

# Medicaid Financing for Interventions that Address Social Determinants of Health

Hospitals are increasingly focused on ways to address the social and economic factors that can affect health and health outcomes for their patients and communities. These factors, often referred to as “social determinants of health,” include unsafe and unstable housing, poor nutrition, unemployment, and violence and trauma. Research shows that these factors contribute significantly to overall health and the cost of health care. Across the country, hospitals — many building off their experience with providing community benefits — are developing ways to address these factors with new initiatives, care management protocols and community partnerships informed by a growing body of evidence on the interventions and partnerships that most effectively address critical needs across different populations. This remains, however, very much an evolving field, perhaps, most notably, with respect to approaches for securing sustainable financing.

In part because of the low incomes and high level of need among the people who are enrolled in Medicaid, state Medicaid programs and the hospitals, health plans and other health providers who serve Medicaid enrollees have been front and center in the effort to consider how best to provide and finance services that address social determinants of health. While the contours of available Medicaid financing continue to evolve, it is clear that Medicaid can support and finance many critically important interventions through certain Medicaid state plan benefits, waivers, and managed care contracting and payment arrangements. This paper is intended to inform hospitals and health systems about these opportunities as they work with state Medicaid agencies, policymakers and health plans on ways to make financial support available for promising interventions. Medicaid financing can be an important source of support, though it is only one part of the puzzle.

Specifically, Table 1 identifies the types of health-related services – such as help with housing, food insecurity or transportation – that hospitals are offering, or may like to offer, that could potentially be financed through Medicaid. The table provides an example of a state Medicaid program that is providing the service and supports identified and lists the key pathways and legal authorities through which Medicaid funding may be available for these services. Several of the state examples apply specifically to people who have very significant health care needs including the need for long-term services and supports; as noted in the table, some of the legal authorities are specific to that population. In almost all cases, the availability of Medicaid funding will depend on whether and to what extent a state Medicaid program has leveraged different legal and contracting authorities they have under the program.

Table 2 follows with a high-level description of the three pathways referred to in Table 1:

1. Medicaid state plan options;
2. waivers; and
3. managed care.

The Appendix includes references that highlight relevant hospital initiatives from around the country, as well as additional resources for further information.

**Table 1. Medicaid Financing for Interventions that Address Social Determinants of Health<sup>1,2,3</sup>**

This table describes services and supports across four road areas of social determinants of health: (1) housing, (2) employment, (3) food access, and (4) transportation. It provides an example of a state Medicaid program that is offering one or more of the services identified and lists the pathways, including specific legal authorities, through which Medicaid funding may be available for the identified services. Not all of pathways and legal authorities apply to the specific state examples, and the pathways and legal authorities can overlap (meaning different ones might be applicable to the same service).

