**Background Information**

In alignment with the Health-Related Social Needs (HRSN) CCO Contract Amendment, the HRSN Narrative Template review collects information on how the CCO intends to implement and execute its required HRSN initiative roles and responsibilities.

1. Attestation of compliance;
2. Service Authorization standards;
3. Appeals and Grievance Process;
4. Pre-identification of Members plan;
5. Delivery of Services plan, including service capacity information;
6. Payment method plan;
7. Internal and external Monitoring and evaluation plan (RESERVED)

An understanding of CCO readiness to perform relies on responses to data elements outlined in the following tool and the submission of supplemental documentation. A completed HRSN Readiness Plan Template **for Climate-Related Supports and Outreach and Engagement Services only** must be submitted no later than May 31, 2024. OHA will amend this template to request additional information about other HRSN benefits (e.g., Housing and Nutrition services) prior to launch of those services.

**General Instructions:**

* **Do not alter the formatting or file type of the HRSN Narrative Template tool.**
* **Do not embed documents in the Narrative Template.** All supporting documents must be submitted as separate documents.
* **Only include documents that are relevant to the specific requirement.** Excessive, irrelevant, or insufficiently/incorrectly identified documentation may hinder review and result in a request for additional or alternate documentation.
* **Indicate precisely which components, paragraphs, or pages directly support narrative responses or demonstrate compliance.** Lack of precision in identifying these components (e.g., referencing “whole document”) may hinder review and result in a request for additional or alternate documentation.
* **All questions and elements must be answered.** CCOs are encouraged to submit supplemental documentation in lieu of lengthy responses when it contains the requested information.

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| **Organization Name:** |  |
| **Name of Individual Submitting the Template** |  |
| **Submitter Email Address:** |  |
| **Date of Submission:** |  |
| **Comments:** |  |

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| 1. Attestation of Compliance |

| Attestation of Compliance |
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| The purpose of this section is to document that the CCO intends, to the best of its ability, comply with all OHA developed contract requirements and guidance language related to the implementation and delivery of the HRSN benefit.  *Note: If supplemental documentation (e.g., technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.*  Attestations of Compliance  As an authorized representative of the Organization, the Organization attests as follows and agrees to the following conditions:   1. The Organization will comply with all requirements and guidance regarding the HRSN program provided by the State 2. As the authorized representative of the Organization, I attest that all information provided in this application is true and accurate to the best of my knowledge.   **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name and Title ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| 1. Service Authorization Standards |

| Service Authorization Standards |
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| The purpose of this section is to document the CCO’s approach to authorizing HRSN services for qualifying members. |
| For each of question below, include documentation for how the CCO will authorize HRSN services for qualifying members. CCO documentation should address and describe:  How CCOs will determine members eligible to receive the HRSN service being requested  How the CCOs will ensure that the member is not receiving duplicative services through other programs and initiatives  Timelines for authorizing each HRSN services, especially in urgent situations  Approach to documenting service authorization information for each member for which services are authorized  *Note: If supplemental documentation is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.* |

Members with Physical and Mental Disabilities

| **HRSN Service Authorization** | |
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| * 1. How will the CCO tailor existing service authorization procedures for HRSN? (150 words) | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met |

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| 1. Appeals and Grievance Processes |

| Appeals and Grievance Processes |
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| The purpose of this section is to document the CCO’s approach to ensuring all members authorized to receive HRSN services have access to timely appeals and grievances rights that are the same in approach as for other Covered Services as required in the CCO HRSN Contract Amendment. |
| For the question below, include documentation for how the CCO will ensure members authorized to receive HRSN services are able to submit appeals and grievances. CCO documentation should address and describe:  How CCOs will make information about appeals and grievance processes publicly available  Approach to resolving HRSN-related appeals and grievances  *Note: If supplemental documentation (e.g., sample processes, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.* |

Members with Physical and Mental Disabilities

| **Appeals and Grievances Processes** | |
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| * 1. How will the CCO tailor existing appeals and grievances approach for HRSN related appeals and grievances? (150 words) | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met |

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| 1. Pre-Identification of Members |

| Pre-Identification of Members | |
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| The purpose of this section is to describe the strategies the CCO will take in order to identify members that are eligible to receive HRSN services. This section should detail the specific strategies the CCO will take to identify members that may be eligible for HRSN services and ensure they are screened for their eligibility.  *Note: If supplemental documentation (e.g., technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.* | |
| | **Pre-Identification of Members Plan** | | --- | | * 1. Describe what strategies the CCO will take to identify members that may meet the eligibility criteria for climate devices. Include in this description the following information (250 words total):   2. Data sources (e.g., claims data) and approaches (e.g., mailers or other information campaigns to potentially eligible members; partnerships with HRSN Connectors, HRSN Providers, or other entities) that will be used to identify members   3. How pre-identification strategies will vary by each transition population   4. How pre-identification strategies will vary by climate device type   5. Frequency of pre-identification strategies | | * 1. Describe how the CCO will ensure that members that are identified for climate devices will be screened for their eligibility and service needs (150 words). | | * 1. Describe how the CCO will work with HRSN Connectors (including those who serve as HRSN Providers) and other community partners to identify members that may be eligible for HRSN services (150 words). | | * 1. Describe how the CCO plans to provide and support Outreach & Engagement Services to Members, including the process the CCO will follow to ensure community and regional needs are met. Also, include the CCO’s approach to providing technical assistance and support to Outreach and Engagement Service providers to join the CCO’s HRSN provider network. Include supplemental documents as applicable (150 words). | | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met  ☐ Not Applicable |

