

In Lieu of Services Learning Sessions Summary

The Center for Health Care Strategies (CHCS), with support from the Episcopal Health Foundation, has been partnering with the Texas Health and Human Services Commission's Value-based Payment and Quality Improvement Advisory Committee ("Quality Committee") to explore using *in lieu of* services to address health-related social needs.

As part of this exploration, CHCS hosted four learning sessions for members of the Quality Committee:

- December 3, 2021 – Introduction to *in lieu of* services
- January 25, 2022 – Asthma remediation programs
- February 25, 2022 – Food is Medicine programs
- March 22, 2022 – Supportive housing programs

Following are summaries of each event.

In lieu of Services Overview

Diana Crumley, Senior Program Officer, CHCS

- D. Crumley gave an overview of this project and an update on the current national landscape on using *in lieu of* services (ILOS) to address health-related social needs.
- ILOS are services that are "[medically appropriate and cost-effective substitutes](#)" for an existing covered service. States can authorize ILOS in a managed care contract, and managed care organizations (MCOs) have the option to provide that service. Cost and utilization of ILOS can be used to develop MCO capitation rates, unlike value-added services.
- Multiple states are currently pursuing or using ILOS. Following are examples:
 - **Texas** has [pre-approved ILOS for behavioral health services](#), and is in the process of getting CMS approval for different sets of services. For example, Phase One of these behavioral health ILOS includes provision of crisis respite, extended observation, partial hospitalization, and intensive outpatient programming as substitutes for inpatient services.
 - **Kansas** has [pre-approved waiver-like services](#) as ILOS to cover services for certain members (e.g., those on a waiting list for Home and Community-Based Services waiver benefits).
 - **California** will allow MCOs to offer [14 "Community Supports."](#) CMS approved 12 of the 14 as ILOS, with the two other services authorized under an 1115 demonstration. These Community Supports are preventative in nature and intended to avoid inpatient admissions, emergency department use, and nursing facility placement. Services include, among others: tenancy support services, medically supportive food and medically tailored meals, and asthma remediation. CMS [plans to release federal guidance](#) for states interested in using ILOS in a similar way.
- States can consider pathways to start providing ILOS and to implement these services. CHCS can support the Quality Committee in exploring these concepts for Texas.

Asthma Remediation

Trent Van Alfen, Senior Social Innovation Specialist; Michael McKnight, Senior VP, National Programs; and Brendan Brown, Director of Research, Green & Health Homes Initiative (GHHI)

- T. Van Alfen presented on work done by GHHI, an organization that focuses on addressing the social determinants of health and racial equity through healthy housing.
- He outlined the four components of home-based asthma programs: (1) identifying specific populations based on referrals due to factors including high utilization or medication usage; (2) conducting home visits to assess needs, provide education and supplies, and screen for other social needs; (3) conducting environmental trigger remediation in the home through services including pest management, carpet replacement, and mold treatment; and (4) monitoring outcomes through regular follow-up calls and other data collection.
- He also shared evidence from national research conducted by the CDC and research conducted by GHHI which show that asthma remediation programs are very cost effective and improve clinical outcomes for children, though there is not enough evidence to conclusively determine effectiveness for adults.

Arnita Burton, Director of Clinical Innovations and Social Determinants of Health, UnitedHealthcare (UHC)

- A. Burton presented on multiple asthma pilots being run by UHC in Texas.
 - UHC is collaborating with GHHI to conduct an asthma remediation program. Members are identified and outreached to by UHC, then are provided education and home assessment and remediation, and finally are part of a follow-up and evaluation.
 - UHC is also part of the Texas Asthma Control Collaborative run through the Texas Department of State Health Services, where UHC is using telehealth and community referrals to improve access to care, medication adherence, and education for members with asthma. The goal is to reduce asthma-related inpatient visits.
 - Finally, UHC is collaborating with Airwaze, a health technology vendor, to improve medication adherence through the use of “smart” inhaler attachments.

Mandie Tibball Svatek, Medical Advisor, and Cara Hausler, Program Manager, San Antonio Kids BREATHE (SAKB)

- M. Svatek and C. Hausler presented on to SAKB program, an asthma-focused program run through the City of San Antonio since May 2019. This program works with two MCOs and has also received grant funding from the Texas Department of State Health Services to provide asthma remediation services.
- The presenters explored the development of SAKB and its impact to date. The program has so far enrolled 228 children based on factors including emergency or urgent care utilization, inpatient hospitalization, school absenteeism, and excess school nurse visits. Program evaluation data shows improved asthma control among enrollees and graduates of the program.
- Presenters explored program sustainability; they have partnered with county health systems, two health plans, and are working on a Pathways HUB program partnership.

Food is Medicine

Katie Garfield, Director of Whole Person Care, Center for Health Law and Policy Innovation, Harvard Law School

- K. Garfield presented a national overview on the makeup and effectiveness of Food is Medicine programs. She noted that programs run along a spectrum of intensity and run from a prevention to treatment orientation. Food is Medicine programs include produce prescriptions/vouchers, medically tailored groceries, and medically tailored meals. Nutrition support programs like SNAP, WIC, and school lunch programs support food access, but are not funded with health care dollars and are typically thought of as distinct programs.
- She presented on the evidence base for clinical and cost-effectiveness of Food is Medicine programs. Medically tailored meals are the most intensive and specific interventions, and have the strongest evidence base for decreasing high-cost utilization including inpatient stays and emergency department visits, as well as improving health outcomes. Other programs are also shown to improve health and decrease high-cost utilization, though the effect is not as large compared to medically tailored meals.
- The presentation also explored the use of ILOS to cover Food is Medicine programs in New York and California. New York allows medically tailored meals in place of using personal care aide services to prepare meals. California covers a suite of Food is Medicine programs to prevent services like hospital and emergency visits.