Service	State Example	Pathway and Legal Authorities
Housing		
<p><b>Linkages to services that assist people in finding or maintaining housing</b></p>	<p><b>Massachusetts</b> requires in the care coordination requirements of its managed care contracts that Medicaid managed care organizations (MCOs) evaluate the health-related social needs of all enrollees within 90 days of their effective date of enrollment; MCOs must determine whether an enrollee would benefit from linkages to community services to address these needs, including but not limited to, housing search, placement, and stabilization services.<sup>4</sup></p>	<p><b>State Plan Amendment (SPA)</b></p> <ul style="list-style-type: none"> <li>• 1905(a)(19) – case management</li> <li>• 1915(g)(1) – targeted case management                             <ul style="list-style-type: none"> <li>– May target specific populations or geographic areas</li> </ul> </li> <li>• 1915(i) Home and Community Based Services (HCBS) SPA                             <ul style="list-style-type: none"> <li>– Populations do not need to meet an institutional level of care</li> <li>– Income limited to &lt;150% FPL</li> <li>– May target specific populations</li> </ul> </li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>• 115 waiver</li> <li>• 1915(c) HCBS waiver                             <ul style="list-style-type: none"> <li>– Populations must meet an institutional level of care</li> <li>– May target specific populations based on defined criteria or geographic areas</li> </ul> </li> </ul> <p><b>Managed care</b></p>
<p><b>Assistance in finding housing</b></p> <ul style="list-style-type: none"> <li>• Assessment of an individual’s housing needs and/or barriers to finding or maintaining housing</li> <li>• Development of an individualized plan to find supportive housing (for individuals who qualify for supportive housing)</li> <li>• Help applying for housing</li> <li>• Help searching for housing</li> <li>• Support to ensure a home is safe and ready for move-in</li> <li>• Help coordinating move-in details</li> </ul>	<p><b>Washington</b> has an approved 1115 waivers to provide services to help individuals aged 16 and older who meet stringent health needs-based criteria and have specific risk factors find housing and reside in the community. The services are tailored to support the goal of maintaining individuals’ personal health and welfare in a home and community-based setting.<sup>5</sup></p>	<p><b>SPA</b></p> <ul style="list-style-type: none"> <li>• 1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>• 1115 waiver</li> <li>• 1915(c) HCBS waiver</li> </ul> <p><b>Managed care</b></p>
<p><b>Moving supports</b></p> <ul style="list-style-type: none"> <li>• Security deposit to obtain a lease on an apartment or home</li> <li>• Set-up fees for utilities (e.g., telephone, electricity, heating, water)</li> <li>• Moving expenses</li> <li>• Essential household furnishings (e.g., furniture, window coverings, food preparation items, bed/bath linens)</li> <li>• Services needed to support an individual’s health and safety (e.g., pest control, one-time cleaning)</li> </ul>	<p><b>Louisiana</b>, through a 1915(c) HCBS waiver, assists individuals who are moving from a long-term care setting with securing or sustaining housing, including moving sup-ports.<sup>6</sup></p>	<p><b>SPA</b></p> <ul style="list-style-type: none"> <li>• 1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>• 1915(c) HCBS waiver</li> </ul> <p><b>Managed care</b></p>

Service	State Example	Pathway and Legal Authorities
<p><b>Support to maintain housing</b></p> <ul style="list-style-type: none"> <li>Identifying and addressing behaviors that may jeopardize housing (e.g., lease violation)</li> <li>Education and training on the role, rights, and responsibilities of the tenant and landlord</li> <li>Coaching to develop or maintain relationships with landlords or property managers</li> <li>Assistance to resolve disputes with landlords and/or neighbors</li> <li>Assistance to prevent eviction</li> <li>Assistance with the housing recertification/reapplication process</li> <li>Training on how to be a good tenant and in compliance with lease terms</li> </ul>	<p><b>Hawaii</b> has proposed an 1115 waiver to offer linkages and direct housing supports targeted towards individuals who are homeless/ at risk of homelessness (among other criteria). Services include, but are not limited to, development of an individualized plan to find supportive housing; assistance with housing search; moving assistance; tenant responsibility training; and dispute resolution (e.g., with landlord).<sup>7</sup></p>	<p><b>SPA</b></p> <ul style="list-style-type: none"> <li>1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>1115 waiver</li> <li>1915(c) HCBS waiver</li> </ul> <p><b>Managed Care</b></p>
<p><b>Home modifications to ensure the health and safety of an individual</b></p> <ul style="list-style-type: none"> <li>Wheelchair ramps</li> <li>Grab-bars</li> <li>Widening of doorways</li> <li>Bathroom accessibility</li> </ul>	<p><b>Texas</b> requires in its managed care contracts that MCOs pay for home modifications that ensure safety, security, and accessibility for elderly or disabled enrollees who require long-term services and supports.<sup>8</sup></p>	<p><b>SPA</b></p> <ul style="list-style-type: none"> <li>1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>1915(c) HCBS waiver</li> </ul> <p><b>Managed Care</b></p>
Employment		
<p><b>Linkages to job training and employment services</b> (i.e., referral to an organization or government program that helps people access job training or employment services)</p>	<p><b>Oregon</b> encourages its managed care plans (which are known in Oregon as Co-ordinated Care Organizations) to provide a range of non-medical, social services, including referrals to job training.<sup>9</sup></p>	<p><b>State Plan Amendment (SPA)</b></p> <ul style="list-style-type: none"> <li>1905(a)(19) – case management</li> <li>1915(g)(1) – targeted case management</li> <li>1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>1115 waiver</li> <li>1915(c) HCBS waiver</li> </ul> <p><b>Managed Care</b></p>
<p><b>Assistance in finding and applying for employment</b></p> <ul style="list-style-type: none"> <li>Assessment of an individual’s skills, interests and ideal working conditions</li> <li>Job training</li> <li>Vocational training</li> <li>Skill building (e.g., motor skills, communication skills, attention span)</li> <li>Resume preparation</li> <li>Job search assistance</li> <li>Identification of jobs that match an individual’s skills and interests</li> <li>Coaching to help an individual understand the skills needed for a job</li> <li>Job placement</li> <li>Interview coaching</li> </ul>	<p><b>Iowa</b>, under 1915(i) HCBS SPA authority, provides individuals with support finding and maintaining employment. To receive services, individuals must have undergone or be undergoing sustained psychiatric treatment more intensive than outpatient care or a history of severe psychiatric illness.<sup>10</sup></p>	<p><b>SPA</b></p> <ul style="list-style-type: none"> <li>1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>1115 waiver</li> <li>1915(c) HCBS waiver</li> </ul> <p><b>Managed Care</b></p>

