
Medicaid Spending Programs Braided Funding Scenarios

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Presenters

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Agenda

- Welcome and introductions
- New resource: braided funding scenarios
- Advanced Health CCO braided funding example
- Q&A

**New resource:
Braided funding scenarios**

About the document

- Background on braided funding
- Three scenarios show how braiding Medicaid funding can support members and communities
- Tips and resources for getting started on braiding funding

Braided Funding Scenarios

Three scenarios for how multiple Medicaid funding streams could come together to support members and communities

Scenario 1: Community-based approach to addressing the needs of members with physical disabilities

Overview of example community	CCO offerings
This community has a mix of urban and rural areas and a centrally-located, mid-sized city. Key characteristics include:	The local CCOs provide a range of support to the community, and partner with many local organizations.  Competitive grants offered annually from one of two CCOs in the region, including a recent investment to improve affordable housing accessibility  Non-emergency medical transportation (NEMT) covered service increases access to health care  CCO participates in community-wide collaborations led by local CBOs

Scenario 1: Mario connects with supports & services



Mario
25 years old
Lives by himself in rental unit
Complex physical health condition, uses mobility device

Current context

- Eligible for Supplemental Security Income (SSI), currently seeking work
- Medicaid covers medical and prescription needs
- Apartment lacks accessibility features

Connecting Mario with supports & services
Case manager from his local clinic developed a plan to improve Mario's housing context and address social needs

In lieu of services (ILOS)
Traditional Health Worker conducts home visits to ensure well-being, screen for social needs and provide health education

Health-related services: flexible services

- Wi-Fi and cell phone costs to communicate with health care providers and potential employers
- Installation of accessibility features in current apartment*

Health-related social needs (HRSN) services
Risk of houselessness qualifies Mario for rental assistance to maintain housing**

Supporting Health for All Through REinvestment (SHARE)
Accessible, affordable housing investment means units that suit Mario's needs are being built in his community.

*Features not covered by other state or federal programs **Beginning November 2024, if the individual meets clinical risk criteria

Oregon
Health
Authority

5

About braided funding

Braided funding uses multiple funding streams to pay for specific pieces of a broader program or service.

- Funds remain separate and are only used for their specific purpose(s).
- Administrative costs may be spread out across funding streams.

The goal of braiding Medicaid community investment programs is to make it easier for Oregon Health Plan (OHP) members to get their health and social needs met.



Scenario: Community hub integrates care and services

Overview of example community

A diverse, mid-sized city and multiple rural communities:



Continuum of Care* coordinates housing resources in the city, hosts monthly convenings.



Multiple community-based organizations (CBOs) offer affordable day care services and early childhood education in partnership with schools.



Local community college offers job training and skill-building opportunities.



Street outreach program serves community experiencing homelessness.

Community priorities

Community health improvement plan priorities include:



Housing, including affordability, maintaining housing and improving quality of housing.



Food access, including healthy, affordable food, culturally appropriate food offerings and food security.



Economic stability, including workforce development.



Access to health care, including transportation to services and provider capacity.

Scenario: Community hub integrates care and services



HelpCo

*Established 30 years ago;
Trusted community space
wants to expand offerings*

HelpCo's current offerings

- Community health outreach team offers connections to services and addresses basic needs
- Weekly farmers market accepts SNAP benefits
- Convening space offers regular events and services

Dani seeks services and job search supports

At risk of losing housing due to loss of low-wage job. Single parent with two young children.



Supporting Health for All through REinvestment (SHARE)

Traditional health workers (THW): SHARE funds THW training. Outreach workers participate and become certified.

Job training program: Partner organization expanded to offer classes at HelpCo.

Housing: Renovations at local affordable housing complex increases quality, affordable options. Shelter operations funded during the winter.



Health-related services (HRS)

Housing (*flexible services*)

Rental assistance and funds for housing improvement.

Food (*flexible services*)

Veggie Rx program expands farmers' market.

Wellness hub (*community benefit initiative [CBI]*)

Early childhood education in partnership with school district.



In lieu of services (ILOS)

Traditional health workers: Certified THWs offer educational opportunities and teach health promotion group classes.



Health-related social needs (HRSN) services: Housing, nutrition and climate support for eligible OHP members.

