sustaining Services
- 4. Short-Term Post-Hospitalization Housing
- 5. Recuperative Care (Medical Respite)
- 6. Respite Services (Caregiver Respite)
- 7. Day Habilitation Programs
- 8. Nursing Facility Transition/ Diversion to Assisted Living Facilities

- 9. Community Transition Services/ Nursing Facility Transition to a Home
- 10. Personal Care and Homemaker Services
- 11. Environmental Accessibility Adaptations (Home Modifications)
- 12. Medically-Supportive Food/ Medically Tailored Meals
- 13. Sobering Centers
- 14. Asthma Remediation





The Center for Health Law and Policy Innovation of Harvard Law School and California's Medically Supportive Food & Nutrition Steering Committee conducted in-depth case studies of California community-based organizations and health care plans partnering to provide nutrition services under this new Medicaid program

Key Findings:

- Values that animated decision making and defining success included: service access and impact, equity, research value and ROI
- Challenges in the first year of implementation included: reimbursement rates, eligibility criteria, referral infrastructure and coordination, and technology



Building Partnerships to Advance Nutrition in California's CalAIM Waiver

A CASE STUDY SERIES

Featuring

- · Vouchers 4 Veggies, Health Net, and El Concilio
- · Ceres Community Project and Partnership HealthPlan of California
- Alameda County Recipe4Health and Alameda Alliance for Health
- Project Open Hand and Contra Costa Health Services
- Project Angel Food and L.A. Care Health Plan

2023





"[W]e're thrilled with this development in California... this is a really forward thinking, progressive in the best sense of the word, development that is really trying to look at how we help our neighbors in a holistic person-centered cost-effective way. It's really exciting. There are challenges, but this is a really exciting development that we all firmly believe is going to help a lot of people."

- Project Angel Food

Initial learnings in California show that the challenges associated with integrating social services into health care financing are surmountable, and the potential impact for beneficiaries and communities is great



Erika Hanson (she/her)
CLINICAL INSTRUCTOR
CENTER FOR HEALTH LAW AND POLICY INNOVATION
HARVARD LAW SCHOOL

ehanson@law.harvard.edu

chlpi.org healthlawlab.org





Medicaid: A Tool to Address Structural Inequities that Impact Health

Sarah Somers, Legal Director National Health Law Program October 25, 2023



About the National Health Law Program (NHeLP)

- National non-profit law firm committed to improving health care access and quality for underserved individuals and families
- State & Local Partners:
 - Disability rights advocates 50 states + DC
 - Poverty & legal aid advocates 50 states + DC
- National partners
- Offices: CA, DC, NC
- www.healthlaw.org



NHeLP's Equity Stance

Health equity is achieved when a person's characteristics and circumstances — including race and ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, health, immigration status, nationality, religious beliefs, language proficiency, or geographic location — do not predict their health outcomes.

https://healthlaw.org/equity-stance/



Medicaid

Enacted in 1965

• Federal-State Cooperative Insurance Program for low income

people

Administration

Reimbursement

Laws





Medicaid

- History
 - Based on Kerr-Mills Act programs voluntary for states
 - Very low participation in Southern states with large Black populations
 - Medicaid is also optional for states
 - 32 states opted in before the first former Confederate state opted to participate
 - Lax enforcement of Title VI in Medicaid-funded facilities



Medicaid Eligibility

- Citizenship
- State Residence
- Low Income
- Fit into a category





Medicaid Eligibility

- Pregnant women and children
- Caretaker relatives
- People over age 65
- People with disabilities





Medicaid Expansion

The Affordable Care Act 2010:

Low income adults who don't fit into other categories

(under 138% of poverty)



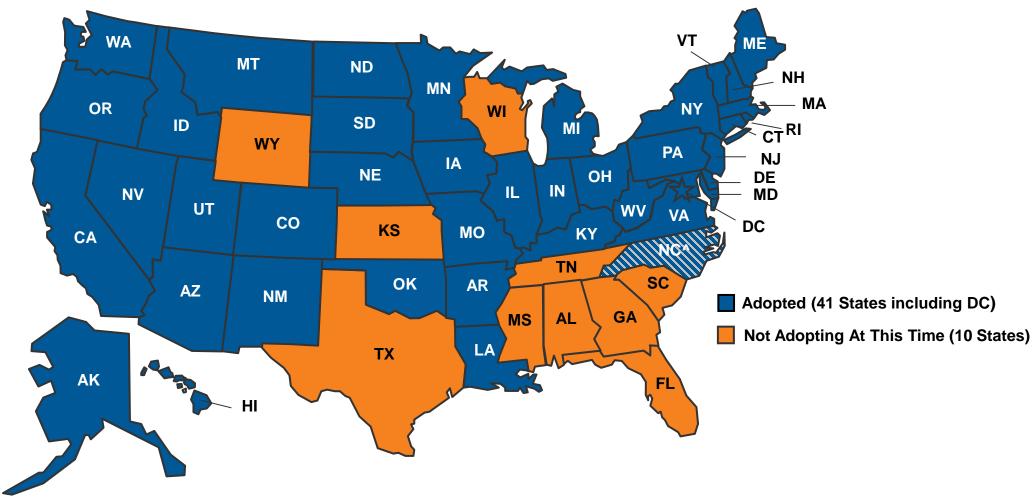


Racial Disparity Today

- Adopting the Medicaid Expansion
- Attempting to impose work requirements



Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. ^Expansion is adopted but not yet implemented in NC. See link below for additional state-specific notes.



SOURCE: "Status of State Medicaid Expansion Decisions," https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

Medicaid Expansion

- 11 States have not adopted it
- 6 States have proportions of Black residents higher than the national average (13%)
- 1 state has the highest proportion of Hispanic residents

MS	GA*	AL	SC	TN	FL
38%	31%	27%	26%	16%	15%



Medicaid Expansion

- If holdout states expanded:
 - 3.5 million adults would be newly eligible
 - 60% of those are BIPOC
 - More than 850 thousand Black Americans would be newly eligible
 - Access to care would increase



Sources

- Sarah Somers & Jane Perkins, *The Ongoing Racial Paradox of the Medicaid Program*, 16 J. Health and Life Sci. L. 96 (2022). © American Health Law Association,
 - https://healthlaw.org/wp-content/uploads/2022/05/The-Ongoing-Racial-Paradox-of-the-Medicaid-Program.pdf
- Michael Simpson and Ella Brett-Turner, Urban Institute, Who Would Gain Coverage under Medicaid Expansion in North Carolina? (Nov. 2022),
 - https://www.urban.org/sites/default/files/2022-11/Who%20Would%20Gain%20Coverage%20under%20Medicaid%20Expansion%20in%20Nor th%20Carolina.pdf.



Questions?

somers@healthlaw.org