Service	State Example	Pathway and Legal Authorities
<p><b>Support to maintain or advance in a job</b></p> <ul style="list-style-type: none"> <li>• Career advancement services (e.g., help enrolling in higher education or credentialing / certificate program)</li> <li>• Negotiation with potential employers (e.g., help to adjust work schedule)</li> <li>• Benefits education and planning (i.e., counseling to understand eligibility for employer or government benefits)</li> </ul>	<p><b>Washington</b> has an approved 1115 waiver to provide individuals ages 16 and older who meet stringent health needs-based criteria and have specific risk factors with supports to find and apply for employment and supports to maintain or advance in a job.<sup>11</sup></p>	<p><b>SPA</b></p> <ul style="list-style-type: none"> <li>• 1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>• 1115 waiver</li> <li>• 1915(c) HCBS waiver</li> </ul> <p><b>Managed care</b></p>
Food Access		
<p><b>Linkages to food-related services and supports</b></p> <ul style="list-style-type: none"> <li>• Supplemental Nutrition Assistance Program (SNAP)</li> <li>• Special Supplemental Nutrition Program for Women, Infants and Children (WIC)</li> <li>• Other organizations or state programs that support food access</li> </ul>	<p><b>Michigan</b> requires in its managed care contracts that MCOs refer all enrollees to the appropriate resources to reduce socioeconomic barriers, including access to healthy food options, among others.<sup>12</sup></p>	<p><b>State Plan Amendment (SPA)</b></p> <ul style="list-style-type: none"> <li>• 1905(a)(19) – case management</li> <li>• 1915(g)(1) – targeted case management</li> <li>• 1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>• 1115 waiver</li> <li>• 1915(c) HCBS waiver</li> </ul> <p><b>Managed Care</b></p>
<p><b>Meal supports</b></p> <ul style="list-style-type: none"> <li>• Home delivered meals</li> <li>• Meal preparation</li> <li>• Grocery shopping</li> </ul>	<p><b>Louisiana</b> uses a 1915(c) waiver to provide home delivered meals to seniors and people with disabilities who have a long-term care services plan to help them remain in their own home and are unable to complete meal preparation on a regular basis without assistance.<sup>13</sup></p>	<p><b>SPA</b></p> <ul style="list-style-type: none"> <li>• 1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>• 1915(c) HCBS waiver</li> </ul> <p><b>Managed Care</b></p>
Transportation		
<p><b>Transportation to medical appointments</b></p>	<p><b>All states</b> (unless they have a 1115 waiver to exclude these services) are required to provide non-emergency medical transportation (NEMT) to allow enrollees to get to and from care. Some hospitals and health systems are supplementing the state-sponsored system with their own transportation arrangements.</p>	<p><b>Federal Regulation</b></p> <ul style="list-style-type: none"> <li>• 42 CFR 431.53</li> </ul>
<p><b>Transportation to other social services</b> (e.g., for job assistance)</p>	<p><b>Oregon</b> encourages its managed care plans (Coordinated Care Organizations) to provide a range of non-medical, social services, including transportation to social services.<sup>14</sup></p>	<p><b>SPA</b></p> <ul style="list-style-type: none"> <li>• 1905(a)(19) – case management</li> <li>• 1915(g)(1) – targeted case management</li> <li>• 1915(i) HCBS SPA</li> </ul> <p><b>Waiver</b></p> <ul style="list-style-type: none"> <li>• 1115 waiver</li> <li>• 1915(c) HCBS waiver</li> </ul> <p><b>Managed Care</b></p>

