

Addressing Social Determinants through Social Support:
Medicaid Transformation Demonstration in Washington State

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MPA Program Application Public Policy Essay

Abstract

This essay examines the recent developments in Washington State's Medicaid Transformation Demonstration Project, namely the Foundational Community Supports Program. It will overview the base of knowledge surrounding the Social Determinants of Health (SDOH) and their effects on health outcomes, as well as the federal policy that underlies state Medicaid Transformation Demonstration projects. The essay explores the ways in which Washington's Foundational Community Supports Program addresses Social Determinants among the population served by Medicaid, and discusses the potential for successful outcomes for both the Medicaid program and its beneficiaries. In summary, it is suggested that the Foundational Community Supports Program is an effective and needed approach to support health equity and health outcomes beyond the clinic walls.

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Efforts to improve health have traditionally focused within the clinic, on what happens at the point of contact between patient and provider. Broader approaches have expanded their reach to health care systems as a whole, through attempts at improving the delivery of health care within the familiar realms of hospitals and clinics. However, the need for a much more extensive strategy has been recognized in the public health field for decades, and is rapidly becoming widely accepted across disciplines (Frank & Mustard, 1994). This strategy would address the socioeconomic factors that have a significant impact on health, the “immediate and structural conditions in which people are born, grow, live, work and age”, otherwise known as the Social Determinants of Health (Marmot, Friel, Bell, Houweling, & Taylor, 2008). Social Determinants of Health include factors like access to healthy food, literacy, neighborhood environment, employment, and housing. Despite an ever-growing evidence base and an increasingly widespread acceptance of the importance of these factors, addressing Social Determinants in a large-scale, comprehensive way remains challenging. Fortunately, efforts continue at local, state, and federal levels to tackle these difficult problems.

State efforts to address SDoH can find support under Section 1115 of the Social Security Act, the policy through which the Secretary of Health and Human Services is authorized to approve state pilot projects that are “found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program” (Centers for Medicare and

Medicaid Services, 2017). These pilot projects, if approved by the Secretary of HHS, may use funds in ways not otherwise permitted by federal Medicaid rules. This federal policy, commonly referred to as the 1115 Waiver, aims to give states the opportunity to improve the efficacy of their Medicaid programs through state-specific approaches. Pilot projects, or Medicaid Transformation Demonstration Projects, are usually approved for a five year period to evaluate their efficacy.

The Health Care Authority of Washington has outlined a Medicaid Transformation Demonstration Project which includes three initiatives, the third of which directly addresses important Determinants of Health - housing and employment. Initiative 3: Foundational Community Support Services makes available two types of benefits to a targeted population among Washington's Medicaid enrollees - Supportive Housing and Supported Employment. This initiative responds to the evidence linking homelessness and unemployment to poor health outcomes, and aims to assist the most vulnerable Medicaid beneficiaries in obtaining and maintaining housing and employment.

The Supportive Housing benefit provides housing services including assistance in completing applications, communicating with landlords, linking to community resources, and other coaching to overcome barriers to housing (Johnson, Lindeblad, Brumach, Dublanco, & Pazolt, 2017). While Medicaid funds cannot pay for rent (Cassidy, 2016), the Supportive Housing benefit can include one-time support for housing deposits, home furnishings, and move-in costs. With this policy, Washington aims to intervene in the "traumatic and cyclical" experience of homelessness, thus

mitigating the risk of mental and physical harm to the most vulnerable populations in the state (Healthier Washington, 2017). The Supported Employment benefit similarly provides services such as application assistance, employer outreach, and coaching to maintain employment through an Individual Placement and Support model (Johnson et al., 2017). By targeting services for the most vulnerable populations in the state, such as the chronically homeless, people with frequent institutional contact, or those with persistent mental or behavioral health conditions, the Foundational Community Supports Program is likely to demonstrate this project's significant value to the Medicaid system. Similar programs elsewhere have resulted in an 89% reduction in spending on emergency department services for individuals in supportive housing (Cassidy, 2016). Furthermore, employment is recognized by experts in the field as “the origin of many important determinants of health...financial security, social relations, and protection from physical and psychosocial hazards” (Marmot et al., 2008). By focusing on these Social Determinants of Health, Washington stands to improve the lives of disadvantaged people, while simultaneously increasing efficacy and decreasing spending.

When addressing Social Determinants of Health, it is crucial to recognize the promising opportunities in community collaboration. In a report from the Kaiser Family Foundation on the role of SDOH in promoting health, the importance of “not only integrating and coordinating services across providers and settings within the health care system, but also connecting and integrating health care with social supports and services” was emphasized (Heiman & Artiga, 2015). Eligible beneficiaries of the Foundational Community Supports Program can receive services through many

venues, including hospitals and clinics, behavioral health organizations, community organizations, and other social services providers. Allowing a wide variety of entities to be reimbursed for these services through Medicaid will provide a wide-reaching, comprehensive base for supporting homeless and unemployed individuals.

Washington's Medicaid Transformation Demonstration project shows an understanding of and a commitment to the community-based, cross-sector approach needed to confront the complexities in addressing Social Determinants of Health.

Faced with mounting evidence of the substantial effects of Social Determinants on health outcomes, Washington has chosen to address the issue head-on. The Foundational Community Supports Program recognizes the interconnectedness of housing, employment, and health and addresses it in a targeted way through the state's Medicaid framework. In the words of Washington's Health Care Authority Medicaid Director, MaryAnne Lindeblad, "It's tough to focus on being healthy if you're homeless or impoverished. The Foundational Community Supports Program provides access to basic human needs so that people can tend to their well-being" (State of Reform, 2017). The long-term effects of these new Medicaid benefits remain to be seen, but the evidence overwhelmingly shows that support for the basic needs of the most vulnerable can only improve the state's health.

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