

Written Agreements for Social Needs Service Provision

Developed by the Oregon Rural Practice-based Research Network and the Oregon Health Authority Transformation Center to support implementation of the SDOH Screening and Referral Incentive Metric

To meet must-pass element 12 for the SDOH Screening and Referral Measure, CCOs must have a written agreement with at least one Community Based Organization, social service agency, or other social determinants of health and equity partner for addressing food insecurity, housing insecurity, and non-medical transportation services by the end of Measure Year 2023. See the measurement specifications for exact details on how to meet the element on the [CCO Metric Program Resources webpage](#). CCOs may also establish agreements with partners who will administer screening on behalf of the CCO. However, please note that an agreement that involves screening only with no coordination of referrals and services does not meet element 12.

For the purpose of the SDOH Screening and Referral Measure, agreements should include a description of the social needs service provision work and the responsibilities of all parties, including the CCO and the partner. CCOs should follow all applicable subcontracting requirements as outlined in the current CCO Contracts.

As CCOs establish agreements for the purpose of this metric, consider and refer to new contract language and guidance coming out for the new Health Related Social Needs (HRSN) benefit. There is specific language related to HRSN service providers and HRSN connectors that CCOs may choose to include in partner agreements for the SDOH Screening and Referral Measure. While the HRSN benefit requirements are *not* requirements for this metric must pass element 12, aligning these two efforts may be beneficial and create efficiencies for both CCOs and their partners. Below are some examples of potential content and resources for developing agreements with community partners for this metric.

Scope of Work

- Specific activities to be performed and goods and services that OHP members (and non-members, if relevant) will receive, including volume, value, and frequency of providing those goods and services
- Screening and eligibility requirements for receiving goods and services with referrals
- Protocols for if there are insufficient resources to meet the needs of referred patients at any point during the contract period
- Defined timeliness of provision of services or follow-up from referral
- Any payment/funding, documentation and data sharing responsibilities related to services or activities provided.

Roles & Responsibilities

- Specific roles and responsibilities of all parties, specified by role. The responsibilities outlined may span across screening, referral, patient navigation, provision of resources, and documentation in the three metric domains.
- Approval and eligibility processes that may be required around provision of services

Project Timeline

For projects both large and small, from building housing infrastructure to distributing recurrent food vouchers, outline the timeline of deliverables for the duration of the contract period.

<i>Activity</i>	<i>Year</i>	<i>Month(s)</i>	<i>Who will complete activity?</i>

Payment, Compensation, and Billing

- Budget, including direct costs and indirect costs
- Invoicing requirements and schedule
- Disbursement schedule

****Note that payment for activities is not a requirement of the metric, but OHA recognizes that CCOs may need to outline this type of information in partner agreements.***

Reporting Requirements

- Define reporting requirements including evaluation measures and reporting frequency.
- Some suggested measurements include: members who screened positive/negative/refused screening for housing, food, and transportation, screening tool used, goods/services provided, duration of services received (i.e., how long a member is housed, how frequently they participate in a food access program, how many times a member uses non-medical transportation).

Data Agreements

- What data will the CCO provide the CBO or partner, how often?
- What data will the CBO or partner collect and submit to the CCO, how often?
 - Data may include social needs screening results, Medicaid IDs, names, REALD, income, etc.
- Data storage and protection requirements
- HIPAA and data sharing agreements

**CCO's may consider using Specific, Measurable, Achievable, Relevant, Timebound, Inclusive, Equitable goals and deliverables (see the [OHA SMARTIE Goals Handout](#)) as part of the partner agreements in order to structure some of the above content.

Additional Resources:

Real examples of written agreements between CCOs and community-based organizations or other partners are publicly available through the annual SHARE spending plans from each CCO. These can be found on the OHA Transformation Center site, linked below. While there are lots of good examples of

written agreements here, see the examples from PacificSource CCO, Yamhill CCO, and Intercommunity Health Plans CCO, linked below.

- CCO SHARE Spending Plans - <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SHARE-Initiative-reports.aspx>
- PacificSource Central Oregon 2022 Annual SHARE Initiative Spending Plan (pages 8-16) - <https://www.oregon.gov/oha/HPA/dsi-tc/SHARE%20Reports/PS-Central-SHARE-Spending-Plan-2022.pdf>
- Yamhill CCO 2021 Annual SHARE Initiative Spending Plan (pages 11-13) - <https://www.oregon.gov/oha/HPA/dsi-tc/SHARE%20Reports/YCCO-SHARE-Spending-Plan-2021.pdf>
- Intercommunity Health Plans CCO 2022 Annual SHARE Initiative Spending Plan (pages 94-101) - <https://www.oregon.gov/oha/HPA/dsi-tc/SHARE%20Reports/IHN-SHARE-Spending-Plan-2022.pdf>