**Table 2: Description of Medicaid Legal and Contracting Authorities**

This table provides a high-level description of the three ways financing for the interventions reviewed in this paper can be authorized in Medicaid: through (1) a state plan amendment; (2) a waiver; or (3) managed care.

Pathways	Description
State Plan	
<p><b>State Plan Amendment (SPA)</b></p>	<ul style="list-style-type: none"> <li>The State Plan is a formal, public document where a state describes the parameters of its Medicaid program on matters such as populations and services covered, provider payment rates (in fee-for-service) and administration, consistent with permissible options and flexibility available under federal law. States can modify, correct, or update their State Plan by submitting an SPA.</li> <li>SPAs must be reviewed and approved by CMS, but if the SPA seeks to implement an available option consistent with the flexibility permitted under law, CMS must approve it. Approval is not discretionary.</li> </ul>
Waivers	
<p><b>1115 Waiver</b></p>	<ul style="list-style-type: none"> <li>Section 1115 waivers, which can be comprehensive or targeted, permit states to vary from federal rules and still receive federal Medicaid funding. Not all federal rules can be “waived” and federal approval of waivers is discretionary.               <ul style="list-style-type: none"> <li>By statute, a waiver must be a “experimental, pilot or demonstration project” that the Secretary of HHS determines furthers the objectives of the Medicaid program.</li> <li>By practice, waivers are only approved if they are “budget neutral” to the federal government; the calculation of budget neutrality can be complex.</li> </ul> </li> <li>A section 1115 waiver proposal must be submitted by the state (not by a locality or health system) and is subject to public input at the state and federal levels prior to federal review. Approvals typically extend for a three to five year period but can be extended through renewals.</li> <li>Section 1115 waivers can permit states to use Medicaid funding for initiatives and services that extend beyond otherwise allowable Medicaid benefits.</li> </ul>
<p><b>1915(c) Home and Community-Based Services (HCBS) Waiver</b></p>	<ul style="list-style-type: none"> <li>HCBS waivers are specialized waivers that add to the options otherwise available to states to provide long-term care services and supports in home- and community-based settings, rather than in a nursing home or other institutional setting.</li> <li>These waivers are limited to high-need populations who would otherwise need care in an in-stitutional setting, including people with intellectual or developmental disabilities, physical disabilities and/or mental illnesses.</li> <li>Many states have these waivers and often states have multiple HCBS waivers for different populations. If the waiver meets the statutory criteria they are routinely granted for three years at initial application, and they can be renewed for five years.</li> <li>States can offer a variety of services under an HCBS Waiver, including a combination of medical and non-medical services allowed under the Medicaid statute and regulations.</li> </ul>
Managed Care	
<p><b>Federal Care Coordination Requirement</b></p>	<ul style="list-style-type: none"> <li>States that deliver services through managed care must assure that managed care plans provide care coordination services to enrollees, either directly or through another organization; see 42 CFR 438.</li> <li>Care coordination services includes health assessment and care management services to address physical health, behavioral health and social support needs.</li> <li>Within federal guidelines, states have discretion to define what constitutes care coordination and may expand the populations who must be provided with care coordination beyond the minimum federal requirements.</li> </ul>
<p><b>State Contracting</b></p>	<ul style="list-style-type: none"> <li>States can use their contracts with managed care plans to specify how the plan carries out the delivery of services that are covered under that state’s state plan and/or waivers (e.g., it could specify that care coordination includes linking members to needed social services).</li> <li>Contracts also can permit plans to provide services that it determines are cost effective alternative ways to deliver covered services (referred to as “in-lieu-of services”) and establish incentive payments and quality initiatives to encourage plans to address non-medical, health-related needs.</li> </ul>

