DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-25-26
Baltimore, Maryland 21244-1850

State Demonstrations Group

December 19, 2024

Kelly Cunningham
Medicaid Administrator
Illinois Department of Healthcare and Family Services
201 South Grand Ave. East
Springfield, IL 62763-0001

Dear Director Cunningham:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Health-Related Social Needs (HRSN) services and infrastructure protocol for the Healthcare Transformation section 1115(a) demonstration (Project Number 11-W-00316/5). We have determined the services and infrastructure protocol is consistent with the requirements outlined in the demonstration Special Terms and Conditions (STCs) and are therefore approving it. A copy of the approved protocol is enclosed and will be incorporated into the STCs as Attachment G.

We look forward to our continued partnership on the Healthcare Transformation section 1115(a) demonstration. If you have any questions, please contact your project officer, Jonathan Morancy at Jonathan.Morancy@cms.hhs.gov.

Sincerely,

Angela D. Garner
Director
Division of System Reform Demonstrations
State Demonstrations Group

Enclosure

cc: Courtenay Savage, State Monitoring Lead, Medicaid and CHIP Operations Group

ATTACHMENT G
ASSESSMENT OF BENEFICIARY ELIGIBILITY AND NEEDS, INFRASTRUCTURE PLANNING, AND PROVIDER QUALIFICATIONS FOR HRSN SERVICES PROTOCOL

Contents

As expressly required by Special Term and Condition (STC) 6.6, this protocol outlines the proposed uses of health-related social needs (HRSN) infrastructure expenditures, covered HRSN services, process for identifying beneficiaries with HRSNs, process by which clinical criteria will be applied, process for developing care plans, plan to avoid duplication/displacement of existing food assistance/nutrition services, and the State of Illinois' affirmation to meet enhanced monitoring and evaluation requirements as outlined in STC 11.6.b.ii and STC 14.6.

I. HRSN Infrastructure

1. HRSN Infrastructure Expenditure Limits

HFS is authorized to claim federal financial participation (FFP) in HRSN infrastructure expenditures for no more than the annual limits outlined in Table 4 of the STCs. Annual aggregate limits range from $50,000,000 to $275,000,000 in infrastructure investments necessary to support the development and implementation of HRSN services over the next five-year demonstration period, for a total aggregate limit of $765,000,000. The state estimates the following infrastructure expenditure limits by allowable use category over the lifecycle of the demonstration, subject to change based on state appropriations, availability of funds, and identified needs. The state used the annual infrastructure spending limits from the state's STCs, and an analysis of anticipated need to develop the estimated limits below.

Allowable Use Category	Percent (%) of Spend	Estimated Limits
Technology	35%	$268,000,000
Development of Business or Operational Practices	25%	$191,000,000
Workforce Development	25%	$191,000,000
Outreach, Education, and Stakeholder Convening	15%	$115,000,000
TOTAL:	**100%**	**$765,000,000**

2. HRSN Infrastructure Funding Purposes

Permissible infrastructure investments to support the development and implementation of HRSN services across the four CMS-approved administrative areas are outlined in the table below and subject to state appropriations, availability of funds, and identified needs. The state intends to operationalize HRSN Infrastructure uses through a mix of centralized state infrastructure activities as well as through localized activities to build capacity across the state.

HRSN Administrative Category	Permissible Infrastructure Activities
Technology	Eligible entities, as listed in subsection I.4, can leverage HRSN infrastructure funding to support a range of technology needs, including those that support closed-loop referral platforms and other community information exchange priorities. The permissible uses of centralized and/or local technology funding are: 1. Infrastructure/data platforms/systems needed to enable: a. Authorization of HRSN services, b. Referral to HRSN services,

HRSN Administrative Category	Permissible Infrastructure Activities
	c. Documentation of eligibility for HRSN services and tracking of enrollment, d. Closed loop referral to HRSN services, e. Record plans of care, f. HRSN service delivery, g. HRSN service billing, h. HRSN program oversight, monitoring, and reporting, including for activities beyond HRSN infrastructure (e.g., reporting on HRSN services delivered; monitoring to ensure individuals receive the services for which they were authorized; activities to prevent fraud, waste, and abuse across the HRSN program), i. Eligibility determination for other federal, state, and local programs, including but not limited to HUD housing supports, Supplemental Nutrition Assistance Program (SNAP), or Women, Infants and Children (WIC), etc., and j. Authorized exchange of information among health and human service partners. 2. Modifying existing systems to support HRSN service delivery and closed-loop referrals. 3. Developing an HRSN services eligibility screening tool. 4. Integrating data platforms/systems/tools. 5. Onboarding to new, modified, or existing systems. 6. Training for use of new, modified, or existing systems. 7. Supporting successful adoption of IT infrastructure and data platforms related to HRSN services.
Development of Business or Operational Practices	Eligible entities, as listed in subsection I.4, can leverage HRSN infrastructure funding to support a range of activities to support the development of business or operational practices such as procurement and planning, developing policies and workflows for referral management, privacy, quality improvement, trauma-informed practices, evaluation, and enrollee navigation. The permissible activities are: 1. Training and/or technical assistance on HRSN program and roles/responsibilities. 2. Procurement of administrative support to assist with the implementation of HRSN services, such as a third-party contractor, third-party administrator, or other entity, such as a community care hub, to carry out administrative functions. 3. Administrative items necessary to perform HRSN duties and/or expand HRSN service delivery capacity. 4. Development of policies and procedures related to: a. HRSN referral and service delivery workflows, b. Provider enrollment/credentialing, c. Billing/invoicing,