Mini Kahlon, Director, Factor Health

- M. Kahlon presented on Factor Health’s work in Food is Medicine, which is part of the broader landscape of Texas-based work supporting access to nutritious food for people enrolled in Medicaid or with complex health needs.
- Factor Health is currently evaluating different programs to understand key questions related to successfully designing these programs. Following are examples of these explorations:
 - Whether once weekly deliveries versus 5 times weekly in-person deliveries of medically tailored meals results in better value;
 - What quality measures can be used to best understand the impacts of medically tailored meals (e.g., successful delivery, amount of food consumed, management of the target health condition, patient satisfaction);
 - How impactful produce prescription programs are on health outcomes; and
 - How Food is Medicine programs can be leveraged to support maternal and infant health outcomes.
- Overall, program evaluations have shown that Food is Medicine programs have positive health impacts and many of these programs tend to be cost effective. There is still more room to explore creative approaches to delivering food and paying for these programs.

Supportive Housing

Marcella Maguire, Director of Health Systems Integration, Corporation for Supportive Housing (CSH)

- M. Maguire presented on the makeup of supportive housing programs and shared strategies for sustainable financing of these programs. Supportive housing programs combine affordable housing with health, social, and other services to provide stability and dignity to people served by these programs. People who are served by these programs are typically chronically homeless or at risk of homelessness, are cycling through multiple systems or are exiting institutions (e.g., hospitals, criminal justice settings, or mental health facilities).

- Evidence indicates that supportive housing programs contribute cost savings to social and health systems through decreased use of homeless shelters, high-cost health care services, and jails and prisons.
- She explored the financial needs for supportive housing programs, including capital to build or acquire the housing and ongoing financing to keep rent affordable and provide flexible services. Supportive housing programs are often paid for through braided funding from a variety of sources, including federal grants, Medicaid support, philanthropic funding, and state and local funding.
- There are many programs in Texas that are exploring supportive housing with the help of CSH.

Helen Eisert, Senior Housing Policy Advisor and Sarah Gonzalez, Project Implementation Manager in the IDD/BHS Innovation Strategy Unit, Texas Health and Human Services Commission (HHSC)

- H. Eisert and S. Gonzalez presented on the variety of behavioral health housing support initiatives currently being run by HHSC, the successes and challenges of these programs, and areas where additional support could be useful. Following are current or former programs:
 - Supportive housing rental assistance for homeless and at-risk of homeless adults with behavioral health needs;
 - Healthy community collaboratives;
 - COVID-funded housing programs provided step-down housing for people existing state hospitals and funding for housing navigators and supportive housing for people with mental health conditions;
 - Partnerships with the Texas Department of Housing and Community Affairs and Texas State Affordable Housing Corporation allowed multiple projects focusing on expanding affordable housing;
 - Money Follows the Person Behavioral Health Pilot transitioned adults with mental illness from nursing facilities to communities through multi-stakeholder partnerships which resulted in \$24.5 million in savings for Medicaid;
 - MCO Transition Pilot embedded a navigator within MCOs to transition people with mental illness from nursing facilities to the community; and
 - Bridge to STAR+PLUS pilot will transition people from state hospitals to home- and community-based services in Travis and Bexar counties – providing intensive housing and health supports before and after transition to divert people from nursing facilities.
- These programs have been shown to decrease mental health crisis episodes for program participants, decrease lengths of stay in medical facilities for people experiencing homelessness, and improve independence for program participants. However, it can be difficult to place people in housing programs when they have a lack of rental history, prior involvement in the criminal justice system, poor credit, or previous evictions. Programs that support people with these complex histories are needed.
- Following are areas where ILOS could support existing behavioral health housing programs:
 - Employment of housing navigators to assist program participants during their housing transition;
 - Landlord engagement and incentives funding to support landlords to take on tenants with complex housing or mental health histories; and
 - Tenancy supports to assist program participants in maintaining stable housing.

Additional Resources

Presenters shared additional resources related to the evidence supporting clinical and cost effectiveness of these services. All of these resources can be found in the full slide deck from these learning sessions. A selected list of resources is shared below:

ASTHMA REMEDIATION

- [Economic Value of Home-Based, Multi-Trigger, Multicomponent Interventions with an Environmental Focus for Reducing Asthma Morbidity: A Community Guide Systematic Review](#) (Task Force on Community Preventive Services)
- [Effectiveness of Home-Based, Multi-Trigger, Multicomponent Interventions with an Environmental Focus for Reducing Asthma Morbidity: A Community Guide Systematic Review](#) (Task Force on Community Preventive Services)

FOOD IS MEDICINE

- [Food is Medicine Research Action Plan](#) (Aspen Institute)

SUPPORTIVE HOUSING

- [Texas Supportive Housing Institute](#) (CSH)
- [Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness](#) (National Academies of Sciences, Engineering, and Medicine)