



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

CMS Encourages States to Address Health Related Social Needs through Section 1115 Waivers

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This TSGAC issue brief provides an overview of recent efforts by the Center for Medicare & Medicaid Services (CMS) to encourage states to use Section 1115 waivers to address Health Related Social Needs (HRSNs) such as food insecurity, housing instability, unemployment, and lack of transportation in their State Medicaid Plans.

Overview

Section 1115 of the Social Security Act allows the Secretary of Health and Human Services (HHS) to waive certain statutory requirements of the Medicaid program to carry out experimental, pilot, or demonstration projects likely to promote the objectives of Medicaid.¹ The Centers for Medicare & Medicaid Services (CMS) recently approved four Section 1115 waivers that allow state Medicaid programs to cover certain services and supports designed to address unmet health related social needs (HRSNs). These waivers were approved in Massachusetts, Oregon, Arizona, and Arkansas, and CMS has encouraged more states to address HRSNs through Section 1115 waivers.

For Tribes, this presents an excellent opportunity to work with states to expand Medicaid coverage for certain housing, nutrition, and other services to address the unmet HRSNs of the populations they serve.

HRSNs, Social Determinants of Health, and Previous CMS Guidance

CMS has explained that HRSNs are “an individual’s unmet, adverse social conditions that contribute to poor health.”² HRSNs can include food insecurity, housing instability, unemployment, and lack of transportation.³

HRSNs are related to, but distinct from, social determinants of health (SDOHs). CMS considers SDOHs to be the “conditions in the places where people live, learn, work, and play that affect a

¹ 42 U.S.C. § 1315.

² CMS, PowerPoint Presentation: Addressing Health-Related Social Needs in Medicaid at 3 (Dec. 12, 2022) [hereinafter “CMS HRSN Presentation”], available at <https://www.medicaid.gov/health-related-social-needs/index.html>.

³ *Id.*

wide range of health risks and outcomes.”⁴ CMS says that an individual’s HRSNs are a result of the underlying SDOHs of the individual’s community.

CMS released a State Health Official (SHO) Letter in 2021, which described opportunities for states to address SDOHs in their Medicaid programs.⁵ CMS said states have “flexibility to design an array of services to address SDOH,” and that they can cover services and supports in several categories “including housing-related services and supports, non-medical transportation, home-delivered meals, educational services, employment, community integration and social supports, and case management.”⁶

Categories of Services to Address HRSNs

In addition to recently authorizing four Section 1115 waivers addressing HRSNs, CMS held webinars in December 2022 that provided an overview of how the agency will approach additional waiver applications addressing HRSNs.⁷

CMS will require all HRSN services to be:

- ✓ Medically appropriate based on state-defined clinical and social risk criteria
- ✓ Available at the choice of the beneficiary rather than as a condition of coverage
- ✓ Designed to help beneficiaries access non-Medicaid-funded services, and provided in coordination existing agencies and social service providers

CMS has identified three categories of HRSNs that it has approved in recent waivers, which are summarized in the table below.⁸ CMS will consider other services on a case-by-case basis.⁹

Housing Supports	Nutrition Supports	Case Management
<ul style="list-style-type: none"> • Rent, temporary housing, and utilities for up to six months • Services to provide short-term relief for primary caregivers • Day habilitation programs & sobering centers for up to 24 hours 	<ul style="list-style-type: none"> • Nutrition counseling & education • Medically tailored meal delivery for up to 3 meals/day for up to 6 months • Meals or pantry stocking for children under 21 and pregnant persons for up to 3 	<ul style="list-style-type: none"> • Outreach & education • Assistance accessing other state & federal benefits • Benefit application fees

⁴ CMS State Health Official Letter, Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH) at 1 n.1 (Jan. 7, 2021) (quoting the Centers for Disease Control and Prevention) [hereinafter “SHO Letter”], available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>.

⁵ *Id.*

⁶ *Id.* at 4.

⁷ See CMS HRSN Presentation, *supra*.

⁸ See *id.*; see also benefits covered in Oregon, Massachusetts, Arizona, and Arkansas waivers.

⁹ CMS HRSN Presentation at 5.

Housing Supports	Nutrition Supports	Case Management
<ul style="list-style-type: none"> • Pre-tenancy & tenancy-sustaining services such as rights education and eviction prevention • Housing transition navigation services • One-time transition & moving costs, including application and inspection fees, first month’s rent, utility activation fees, moving expenses, and other costs • Home accessibility modifications & remediation services • Home environment modifications 	<p>meals a day and up to 6 months</p> <ul style="list-style-type: none"> • Fruit & vegetable prescriptions and/or protein box for up to 6 months 	

Target Populations

CMS has stated using Section 1115 waivers to address HRSNs will allow states to be more “nuanced” in their targeting of specific populations than when using other CMS authorities.¹⁰

Although CMS has not specifically addressed what target populations may be appropriate, below are examples from recently approved waivers. Services and supports available to target populations varied, with not all services and supports covered for all target populations.

- Managed care enrollees with certain enumerated health needs and risk factors
- Homeless persons and/or persons at risk of becoming homeless
- Recently incarcerated persons currently on parole or probation
- Persons facing behavioral-health-related eviction
- Youth with special health care needs
- Persons discharged from an institution from mental disease
- Individuals transitioning from Medicaid-only to dual Medicare/Medicaid eligibility
- Beneficiaries with high-risk clinical needs in regions experiencing extreme weather events

¹⁰ *Id.* at 4.

- Persons with high-cost needs based on chronic health conditions or co-morbidities
- Long-term care enrollees
- Persons with high-risk pregnancies or who are within two-years post-partum of a high-risk pregnancy
- Beneficiaries with serious mental illness or substance use disorder in rural areas
- Young adults at high risk for long-term poverty due to incarceration or foster care system involvement

Conclusion: Tribal Health Program Opportunities

CMS encouraging states to address HRSNs in their Section 1115 waivers provides an important opportunity for tribal health programs to work with states to cover services their patients and communities need. This could provide important increases in funding for certain housing and nutrition services in tribal communities, potentially including services that are provided by Tribes.