Community capacity building funds (CCBF): As an HRSN services provider, HelpCo used CCBF funds to be able to track and bill for services using a community information exchange.

Getting started on braided funding

1. Start with end goal

Key questions:

- Which community needs are we aiming to address, and for which populations?
- Will addressing these needs improve existing health inequities?

Resources:

Community advisory council, community health improvement plans, data on community and member health inequities

2. Assess current state

Key questions:

- What services, resources, and investments exist to address this issue?
- What are the gaps? Who are your key partner organizations on the issue?

Resources:

CCO community partner assessments and asset maps; past HRS, ILOS, SHARE program data and investment

3. Define CCO role

Key questions:

- What role does the community want the CCO to play, and what role will partner organizations play?
- How can Medicaid programs like HRS, SHARE or ILOS fill the gaps?

Resources:

Ideas from other CCOs (HRS and SHARE webinars, peer groups), technical assistance resources online

CCO perspective: *Advanced Health*



Coalbank Village & Medical Sheltering: Meeting the Needs of the Medically Complex & Homeless Population

Coos Bay, Oregon
Joanne Rutland, RN, MSN
& Anna Warner

Bridging the Future of Healthcare

Coalbank Village (2023)

- 26 pallet homes
- Two medical shelters
- Two mental health shelters
- Shared access to full kitchen
- Covered recreation area
- Restroom and shower trailer
- Onsite case management
- 24-hour staffing



Advanced Health financial support

Year	HRS community benefit initiative	HRS flexible services	SHARE
2020	\$82,000 Food, showers, laundry, transportation, warming shelter, temporary housing and connections to health and social services	\$0	\$0
2021	\$120,000 Food, showers, toilet facilities, laundry, transportation, warming shelter, temporary housing, connections to health and social services -\$82,000 for services at the Devereux Center -\$38,000 for expanded services at Coalbank Village	\$0	\$200,000 Housing priority area: (1) work at individual level to develop temporary housing, and (2) work at the community level to create permanent supportive housing (1)- \$100,000 for Coalbank Village project (2)- \$100,000 for permanent supported housing
2022	\$130,000 Food, showers, laundry, transportation, warming shelter, connections to health and social services	\$40,000 Temporary housing for AH members using the medical shelter units at Coalbank Village	\$290,000 Housing priority area (same as above) -\$190,000 for Coalbank Village -\$100,000 for permanent supported housing
2023	\$77,000 Food, showers, laundry, transportation, warming shelter, and connections to health and social services	\$50,000 Temporary housing for AH members using the medical shelter units at Coalbank Village	\$228,000 Housing priority area (same as above) -\$128,000 for Coalbank Village -\$100,000 for permanent supported housing

*Coalbank Village opened summer 2021



Medical sheltering population

The individuals experiencing houselessness referred for medical sheltering from acute care settings generally fall into five categories:

- Older individuals, post cerebral vascular accident, waiting on Adults and People with Disabilities (APD) placement and services.
- Individuals struggling with a combination of diabetes, congestive heart failure, chronic obstructive pulmonary disease, peripheral vascular disease and late-stage liver and/or renal disease.
- Individuals with cancer.
- Individuals for whom outpatient care hasn't been sufficient and are now experiencing non-healing lower extremity ulcers, cellulitis, and, in some cases, amputations.
- Individuals with orthopedic injuries and significant mobility limitations.

Medical concerns of 2023 and 2024 guests

- Cardiovascular conditions
- Motor vehicle accidents
- Cancer
- Wounds
- Cognitive conditions and brain injuries
- Post-surgical repair
- Liver and kidney conditions
- Orthopedic conditions with diabetes complicating recovery

Medical sheltering expectations

Intensive care coordination (ICC) staff:

- Ensure access to medical appointments and care
- Coordinate access to substance use disorder (SUD) and behavioral health (BH) treatment
- Assess social determinants of health (SDOH) needs and use resources to meet needs, including flex funding

Member:

- Active participation in own care plan
- Agreement to attend recommended medical care
- Agreement to participate in SUD and BH treatment, when needed
- Active participation in seeking and accessing resources

2023 medical sheltering: 23 guests

Two medical shelters:

- 760 shelter/bed days
- 33-day average stay
- Length of stay ranged from seven to 74 days
- All guests participated in ICC

Housing:

- Five attained permanent housing
- Seven secured transitional housing
- Four additional guests attained housing within six months of utilizing Coalbank Village (continued to work with AH ICC)
- Sum: 16 of 23 guests housed

Increased engagement

- Prior to medical sheltering, 10 of 23 guests were attending primary care provider (PCP) appointments.
- Post-medical sheltering, 21 of 23 guests were attending PCP appointments.
- Nine of 11 guests with active SUD concerns began engaging in SUD treatment/supports during the medical sheltering period.
- Ten of 23 guests had APD involvement. Advanced Health ICC partnered with APD to meet the members' needs.