Pathways	Description
<b>Managed Care Plan Flexibility</b>	<ul style="list-style-type: none"> <li>Plans have discretion to use their Medicaid payments to provide “value added services,” which are services not covered under the state plan but that the plan determines can improve quality or reduce costs. States can recognize these investments as quality improvement initiatives, which has implications for managed care rate setting. Plans can also invest their own funds in non-medical services (e.g., housing) that they deem to be valuable to their members and potentially reduce costs.</li> </ul>

## Appendix: References to Examples of Hospitals Providing Services to Address Social Determinants of Health

This Appendix includes references to reports that provide additional information as well as examples of hospital initiatives to identify and address social determinants of health.

### Hospital Examples

American Hospital Association, “Transportation and the Role of Hospitals,” Social Determinants of Health Series, June 2017. Available at: <http://www.hpoe.org/Reports-HPOE/2017/determinants-health-transportation-role-of-hospitals.pdf>.

American Hospital Association, “Food Insecurity and the Role of Hospitals,” Social Determinants of Health Series, June 2017. Available at: <http://www.hpoe.org/Reports-HPOE/2017/determinants-health-food-insecurity-role-of-hospitals.pdf>.

American Hospital Association, “Housing and the Role of Hospitals,” Social Determinants of Health Series, August 2017. Available at: <http://www.hpoe.org/Reports-HPOE/2017/housing-role-of-hospitals.pdf>.

Health Research and Educational Trust, “Hospital Based Strategies for Creating a Culture of Health: A Compendium of Case Studies,” August 2017. Available at: <https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/hospital-community-partnerships-case-study-compendium.pdf>.

J. Lee and C. Korba, “Social Determinants of Health: How are Hospitals and Health Systems Investing in and Addressing Social Needs?” Deloitte, July 2018. Available at: <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lshc-addressing-social-determinants-of-health.pdf>.

J. Bamberger et al., “Innovative Models In Health And Housing,” Mercy Housing and The Low Income Investment Fund for The California Endowment and the Kresge Foundation, 2017. Available at: <http://www.liifund.org/wp-content/uploads/2017/08/Health-and-Housing-LIIF-Mercy-Report-2017.pdf>.

M. Hostetter and S. Klein, “In Focus: Creating Pathways and Partnerships to Address Patients’ Social Needs,” The Commonwealth Fund, September 2017. Available at: <https://www.commonwealthfund.org/publications/newsletter/2017/jun/focus-creating-pathways-and-partnerships-address-patients-social>.

T. Norris and T. Howard, “Can Hospitals Heal America’s Communities?,” Democracy Collaborative, November 2015. Available at: <https://democracycollaborative.org/sites/clone.community-wealth.org/files/downloads/CanHospitalsHealAmericasCommunities.pdf>.

## Other Resources

California Healthcare Foundation, Manatt Health and Optumas Healthcare, “Intended Consequences: Modernizing Medi-Cal Rate-Setting to Improve and Manage Costs,” The California Health Care Foundation, March 2018.

