

## **Attachment J**

### **HRSN Infrastructure and Services Protocol**

**HRSN Infrastructure.** In accordance with the state’s Section 1115 Demonstration and Special Terms and Conditions this protocol provides additional detail on the requirements on infrastructure investments for the Health-Related Social Needs (HRSN) program, as specifically required by STC 9.6.a. The state’s HRSN program allows qualifying Medicaid beneficiaries to receive evidence-based, non-medical services. Over the course of the demonstration the state is authorized to spend up to \$119M on infrastructure investments necessary to support the development and implementation of HRSN services. This protocol outlines the proposed uses of HRSN infrastructure expenditures, types of entities that will receive funding, intended purposes of funding, projected expenditure amounts and implementation timeline.

**HRSN Services.** *Forthcoming*

### **HRSN Infrastructure**

#### **I. Implementation Timeline and Approach**

##### **a. Timeline for Disbursement of Infrastructure Funding**

- i. The state intends to begin awarding infrastructure funds to eligible entities no sooner than July 1, 2023. The state will utilize a phased approach to disbursing infrastructure funds, initially focused on ensuring housing providers have sufficient infrastructure and capacity.
- ii. Eligible entities can apply for capacity building funding on an ongoing basis.

##### **b. Approach to Infrastructure Funding Applications and Disbursements**

- i. The state will conduct the following activities:
  1. Develop the infrastructure funding application and budget template
  2. Conduct outreach and education to eligible entities regarding infrastructure funding opportunities
  3. Review applications against entity eligibility criteria
  4. Review funding request budget templates to ensure compliance with requirements
  5. Award infrastructure funding to eligible entities
  6. Disburse funding to awarded entities
  7. Monitor infrastructure funding uses amongst eligible entities to prevent fraud, waste and abuse
  8. Develop reporting templates for awardees to report on funding uses
  9. Review and analyze reports from awardees on funding uses
- ii. The state will conduct the above activities through a combination of entities:

1. At a minimum, the state intends to perform the above functions directly in 2023. For eligible entities holding contracts with the Oregon Health Authority (OHA; the single state Medicaid agency), OHA will complete the tasks above. For eligible entities holding contracts with the Oregon Housing and Community Services Department (OHCS), OHA will enter into an intergovernmental agreement with OHCS directing OHCS to perform the functions listed above.
2. In future years, the state may elect to contract with a Third-Party Administrator (TPA) and/or require Coordinated Care Organizations (CCOs) to perform many of the functions listed in Section I.b.i.

**c. Monitoring and Oversight**

- i. The state, either directly or through a contract with a TPA, will ensure that any HRSN infrastructure fund disbursements are consistent with these STCs. The state will ensure that any HRSN infrastructure funding is subject to program integrity standards, including:
  1. **Participating in audit processes.** The state or its TPA will conduct spot audits to ensure that infrastructure funds are being spent on permissible uses and are being documented and reported on appropriately.
  2. **Taking action to address non-compliance.** The state or its TPA will ensure that action is taken to address any identified non-compliance with HRSN infrastructure funding parameters. If the funding recipient has failed to demonstrate appropriate performance, the state may impose corrective actions (e.g., caps on funding, discontinuation of funding and/or recoupment of funding). The state or its TPA will provide notice to any funding recipient prior to initiating corrective action.
  3. **Ensuring non-duplication of funds.** Funding recipients will be required to attest to non-duplication of funding with other federal, state and local funds. The state or its contracted TPA will monitor for funding irregularities and potential duplication of funds.
  4. **Monitoring for fraud, waste and abuse.** The state or its TPA will actively monitor all HRSN infrastructure disbursements for instances of fraud, waste and abuse. The state will suspend and/or terminate infrastructure funding in cases of confirmed fraud, waste and/or abuse. The state reserves the right to recoup funding as necessary.