HRSN Administrative Category	Permissible Infrastructure Activities
	d. Data sharing, e. Program oversight/monitoring, f. Evaluation, g. Privacy and confidentiality, and h. Reporting Requirements.
Workforce Development	Eligible entities, as listed in subsection I.4, can leverage HRSN infrastructure funding to support a range of workforce development needs. The permissible workforce development activities are: 1. Necessary training, certification, technical assistance, and education for staff participating in the HRSN demonstration. 2. Cost of recruiting, hiring, and training new staff to provide HRSN. 3. Salary, fringe/benefits, sign-on bonuses, and retention bonuses for staff that will have a direct role in overseeing, designing, implementing, and/or executing HRSN responsibilities, time-limited to the start-up period, generally not lasting more than 18 months. 4. Privacy/confidentiality training/technical assistance related to HRSN service delivery. 5. Production costs for training materials and/or experts pertaining to the HRSN program.
Outreach, Education, and Stakeholder Convening	Eligible entities, as listed in subsection I.4, can leverage HRSN infrastructure funding to support outreach, education, and stakeholder convening. Permissible activities related to outreach, education, and stakeholder convening are: 1. Development and production of materials necessary for marketing, outreach, training, and education related to HRSN. 2. Translation of materials. 3. Development of culturally competent materials. 4. Review and approval of MCO materials. 5. Planning for, facilitating, and participating in community-based outreach events to support awareness of HRSN services. 6. Planning for, facilitating, and participating in learning collaboratives or stakeholder convenings for HRSN. 7. Community engagement activities necessary to support HRSN program implementation and launch. 8. Administrative or overhead costs associated with outreach, education, or convening directly tied to HRSN.

3. HRSN Infrastructure Implementation Timeline

a. Timeline for uses of Infrastructure Investments

i. The state may begin claiming FFP in infrastructure expenditures by eligible entities, as defined in section I.4, after the approval of this document, but no sooner than January 1, 2025. The exception is expenditures identified as

qualifying under an allowable use category that were expended prior to January 1, 2025, retroactive to the approval date, as allowed in STC 6.6. HRSN infrastructure investments are subject to state appropriations, availability of funds, and identified needs. The state intends to operationalize HRSN Infrastructure uses through a mix of centralized state infrastructure activities as well as through localized activities to build capacity across the state.

ii. The state will utilize a phased approach to disbursing infrastructure funds to ensure providers beginning their participation at different times have sufficient infrastructure and capacity.

iii. Funding may be available to eligible entities for capacity building throughout the demonstration period (i.e., an eligible entity may be able to access infrastructure funds when they are ready to prepare for and begin providing the HRSN services, and not necessarily at the implementation of the HRSN initiative.)

b. Approach to Infrastructure Funding and Uses
    i. The state intends to operationalize HRSN Infrastructure uses through a mix of centralized state infrastructure activities as well as through localized activities to build capacity across the state.
    ii. The state reserves the right to assume any of the below activities directly or through a contracted vendor.
    iii. HFS will:
        a. Develop a process to identify the opportunities and initiatives through which infrastructure funds may be available,
        b. Conduct outreach and education to eligible entities regarding infrastructure funding opportunities,
        c. Disburse funding to eligible entities and/or authorize funding to be used as HRSN infrastructure investments in accordance with this demonstration initiative,
        d. Develop reporting templates for entities to report on funding uses, and
        e. Review and analyze reports from entities on funding uses.
    iv. HFS will implement a standardized process for evaluating, approving, and disbursing HRSN infrastructure funding that includes, for example:
        a. Requirements for the eligible entity to outline intended uses of infrastructure funds and projected budget expenditures by allowable use category, including a strong justification for the need for HRSN infrastructure funding for each allowable use category, as applicable.
        b. Requirements for the entity to demonstrate the ability to provide or support the provision of one or more HRSN services.

c. Monitoring and Oversight of Infrastructure Funding
    i. HFS will ensure that any usage of HRSN infrastructure funds is consistent with the STCs, and will ensure that any HRSN infrastructure funding is subject to program integrity standards, including:
        a. Participating in audit processes. HFS, or its vendor, will conduct audits to ensure that infrastructure funds are spent on permissible uses and

are documented and reported on appropriately.

b. Taking action to address non-compliance. HFS will take action 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 action (e.g., caps on funding, discontinuation of funding and/or recoupment of funding). The state will notify any funding recipient before initiating corrective action.

ii. Entities receiving HRSN infrastructure funding will be required to attest to non-duplication of funding with other federal, state, and local funds. HFS will monitor for funding irregularities and potential duplication of funds.

4. Entities Eligible for HRSN Infrastructure Funding

Both centralized and/or local infrastructure investments may be needed to support the development and implementation of HRSN services across the four CMS-approved administrative areas, subject to state appropriations, availability of funds, and identified needs. HFS may invest or approve funds for HRSN infrastructure to assist the following types of entities through various opportunities and initiatives:

a. State agencies, including HFS
b. Providers of HRSN services, including, but not limited to:
    i. Existing Medicaid providers
    ii. Housing agencies and providers
    iii. Food and nutrition services providers
    iv. Community-based organizations (CBOs)
    v. Social services agencies
    vi. Mental health or substance use disorder treatment providers
    vii. Child welfare providers
    viii. City, county, and local governmental agencies
    ix. Outreach and engagement providers
    x. Lived-Experience Workers/Community Health Workers
    xi. Tribal Providers and Organizations
    xii. Federally Qualified Health Centers
    xiii. Rural Health Clinics
    xiv. Case management providers (traditional and HRSN)
c. Healthcare Transformation Collaboratives
d. Managed care plans
e. Other vendors to carry out administrative functions, if needed

In addition, providers of HRSN services must meet the provider criteria described in this document to be considered eligible for the HRSN infrastructure funding.