Available at: <https://www.chcf.org/publication/intended-consequences-modernizing-medi-cal-rate-setting-to-improve-health-and-manage-costs/>.

D. Bachrach, J. Guyer, A. Levin, “Medicaid Coverage of Social Interventions,” Milbank Memorial Fund, July 2016.

Available at: <https://www.milbank.org/publications/medicaid-coverage-social-interventions-road-map-states/>.

D. Bachrach et al., “Enabling Social Investment in Social Interventions: A Review of Medicaid Managed Care Rate-Setting Tools,” The Commonwealth Fund, January 2018. Available at: <https://www.commonwealthfund.org/publications/fund-reports/2018/jan/enabling-sustainable-investment-social-interventions-review>.

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D. Machledt, “Addressing the Social Determinants of Health Through Medicaid Managed Care,” The Commonwealth Fund, November 2017. Available at: <https://www.commonwealthfund.org/publications/issue-briefs/2017/nov/addressing-social-determinants-health-through-medicare-managed>.

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2. D. Bachrach et al., “Enabling Social Investment in Social Interventions: A Review of Medicaid Managed Care Rate-Setting Tools,” The Commonwealth Fund, January 2018. Available at: <https://www.commonwealthfund.org/publications/fund-reports/2018/jan/enabling-sustainable-investment-social-interventions-review>.
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4. Massachusetts Executive Office of Health and Human Services, Managed Care Organization Model Contract Language, 2018. Available at: <https://www.commbuys.com/bsa/external/bidDetail.sdo?docId=BD-17-1039-EHS01-EHS01-10209&external=true&parentUrl=bid>.
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6. Louisiana, 1915(c) Waiver, 2017. Available at: [http://www.ldh.la.gov/assets/csoc/Documents/Waiver/CMSApplicationfor1915cHCBSWaiver\\_201707.pdf](http://www.ldh.la.gov/assets/csoc/Documents/Waiver/CMSApplicationfor1915cHCBSWaiver_201707.pdf).
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8. Texas Health and Human Services Commission, “Uniform Managed Care Terms and Conditions, June 2017. Available at: <https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/uniform-managed-care-contract.pdf>.
9. Oregon Health Authority, “Health-Related Services,” July 2018. Available at: <https://www.oregon.gov/oha/HPA/CSI-TC/Documents/OHA-Health-Related-Services-Brief.pdf>.
10. Iowa, State Plan Amendment 17-0003, September 2017. Available at: [https://dhs.iowa.gov/sites/default/files/1915%28i%29\\_HCBS\\_Habilitation\\_Program\\_Approval\\_Package\\_IA%2017-0003.pdf](https://dhs.iowa.gov/sites/default/files/1915%28i%29_HCBS_Habilitation_Program_Approval_Package_IA%2017-0003.pdf).
11. Washington, 1115 Research and Demonstration Program Waiver, July 2018. Available at: <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wa/wa-medicare-transformation-ca.pdf>; Washington, Foundational Community Supports Protocol, November 2017. Available at: <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wa/medicare-transformation/wa-medicare-transformation-fcs-prtl-112117.pdf>.
12. State of Michigan, Model Managed Care Contract Language, 2016. Available at: [https://www.michigan.gov/documents/contract\\_7696\\_7.pdf](https://www.michigan.gov/documents/contract_7696_7.pdf).
13. Louisiana Department of Health and Hospitals, Healthy Community Choices Waiver, Reissued September 2015. Available at: [http://ldh.la.gov/assets/docs/OAAS/publications/CCW\\_Fact\\_Sheet.pdf](http://ldh.la.gov/assets/docs/OAAS/publications/CCW_Fact_Sheet.pdf).
14. Oregon Health Authority, “Health-Related Services,” July 2018. Available at: <https://www.oregon.gov/oha/HPA/CSI-TC/Documents/OHA-Health-Related-Services-Brief.pdf>.