Utilization and outcomes

2023 to date:

- Individuals sheltered: 23 guests
- Average length of stay: 33 days (target 28-35 days)
- Access to PCP obtained: 92%
- Housing or transitional housing obtained prior to discharge: 13 of 23 (57%)

2022 (10/2021–12/2022):

- Individuals sheltered: 27
- Average length of stay: 28 days (target 21–28 days)
- Access to PCP obtained: 100%
- Housing or transitional housing obtained: 17 of 27 (62%)

Emergency department (ED) and inpatient stay utilization (2022)

Three months prior and post sheltering (n=22)

- ED prior: 106 visits (five per person)
- ED post: 38 visits (1.7 per person)
- **279% reduction in ED utilization**
- Inpatient days prior: 309 days (14 days per person)
- Inpatient days post: 76 days (3.5 days per person)
- **406% reduction of inpatient days**

Six months prior and post sheltering (n=15)

- ED prior: 84 visits (5.6 per person)
- ED post: 41 visits (2.7 per person)
- **204% reduction in ED utilization**
- Inpatient days prior: 239 (15 days per person)
- Inpatient days post: 92 (six days per person)
- **260% reduction of inpatient days**

Reduction in ED visits inpatient days (2023)

ED utilization

- Three months prior to medical sheltering: 55 ED visits= 2.9 visits per guest
- Three months post: 10 visits= 0.52 visits per guest
- Six months= 70 ED visits prior (3.7 visits per guest) and 26 ED visits post (1.36 visit per guest)
- N=19

Inpatient days

- Three months prior to medical sheltering: 165 inpatient days= 8.7 days per guest
- Three months post: 22 inpatient days= 1.15 days per guest
- Six months= 169 days prior (8.9 days per person) and 57 days post (three days per guest)

Medical sheltering 2024: Early data

- Three medical shelters and six guests to date.
- The four guests who have completed medical sheltering all have been placed in permanent housing or transitional housing.
- All six guests have engaged with primary care.
- All guests have had medical needs, behavioral health needs, SUD treatment needs and SDOH needs addressed.

The lives touched

“Ryan”

Ryan had a colostomy, a suprapubic catheter and a deep wound with a flap near his tailbone. He also was HIV positive and had hepatitis C, schizophrenia and a long history of methamphetamine use.

- When Ryan was released from prison, Advanced Health ICC was given only 2 days' notice.
- Ryan had no income, family or supports, food card, housing or transportation.
- Ryan was given a short supply of medication and durable medical equipment.
- Ryan did not have a primary care provider, specialists, behavioral health provider or SUD treatment supports.
- Ryan had been in prison after being at Oregon State Hospital under "aid and assist" and was found “able.”

Coalbank Village medical shelter



<https://vimeo.com/calagnomedia/review/734899141/727d4afda7>

Bridging the Future of Healthcare

Question and answer



Braided funding resources

- [Braided and Blended Funding](#) (National Association of County Health Officials)
- [Braiding and Layering Funding to Address the Social Determinants of Health](#) (Association of State and Territorial Health Officials)
- [Coordinating Funding and Data to Address SDOH](#) (Aligning for Health)
- [Braiding Federal Funding to Expand Access to Quality Early Care and Education and Early Childhood Supports and Services: A Tool for States and Local Communities](#) (Office of the Assistant Secretary for Planning and Evaluation)

Upcoming events

- **Supporting Health for All through REinvestment (SHARE) spending plan summary:** Tuesday, May 21, 2024, 3 p.m. PT – [Registration link](#)
- **In lieu of services (ILOS) office hour:** Thursday, May 30, 2024, 10 a.m. PT – [Registration link](#)

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