II. HRSN Services

1. Use of a Third-Party Contractor or Other Contracted Vendor

HFS may use infrastructure funding to contract with or may direct managed care plans to contract with a third-party contractor, third-party administrator, or other entity, such as a

community care hub, to support HRSN providers that are new to Medicaid, perform service approval, care management, payment and administrative functions, and other functions deemed necessary to carry out the administration of HRSN services. The use of vendors and their scope may be phased in or out over the lifecycle of the demonstration, based on provider needs and the promotion of equitable access to HRSN services for eligible individuals.

2. HRSN Service Descriptions

The following services must be provided in ways that are person-centered, and culturally appropriate. Some HRSN services may be completed on behalf of the individual, without the individual being present.

HRSN Service	HRSN Service Description
Housing Interventions	Housing supports without room and board, which may include: 1. Pre-tenancy navigation services and housing transition and navigation services (e.g., finding and securing housing) to assist enrollees with obtaining housing and achieving their stability goals, which may include: a. Working with the individual to develop a housing support plan b. Reviewing, updating, and modifying the plan with the individual to reflect current needs and preferences, addressing housing retention barriers c. Assisting with addressing common barriers, such as obtaining needed documents and documentation (e.g., birth certificate, ID card, Social Security Card, proof of income) and assessing for unpaid bills and previously disconnected services (e.g., utilities) d. Assisting with searching for housing and reviewing options with the individual e. Assisting with completing housing applications f. Assisting with tenant screening and assessment g. Assisting with appeals, reasonable accommodation requests, and referring to legal aid services if needed related to fair housing issues h. As needed, facilitating linkages to state and federal benefit programs, benefit program application assistance, eviction prevention, tenant rights education, and other legal services i. May include access to Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) benefits using models such as SOAR (SSI/SSDI Outreach, Access, and Recovery) to provide application assistance and support through determination i. As needed, facilitating linkages to the coordinated entry system; school/college; employment opportunities; and medical, behavioral, and social services to support housing stability

HRSN Service	HRSN Service Description
	j. Assisting in coordinating transportation to ensure access to housing options before transition and on move-in day k. Ensuring the living environment is safe and move-in ready, including facilitating any inspections needed to ensure housing meets quality standards (HUD NSPIRE or HQS) and assessing and planning for accessibility requirements l. Assisting in arranging for and supporting the details and timing of the move, including moving company, utilities, address changes, furnishings, and household supplies m. Engaging the landlord and communicating with and advocating on behalf of the individual with the landlord n. Assisting the individual with communicating with the landlord and property manager o. Providing training and resources to assist the individual in complying with the individual's lease and tenant rights p. Working with the individual to establish a housing support crisis plan q. Providing supports to assist the individual in the development of independent living skills needed to remain housed 2. One-time transition and moving costs to assist with identifying, coordinating, securing, or funding one-time necessary items to help a person establish a basic household. Items may include: a. Security deposit b. Application and inspection fees, including inspections for visual lead hazards by an appropriately trained person c. Move-in fees or other fees such as first and last month's rent and elevator usage fees as required by the landlord for occupancy d. Fees associated with obtaining necessary documents or documentation (e.g., birth certificate, ID card, Social Security Card, proof of income) e. Utilities activation fees. Allowable utilities activation fees may include (and not to be duplicated by federally funded programs available): i. Water ii. Garbage iii. Sewage iv. Recycling v. Gas vi. Electric vii. Internet viii. Phone service activation (inclusive of landline phone service and cell phone service) f. Moving expenses including movers and packing supplies

HRSN Service	HRSN Service Description
	g. Payment in arrears (capped at a total of six months, inclusive of total arrears and prospective payments including rental payments covered under this HRSN demonstration) h. Pest eradication i. Purchase of household goods and furniture, which may include appliances necessary for food consumption, bedding, furnishings, cribs, bathroom supplies, and cleaning supplies 3. Tenancy and sustaining services and individualized case management, to assist individuals in maintaining housing stability. Services may include: a. Working with the individual to develop a housing support plan b. Reviewing, updating, and modifying the plan with the individual to reflect current needs and preferences, addressing housing retention barriers c. Establishing procedures and contacts to retain housing, including working with the individual to establish a housing support crisis plan d. Linkages to state and federal benefit programs, benefit program application assistance, eviction prevention, tenant rights education, and other legal services i. May include access to Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) benefits using models such as SOAR (SSI/SSDI Outreach, Access, and Recovery) to provide application assistance and support through determination e. As needed, facilitating linkages to the coordinated entry system; school/college; employment opportunities; and medical, behavioral, and social services to support housing stability f. Engaging the landlord and communicating with and advocating on behalf of the individual g. Providing supports to assist the individual in communicating with the landlord and property manager h. Providing training and connections to resources to assist the individual in complying with the terms of the lease i. Providing supports to assist the individual in the development of independent living skills needed to remain housed
	First month's rent as a transitional service Renewable up to a combined 6 months of room & board-only per demonstration period following additional allowable transitions.