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| 1. Delivery of Services |

| Delivery of Services | |
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| The purpose of this section is to describe how the CCO will 1) deliver climate devices to members who are deemed eligible and for whom it is authorized and 2) provide Outreach and Engagement services to qualifying members.  *Note: If supplemental documentation (e.g., technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.* | |
| | **Delivery of Services Plan** | | --- | | * 1. Describe how the CCO will provide climate devices to members who are deemed eligible and for whom it is authorized. As part of the response, specify the following (200 words):   2. The CCO’s approach to delivering climate devices (e.g., via “Big Box” stores such as Amazon or Home Depot, other strategies)   3. How the approach will vary by climate device type   4. How the CCO will ensure timely delivery of service. Include specifics around what constitutes timely delivery of service.   5. The goal or estimates for service delivery capacity (i.e., how many members you hope to serve with climate devices) | | * 1. Describe how the CCO will ensure information on a member’s authorized Climate Devices will be (200 words):   2. Incorporated into a person-centered service plan (that “lives” in the member’s Care Plan), provided the member agrees to participate in the development of the person-centered service plan.   3. Re-assessed for ongoing HRSN needs or new/modified/discontinued services   4. For those contracting with HRSN Service Providers for climate, how information will be coordinated on an ongoing basis with the HRSN service provider | | * 1. Describe how the CCO will ensure the provision of closed loop referrals for Climate Devices (150 words). | | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met  ☐ Not Applicable |

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| 1. Payment Method Plan |

| Payment Method Plan | |
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| The purpose of this section is to describe how the CCO will render payment to HRSN Providers and HRSN Vendors for the delivery of authorized HRSN services.  *Note: If supplemental documentation (e.g., technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.* | |
| | **Payment Method Plan** | | --- | | * 1. Describe how the CCO will pay invoices for HRSN services delivered. Include the following information in the response (250 words):   2. How the invoicing process will align/differ for HRSN Climate Devices / Outreach and Engagement Services from other covered services (if at all).   3. How the invoicing process will align/differ for HRSN Climate Devices / Outreach and Engagement Services with Health-related Services (if at all).   4. How the CCO will support HRSN providers and vendors in setting up the capabilities to provide invoices (e.g., registration in MMIS as an encounter-only provider, other necessary training and technical assistance).   5. Timelines for the invoicing process, including timeline from receipt of invoice to payment to HRSN service provider or HRSN vendor. | | * 1. Describe how the CCO will reconcile any over or underpayment to HRSN providers or HRSN Vendors, including the timeframe for doing so (150 words). | | * 1. Describe how the CCO will ensure invoice amounts are accurate and complete (150 words) | | * 1. Describe how the CCO will resolve any payment disputes with HRSN providers or HRSN vendors, including the timeframe for doing so(150 words) | | * 1. Will the CCO leverage any subcontractors for HRSN payment, monitoring or contract? If so, please describe any contractual agreements or arrangements in place with subcontracted vendors for HRSN services. (e.g., functions performed, mid-year contract changes, etc.) Please include a list of any vendors, partners, preferred contractors, etc. (150 words)   ☐ Yes® Skip to Question 6-6 ☐ No | | * 1. Describe how the CCO will monitor, contract and pay subcontractors to provide HRSN services (200 words). If applicable, include:      1. How you will determine the administrative portion of the payments made to any subcontracted vendors for HRSN services.      2. Provided details if there will be specific cost-sharing arrangements or formulas used to determine the administrative portion of payments for HRSN services.      3. Provide details if you plan to review and reconcile the payments made to any subcontracted vendors for HRSN services with the services provided. (200 words and include subcontractor contract and payment exhibit as attachment) | | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met  ☐ Not Applicable |

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| 1. Internal and External Monitoring and Evaluation Plan |

| Internal and External Monitoring and Evaluation Plan |
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| RESERVED—TO BE INCLUDED FOR HOUSING AND NUTRITION HRSN SERVICE LAUNCH. NO INFORMATION NEEDED FROM CCOs AT THIS TIME FOR CLIMATE LAUNCH.  *monitoring metrics.* |