**II. Eligible Entities.** The following entities may be eligible to apply for and receive HRSN infrastructure funding:

- a. Coordinated Care Organizations (CCOs)

- b. Providers of HRSN services, including, but not limited to:
  - i. Community-based organizations (CBOs)
  - ii. Social-services agencies
  - iii. Housing agencies and providers
  - iv. Food and nutrition service providers
  - v. Case management providers
  - vi. Traditional health workers
  - vii. Child welfare providers
  - viii. City, county, and local governmental agencies
  - ix. Tribes and tribal providers
  - x. Others as approved by the state
- c. State-contracted Network Manager(s) to support HRSN contracting, implementation and service delivery
- d. State-contracted Community Care Hub(s) to support HRSN identification and referrals

**III. Intended Purpose and Proposed Uses of HRSN Infrastructure Funding.** The state may claim FFP in infrastructure investments to support the development and implementation of HRSN services across the following domains.

- a. Technology
- b. Development of business or operational practices
- c. Workforce development
- d. Outreach, education and stakeholder convening

The State intends to provide infrastructure funding to eligible entities for the following activities:

- a. Technology**
  - i. Procuring IT infrastructure/data platforms needed to enable, for example:
    - 1. Authorization of HRSN services
    - 2. Referral to HRSN services
    - 3. HRSN service delivery
    - 4. HRSN service billing
    - 5. HRSN program oversight, monitoring and reporting
  - ii. Modifying existing systems (e.g., community information exchange) to support HRSN
  - iii. Development of an HRSN eligibility/services screening tool
  - iv. Integration of data platforms/systems/tools
  - v. Onboarding to new, modified or existing systems
  - vi. Training for use of new, modified or existing systems
  - vii. Other uses approved by the state
- b. Development of business or operational practices**
  - i. Development of policies/procedures related to:
    - 1. HRSN referral and service delivery workflows

2. Billing/invoicing
3. Data sharing/reporting
4. Program oversight/monitoring
5. Evaluation
6. Privacy and confidentiality
- ii. Training/technical assistance on HRSN program and roles/responsibilities
- iii. Administrative or overhead costs or office furnishings (e.g., office supplies) necessary to perform HRSN duties and/or expand HRSN service delivery capacity
- iv. Other uses approved by the state
- c. **Workforce development**
  - i. Cost of hiring and training new staff
  - ii. Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and/or executing HRSN responsibilities, time limited to a period of 18 months.
  - iii. Necessary certifications, training, technical assistance and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)
  - iv. Privacy/confidentiality training/TA related to HRSN service delivery
  - v. Production costs for training materials and/or experts as it pertains to the HRSN program
  - vi. Other uses approved by the state
- d. **Outreach, education and stakeholder convening**
  - i. Production of materials necessary for marketing, outreach, training and/or education
  - ii. Translation of materials
  - iii. Planning for and facilitation of community-based outreach events to support awareness of HRSN services
  - iv. Planning for and facilitation of learning collaboratives or stakeholder convenings
  - v. Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
  - vi. Administrative or overhead costs associated with outreach, education or convening
  - vii. Other uses approved by the state

IV. **Projected Expenditure Amounts:** The state estimates the following infrastructure expenditure amounts by allowable use category over the course of the demonstration. The state used the annual infrastructure spending amounts articulated in the state's STCs, and an analysis of anticipated need across the state to develop the estimates below. The state anticipates that the percentage of spend permissible use categories (as illustrated in the table below) will stay relatively constant across the Demonstration Years.

The state will notify CMS annually of any significant change to percentage spend, defined as greater than a fifteen (15) percentage point difference, across any of the allowable use categories below.

| <b>Allowable Use Category</b>                    | <b>% of Spend</b> | <b>Estimated Amount</b> |
|--------------------------------------------------|-------------------|-------------------------|
| Technology                                       | 30%               | \$35.7M                 |
| Development of Operational or Business Practices | 25%               | \$29.75M                |
| Workforce Development                            | 30%               | \$35.7M                 |
| Outreach, Education and Stakeholder Convening    | 15%               | \$17.85M                |
| <b>Total</b>                                     | <b>100%</b>       | <b>\$119M</b>           |