HRSN Service	HRSN Service Description
	All section 1115 demonstration HRSN housing interventions with room and board are limited to global HRSN housing cap of a combined 6 months per rolling 12-month period.
	Short-term pre-procedure, and/or post-hospitalization housing (i.e., "medical respite" with room and board for up to six months per year, only where integrated, clinically-oriented recuperative or rehabilitative services and supports are provided. Pre-procedure and post-hospitalization housing are limited to a clinically appropriate amount of time. Services, at a minimum, include: 1. Specialized case management/care coordination for medical and social needs 2. Connections to other health-related services, including transportation to medical appointments 3. 24-hour access to a dedicated sleeping space (which may include a private room or shared room) 4. Three meals per day 5. Medication support 6. Wellness checks at least once every 24 hours 7. Screening and connections to other services and programs as appropriate (such as screening for behavioral health and or substance use-related needs) Congregate sleeping space, facilities that have been temporarily converted to shelters (e.g., gymnasiums or convention centers), facilities where sleeping spaces are not available to residents 24 hours a day, and facilities without private sleeping space are excluded from the demonstration. All section 1115 demonstration HRSN housing interventions with room and board are limited to global HRSN housing cap of a combined 6 months per rolling 12-month period.
	Short-term post-transition housing for up to six months, following allowable transitions. Services may include: 1. Short-term post-transition housing assistance: a. Rent or lease payments for dwellings that are an individual's primary residence. Dwellings must meet local zoning guidelines and local housing and building codes for safety, sanitation, and habitability. b. Hotel or motel costs, if being used as the individual's primary residence c. Renter's insurance if required by the lease. 2. Short-term post-transition housing with room and board for up to six months, where clinically oriented rehab services and supports may or may not be integrated, following allowable transitions, and limited to a clinically appropriate amount of time. This may include temporary housing settings that provide the individual with non-congregate, private

HRSN Service	HRSN Service Description
	sleeping space available to them 24 hours a day. This service excludes residential treatment settings, recovery homes, long-term care settings, and other institutional care settings. Allowable transitions include out of institutional care (e.g., NFs, Specialized Mental Health Rehabilitation Facilities, IMDs that are out of state, ICFs, acute care hospitals); out of congregate residential settings such as large group homes and recovery homes; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter as defined by 24 CFR 91.5; out of carceral settings; and individuals transitioning out of the child welfare setting including foster care. Congregate sleeping space, facilities that have been temporarily converted to shelters (e.g., gymnasiums or convention centers), facilities where sleeping spaces are not available to residents 24 hours a day, and facilities without private sleeping space are excluded from the demonstration. Room and board-only interventions are limited to a combined 6 months per household per demonstration period. All section 1115 demonstration HRSN housing interventions with room and board are limited to global HRSN housing cap of a combined 6 months per rolling 12-month period.
	Medically necessary home remediations may include: 1. Air filtration devices, air conditioning, or ventilation improvements a. Air conditioners b. Heaters c. Air filters 2. Vacuum with HEPA filter sealed system 3. Humidifiers 4. Refrigeration for medication 5. Carpet replacement 6. Mold and pest removal 7. Installation of washable curtains or synthetic blinds 8. Housing safety inspections 9. Generators in emergency/extreme climate situations, scoped only to individuals with a high-risk clinical condition 10. Chore services (inclusive of heavy household cleaning, removal of hazardous debris or dirt, and removal of yard hazards)
	Home/environmental accessibility modifications, that are medically necessary, may include: 1. Wheelchair accessibility ramps 2. Widening of doorways 3. Electric door openers

HRSN Service	HRSN Service Description
	4. Bathroom facilities 5. Non-skid surfaces 6. Overhead track systems 7. Handrails 8. Grab bars 9. Stair Lift 10. Other modifications necessary for access, health, and safety, subject to HFS approval
Housing Interventions	Utility assistance, capped at six months in total prospective/retrospective payments, including activation expenses and back payments to secure utilities. Allowable utilities may include (and not to be duplicated by federally funded programs available): 1. Water 2. Garbage 3. Sewage 4. Recycling 5. Gas 6. Electric 7. Internet 8. Phone services
Nutrition Interventions	Case management services for access to food/nutrition, including, for example, education and/or linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees 1. Includes application assistance for SNAP, WIC, and other available food sources 2. Excludes SNAP outreach provided through the USDA's Food and Nutrition Service, or other federally funded nutrition linkage or case management programs
	Nutrition counseling and instruction, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement, including guidance on selecting healthy food and meal preparation 1. Includes guidance on selecting healthy food, meal preparation, and cooking classes 2. Includes coaching and skill development in identifying healthy foods and permanent food sources 3. Includes nutrition education programming 4. May be supplemented with handouts, take-home materials, and other informational resources 5. May be provided in an individual or group setting 6. Services must be provided in accordance with evidence-based nutrition guidelines, follow food safety standards, person-centered and culturally appropriate, and individualized to one's dietary needs and preferences
	Home delivered meals, medically tailored meals, or pantry stocking/grocery provisions. Services may include: 1. Home delivered meals

HRSN Service	HRSN Service Description
	a. Up to 3 meals a day, for up to 6 months. This may include prepared foods, meal kits, or restaurant meals. b. Individual may pick up food from a food vendor or have food delivered if delivery service is available c. This service may take into account an individual's household size, and be administered through a voucher or prepaid card d. Meals must be provided in accordance with evidence-based nutrition guidelines, follow food safety standards, be person-centered and culturally appropriate, and individualized to one's dietary needs and preferences 2. Assessment for medically tailored meals and medically tailored groceries, where not otherwise covered under Medicaid a. An initial assessment with a clinician or other qualified staff including registered dietician nutritionists, to develop a medically appropriate nutrition care plan b. Reassessment and modification of the medically appropriate nutrition care plan by a clinician or other qualified staff including registered dietician nutritionists 3. Medically tailored meals a. Up to 3 meals a day, for up to 6 months. Meals are tailored to support individuals with health-related conditions for which nutrition supports would improve health outcomes. This service includes: i. The preparation and provision of the prescribed meals consistent with the nutrition care plan or an individual's diagnosis ii. Delivery of the meal, if available 4. Medically tailored groceries as prescribed by a clinician or other qualified staff including registered dietician nutritionists, based on an assessment and a medically appropriate nutrition care plan or an individual's diagnosis for up to 3 meals a day, for up to 6 months. Individual may pick up medically tailored groceries from a food vendor or have food delivered if delivery service is available. 5. Pantry Stocking/grocery provisions, including refrigerated items a. Provisions for up to 3 meals a day, for up to 6 months. b. An individual can purchase an assortment of foods aimed at promoting improved nutrition. The individual may pick up the food from the food vendor, or have food delivered, if delivery service is available. c. This service may take into account an individual's household size, and be administered through a voucher or prepaid card d. Items must be provided in accordance with evidence-based nutrition guidelines, follow food safety standards, be person-centered and culturally appropriate, and individualized to one's dietary needs and preferences

HRSN Service	HRSN Service Description
	e. Examples of allowable foods include: Fruits and vegetables; meat, poultry, and fish; dairy products; breads and cereals; snack foods and non-alcoholic beverages; and seeds and plants, which produce food for the household to eat In accordance with the CMS Coverage of HRSN Services Table, additional meal support may be permitted when provided to the household of a child identified as high-risk or a pregnant individual, as defined by clinical and needs-based criteria. In accordance with the CMS Coverage of HRSN Services Table, these services may be renewed for additional six-month periods if the individual still meets the clinical and needs-based criteria. Provision of 3 meals per day of home delivered or medically tailored meals is not available concurrently with medically tailored groceries, pantry stocking, or nutrition prescriptions.
	Nutrition prescriptions, tailored to health risk, certain nutrition-sensitive health conditions and/or demonstrated outcome improvement. Services may include: 1. Assessment for and generation of a nutrition prescription, completed by a clinician or other qualified staff including registered dietician nutritionists, where not otherwise covered under Medicaid 2. Filling of nutrition prescriptions, that cover, for example: a. Fruit and vegetable prescriptions b. Protein box prescriptions c. Food pharmacies d. Healthy food vouchers In accordance with the CMS Coverage of HRSN Services Table, additional meal support may be permitted when provided to the household of a child identified as high-risk or a pregnant individual, as defined by clinical and needs-based criteria. In accordance with the CMS Coverage of HRSN Services Table, these services may be renewed for additional six-month periods if the individual still meets the clinical and needs-based criteria.

3. HRSN Provider Qualifications

All HRSN service providers are expected to meet certain qualifications that ensure they can provide high-quality services to eligible individuals. Managed care plans will be required to ensure that HRSN service providers meet and maintain compliance with these minimum qualification requirements. Qualifications may include, for example:

a. The ability to demonstrate the organization/providers' capabilities and/or experience with effectively delivering the HRSN service as determined by HFS.
b. The ability to comply with applicable federal and state laws

c. The ability to maintain sufficient hours of operation and staffing to serve the needs of HRSN participants
d. The ability to provide services as authorized by the enrollee's managed care plan
e. The ability to track and report services to enable billing and quality oversight
f. The ability to demonstrate the capacity to provide culturally and linguistically appropriate, responsive, and trauma-informed service delivery as determined by HFS
g. A history of responsible financial stewardship and integrity as demonstrated by satisfactory deliverables related to grantmaking entities (government or private foundation) and/or recent annual financial reports

Certain HRSN services will require additional qualifications for providers to offer the HRSN service as follows:

a. Housing services providers must have knowledge of the principles, methods, and procedures of housing services covered under the demonstration, or comparable services meant to support individuals in obtaining and maintaining stable housing.
b. Housing services providers must meet any applicable standards of care.
c. Housing services providers providing short-term pre-procedure, and/or post-hospitalization housing must demonstrate the ability to adhere to the National Institute for Medical Respite Care (NIMRC) Standards of Care.
d. Nutrition services providers must have expertise in the principles, methods, and procedures of the nutrition services covered under the demonstration, or comparable services meant to support an individual in obtaining food security and meeting their nutritional needs.
e. Nutrition services providers must follow best practice guidelines and industry standards for food safety.
f. When applicable, nutrition services providers should staff, consult, or otherwise have access to a registered dietician or advisor with a public health, nursing, or nutrition-related background.

Examples of qualified providers for HRSN services are listed in the table below.

HRSN Service	Eligible Provider Type
Housing Supports without Room and Board, Short-term Post-transition housing	• HUD Continuum of Care Provider • Supportive Housing Provider • Providers of services for individuals experiencing homelessness • Mental health or substance use disorder treatment provider • Social Service Agency • Affordable housing provider • Federally qualified health center • Rural health clinic • Healthcare system
Short-Term Pre-procedure and/or Post-hospitalization Housing	Current Illinois medical respite provider, or other providers, such as: • Interim housing facility with additional on-site support • Shelter bed with additional on-site support • Converted home with additional on-site support

HRSN Service	Eligible Provider Type
Nutrition Interventions	• Food pantry • Food bank • Mobile market/pantry • Charitable food organization • Area Agencies on Aging Nutrition Network • Healthcare or public health organization

III. Identifying Individuals with HRSNs and Applying Clinical Criteria

1. Eligible Populations

Individuals eligible to receive HRSN services are state plan populations enrolled in full-scope Medicaid coverage and have a documented medical need for the services. Individuals eligible only for a limited benefit Medicaid package are not eligible for the demonstration. HRSN services must be determined appropriate for the documented need. Medical appropriateness must be based on clinical and health-related social risk factors listed under subsection III.2. below. The following populations will be eligible to receive covered HRSN services provided that they also meet the applicable clinical and social risk criteria and the covered HRSN service is determined to be medically appropriate:

COVERED POPULATIONS
Full-scope Medicaid covered individuals enrolled in managed care who meet the applicable social and clinical risk criteria as described in the table below. This is inclusive of children and families that meet the appropriate eligibility criteria.

2. Medical Appropriateness and Risk Factors

To ensure the services are medically appropriate, the state will require that individuals identified as needing HRSN services meet the following clinical and social risk criteria. To qualify for an HRSN service, an individual must:

a. Meet the Medicaid eligibility criteria for a covered population as described above in section III.1;
b. Have one of the social risk factors described in the table below;
c. Have one of the clinical risk factors described in the table below; and,
d. Meet any additional eligibility criteria and requirements that apply in connection with the specific HRSN service.

HRSN Service	Social Risk Factor	Clinical Risk Factor	Clinical Risk Factor Definitions
Housing Interventions	• Homeless as defined by 24 CFR 91.5. • At risk of homelessness as defined by 24 CFR 91.5 except for the annual income requirement in 24 CFR 91.5 (1)(i*)*	• Have received care in EDs, hospitals, or crisis centers on multiple occasions (twice in six months or four times in 12 months) • Have been identified to be high-risk or high-cost based on service	• "High-risk based on service utilization or healthcare history" is defined as an individual with physical health condition(s) or symptom(s) that could lead to a complex physical health need if not treated

HRSN Service	Social Risk Factor	Clinical Risk Factor	Clinical Risk Factor Definitions
		utilization or healthcare history • Have one or more chronic conditions • Have complex physical health needs • Have a behavioral health need requiring improvement or stabilization to prevent deteriorated functioning • Are experiencing a pregnancy or are in their 12-month post-partum period • Infants up to one year old with one of the following: ○ Neonatal intensive care unit graduate ○ Neonatal Abstinence Syndrome ○ Prematurity, defined by births that occur at or before 36 completed weeks gestation ○ Low birth weight, defined as weighing less than 2500 grams or 5 pounds 8 ounces upon birth ○ Positive maternal depression screen at an infant well-visit ○ Congenital Syphilis ○ Perinatal HIV • Individuals who are individuals with intellectual or developmental disabilities (I/DD) • A health condition, including behavioral health and developmental syndromes, stemming	(e.g., pre-diabetes, hypertension, high - cholesterol). • "High-cost based on service utilization or healthcare history" is defined as having received care in EDs, hospitals, or crisis centers on multiple occasions (twice in six months or four times in 12 months), or residing in an institutional care setting or having been discharged from an institutional care setting in the last six months, or $50,000+ total in non-LTSS cost over a six month period. • "Chronic Conditions" is defined as having one or more chronic conditions including but not limited to those identified in Social Security Act section 1945(h)(2). Examples of conditions can include: diabetes, BMI over 25, cardiovascular disease, respiratory disease, hypertension, physical disability (e.g. amputation, visual impairment), mental illness, substance use disorder, cancer, hyperlipidemia, chronic obstructive pulmonary diseases, HIV/AIDS diagnosis, chronic kidney disease. • "Complex physical health needs" is defined as persistent, disabling, or progressively life-threatening physical health

HRSN Service	Social Risk Factor	Clinical Risk Factor	Clinical Risk Factor Definitions
		from trauma, child abuse, and neglect	conditions that require improvement or stabilization to prevent deteriorated functioning (as defined by Institute of Medicine, National Academies of Sciences). • "Behavioral health need" defined as an individual with a persistent, disabling, progressive or life-threatening mental health condition or substance use disorder that requires treatment or supports, or both treatment and supports, in order to achieve stabilization, prevention of exacerbation, or maintain health goals (as defined by Substance Abuse and Mental Health Services Administration (SAMHSA)
Short-Term Pre-procedure and/or Post-hospitalization Housing	• Homeless as defined by 24 CFR 91.5. • At risk of homelessness as defined by 24 CFR 91.5 except for the annual income requirement in 24 CFR 91.5 (1)(i*)*	• Are at-risk of Emergency Department (ED), hospitalization, or institutional care • Are in the ED or hospitalized or • Are in institutional care; and ○ Have an acute medical condition that can be safely managed in a recuperative care program setting, and ○ Medical respite care is necessary to provide the conditions to support recovery from the acute medical condition.	• "At-risk of ED/hospitalization or institutional care" is defined as an individual who has an increased probability or likelihood of needing urgent medical attention, admission to a hospital, or placement in an institutional setting due to their health condition (including behavioral health conditions), as identified by a provider or established clinically developed predictive modeling technology." This may include someone who is undergoing a transplant procedure or recovering post-transplant. This may

HRSN Service	Social Risk Factor	Clinical Risk Factor	Clinical Risk Factor Definitions
			also include someone who needs to adhere to a treatment regimen, such as cancer treatment or dialysis. • "Institutional care" is defined as care provided within a congregate living environment designed to meet the functional, medical, personal, social, and housing needs of individuals with physical, mental, and/or developmental disabilities (as defined by CMS).
Nutrition Interventions	• Identified as having low or very low food security as defined by USDA	• Have a chronic condition (such as diabetes, cancer, HIV/AIDS or others) • Have been determined to be high-risk or high-cost based on service utilization or healthcare history • Have a behavioral health need requiring improvement or stabilization to prevent deteriorated functioning • Are pregnant or up to 12-months postpartum • Experiencing social isolation placing at risk for early death, neurocognitive disorders, sleep disruption, cardiovascular disease, and elder abuse	• "High-risk based on service utilization or healthcare history" is defined as an individual with a physical health condition(s) or symptom(s) that could lead to a complex physical health need if not treated (e.g., pre-diabetes, hypertension, high cholesterol).

3. Publicly Maintaining Social and Clinical Risk Criteria

The state will maintain the social and clinical risk criteria detailed in the table above on the public-facing HFS 1115 Demonstration Waiver Home page for the Healthcare Transformation Section 1115 Demonstration (linked here: https://hfs.illinois.gov/medicalproviders/cc/1115demonstrationwaiverhome.html). HFS will

also require that MCOs maintain the criteria on a public-facing webpage. Should CMS approve any HFS-requested changes to the social/clinical risk criteria, the content will be updated on HFS and MCO webpages in alignment with federal transparency requirements at 42 CFR Part 431.

4. HRSN Identification and Screening

a. Identification
The State will ensure individuals can be identified for HRSN services through multiple pathways. Working with HRSN services providers and managed care plans, the State will establish the following identification strategies:
   i. Managed care plan review of encounter data, claims data, and other relevant and accessible data sources
   ii. Managed care plan identification through enrollee encounters (e.g., care management)
   iii. Referrals from providers, including those from housing services providers, nutrition services providers, healthcare providers including existing Medicaid providers, community-based organizations, and sister state agencies.
   iv. Self-referrals

b. HRSN Services Screening and Referral Tool
   i. The State will develop a standardized Screening and Referral tool/question set that incorporates housing and nutrition questions from a nationally recognized tool, such as the Accountable Health Communities Health-Related Social Needs Screening Tool (2021); the social criteria; and the clinical criteria for each HRSN service.
   ii. Providers and managed care plans may use this tool (or embed the tool/question set within their EHR/data or care management platform in a manner that can be tracked and recorded as part of this demonstration) to document the identification of the individual needing or requesting HRSN services.
   iii. Materials and information will be available to individuals so they can connect to their managed care plan or a local provider to have a Screening and Referral tool completed.

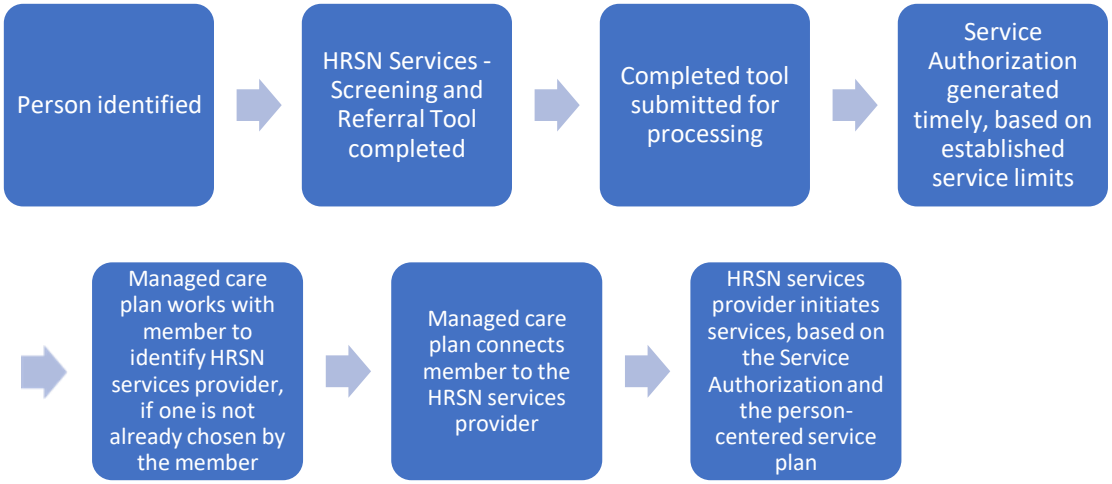
c. Eligibility Determination
   i. Verifying Medicaid eligibility and managed care plan assignment will be completed along with the HRSN Services Screening and Referral Tool.
   ii. Once the HRSN Services Screening and Referral Tool is completed and submitted, a service authorization will be generated in a timely manner. The service authorization will be based on the service(s) needed, confirmation of medical appropriateness, and service limits consistent with the STCs, HRSN Coverage Table, HFS policy, and the person-centered service plan, as applicable and clinically indicated. Service authorization timeframes will be based on service needed and an individual's urgency.

d. Closed-loop Referrals
   i. The managed care plan will be responsible for assuring the individual is connected to the HRSN services, and will document within their care management system, the steps taken to connect the individual, to ensure

that the loop has been closed and the individual receives the needed services.

ii. If a person is eligible for an HRSN service, but no provider of the service is available at the time of identification, the managed care plan will work within its system and within its provider network to connect the individual to needed services and supports.

The following workflow illustrates a potential pathway by which an individual goes from being identified as needing housing supports to receiving housing supports:



e. Rescreening Approach and Frequency

i. Once approaching the end of the service authorization period, and as clinically indicated, an HRSN Screening and Referral Tool and subsequent Eligibility Determination for service reauthorization will occur.

ii. Once an individual has reached the maximum authorized benefit (in accordance with the STCs, the CMS HRSN Coverage Table, and any limits established by HFS), the individual's managed care plan will assist them in identifying additional benefits and services to support their health and HRSNs.

5. HRSN Implementation Settings

a. Eligible settings may include places such as provider offices, community-based organization offices, housing services provider sites, housing support services agency sites, drop-in centers, encampments, outside where someone may be residing, food and nutrition services provider sites, shared-use kitchens, churches and other places of worship, markets/stores including local farmers markets and community markets, farms, community gardens, a person's residence, or other places in the community chosen by the individual to meet in-person. Services may be provided in-person, telephonically, or through HIPAA-compliant virtual platforms.

b. Eligible settings for short-term pre-procedure and/or post-hospitalization housing must have appropriate clinicians who can provide medical and/or behavioral health care, or appropriate connections to services, as applicable to the NIMRC model of medical respite care being offered in that setting. The facility cannot be primarily

used for room and board without necessary additional recuperative support services. Short-term pre-procedure and/or post-hospitalization settings must also offer transitional supports to help enrollees secure stable housing and avoid future readmissions. The setting may include an individual or shared interim housing setting, where residents receive the services described in subsection II.2.

IV. HRSN Care Plans

1. Developing HRSN Care Plans

Managed care plans will conduct care management for individuals approved for HRSN services. Responsibilities will include:

a. Developing the person-centered care plan with the individual and their chosen support network, to be reviewed and revised at least every 12 months. This plan will be informed by the HRSN Services Screening and Referral Tool
b. If not already identified, referring the individual to an HRSN provider for the services identified on the HRSN Screening and Referral Tool, supporting choice of provider where possible
c. Ensuring that the appropriate connections have been made between the individual and the HRSN Providers and that services are being provided, ensuring a closed-loop referral process has been followed
d. Maintaining regular communication with the individual and any HRSN Providers delivering services to the individual
e. Identifying other services the individual may need, including other social care services, other public benefits, and services or assistance provided through other programs
f. Following a closed-loop referral process to ensure proper connections have been made and the individual receives the appropriate services and level of support needed
g. Coordinating with other social support services and care/case management the individual is receiving

2. Enrollee Rights and Protections to Culturally and Linguistically Appropriate HRSN Services

Enrollees eligible for HRSN services will have beneficiary protections similar to those associated with offering home and community-based services (HCBS) and as required by the CMS STCs. All HRSN services will be provided in a manner that is culturally responsive and ensures meaningful access to linguistically appropriate services. HFS will require managed care plans and community providers to provide services consistent with the U.S. Department of Health & Human Services, National Culturally and Linguistically Appropriate Services Standards (National CLAS Standards). HRSN service providers and case managers will assist beneficiaries in understanding the HRSN coverage model and the resolution of issues regarding HRSN services, coverage, access, and rights.

To ensure conflict of interest protections and compliance with HCBS conflict of interest standards, the state will prohibit the delegation, contracting, or subcontracting of functions that would result in a single entity conducting the assessment, service planning, and service provision except as provided by applicable state or federal requirements. If a single entity provides such services, the state will establish protocols to ensure that assessment, service

planning, and service provision are performed in such a manner that guards against conflicts of interest in accordance with all applicable requirements.

3. **Avoiding Duplication of Services**
   No HRSN service will be covered that is duplicative of a state or federally funded service or other HRSN service the individual is already receiving.

   The state will establish policies and procedures to ensure that an individual is not receiving the same level of benefit or service from multiple sources. Part of the care management functions and service authorization process will include a review of an individual's existing benefits and services, including SNAP ,WIC and Older Americans Act Nutrition Services. Any needed HRSN services will be appropriately adjusted for individuals also receiving SNAP and or WIC services and based on the identified social and clinical risks from the person's completed HRSN Screening and Referral Tool.

   As applicable, the HRSN Providers and the managed care plans will assist individuals with enrollment to receive SNAP and WIC services, as applicable.

V. Commitment to Enhanced Monitoring and Evaluation Requirements

The State of Illinois will meet the enhanced monitoring and evaluation requirements stipulated in STC 11.6.b.ii and STC 14.6 which require the state to monitor and evaluate how the renewals of recurring nutrition services in STC 6.2.b affect care utilization and beneficiary physical and mental health outcomes, as well as the cost of providing such services. The state's approach and selected metrics will be captured in the monitoring plan and evaluation design and will be implemented upon CMS approval.