Massa, Cody

From: Socrates Aguayo <socrates.aguayo@uniteus.com>
Sent: Friday, June 3, 2022 4:50 PM
To: solicitation.questions
Subject: Unite Us response to AHCA RFI 014-21/22
Attachments: UniteUs_AHCA (RFI 014-2122) (1).docx

Dear Mr. Massa
Attached please find Unite Us cover letter and and response to AHCA RFI 014-21/22

Thank you,
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Socrates Aguayo

Director, Policy | **Unite Us**

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June 3, 2022
Mr. Cody Massa
Procurement Officer
Agency For Health Care Administration
solicitation.questions@ahca.myflorida.com

Dear Mr. Massa,

I am pleased to share Unite Us' response to the Agency For Health Care Adminstration's Request for Information (RFI 014-21/22) on Re-Procurement of the Statewide Medicaid Managed Care Program. Unite Us supports this effort to better understand best practices and innovations in business and service delivery models that can be applied to Medicaid managed care. Our RFI response includes recommendations in select areas where we can offer a unique perspective based on our experience building coordinated care networks.

Founded in 2013, Unite Us is a technology company that connects health and social care through innovative communications software, interactive datasets, and an on-the-ground, community-centered approach. Through our coordinated care networks, Unite Us seeks to increase equitable access to health and social services, address the fragmentation of services that makes our health and social systems challenging to navigate, and confront barriers to health equity such as poverty, lack of access, racism, and discrimination. Our diverse range of stakeholders include community based organizations, health plans, health systems, hospitals, and government entities and public programs. Unite Us has successfully built and scaled coordinated care networks in 44 states across the country, including North Carolina, Oklahoma, Illinois, Virginia, California, and New York.

Please contact me with any questions. We look forward to continued dialogue with you on these important issues and hope to have the opportunity to meet with your staff soon.

Sincerely,

Socrates Aguayo
Policy Director

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UNITE US

Request for Information (RFI):
Florida Agency for Health Care Administration
Statewide Medicaid Managed Care (SMMC) program

Background

Founded in 2013, Unite Us delivers the only end-to-end social care solution that creates an efficient and accountable system of care within the community to improve health. Unite Us partners with healthcare, government and community-based organizations to scale our collective impact, increase access to community services, and improve health outcomes across the country. Our goal is to ensure every individual, no matter who they are or where they live, is connected to the critical services they need to live healthy and thrive.

Through our products and community-centered approach, Unite Us addresses the fragmentation of services that makes our health and social systems challenging to navigate. Our comprehensive infrastructure enables public/private partners to:

1. **Identify** needs through our dynamic data-powered toolkit that proactively identifies individuals' social care needs;
2. **Engage** in services through referral tracking and completion, accountable care coordination, social needs screenings, and self-referral assistance request fulfillment;
3. **Serve** the individual through our community-wide web-based platform that creates a virtual care coordination environment for each individual by connecting health, human, and social service providers on a single network;
4. **Measure** network impact with real-time social care data analytics that empower local decision makers with key insights; and
5. **Invest** in social care through a comprehensive solution that enables social care funding through payments for specific interventions at scale.

Unite Us has successfully built and scaled coordinated care networks in 44 states across the country, with numerous state and local government partnerships such as with North Carolina's Department of Health and Human Services, Virginia's Department of Health, Governor Sununu's Office in New Hampshire, Rhode Island's Executive Office of Health and Human Services, Louisiana's Department of Children and Family Services and others.

In Florida, our coordinated care network, referred to as Unite Florida, is currently active across all 67 counties, with over 1,000 organizations participating. The network includes a comprehensive

array of service types that align with urgent health and social needs in Florida, such as mental/behavioral health, maternal/infant health, food assistance and housing.

Detailed within this document are our recommendations on best practices and innovations related to areas of interest highlighted in the Agency's request for information (RFI 01-21/22). Examples and illustrations on how we've successfully applied our recommendations are also included. We've also shared how we've identified target population strengths and needs, including how we've been able to establish our end-to-end social care solution to address the challenges impacting the target group. The Agency-identified areas of interest and population groups that Unite Us will primarily focus on within this response include:

1. Improve birth outcomes for mothers and infants through and beyond 12-month postpartum coverage period.
2. Improve mental health outcomes for children and adolescents.
3. Enhance specialty health plans services to improve outcomes and reduce avoidable spending. Increase the number of plans to address target populations with specific health conditions or needs.
4. Leverage the managed care delivery system, to promote sustainable economic self-sufficiency among Medicaid recipients in the short and long term.
5. Maximize home and community-based placement and services through proactive aging-in-place strategies.

Overarching Recommendations

Unite Us analysis indicates that 31% of individuals nationwide have high levels of economic and social vulnerability, placing them at greater risk of poor health outcomes. Individuals with elevated social vulnerabilities have 79% higher inpatient hospital admissions, 100% higher ED admissions, and 59% higher total cost of care (estimated to represent $626B in elevated spending annually across the nation), among other adverse outcomes.

Social Needs Screening: Unite Us recommends that the agency require the state's contracted Medicaid Managed Care Organizations (MCOs) to identify their member's holistic needs spanning health and social care, by ensuring there is infrastructure capacity to support social needs screenings across their networks and ultimately helping address non-medical cost drivers through connections to social care. This can be done through required, standardized, evidence based SDOH screening tools such as the PRAPARE screening tool.

Member Social Risk Stratification: In addition to social needs screening, requiring that MCOs incorporate social risk factors into their overall risk stratification process will be central to appropriately managing populations with varying health and social needs and enabling effective service coordination. Though many MCOs already use predictive modeling software, health risk assessment tools, and functional assessments to support member stratification, these efforts are largely clinically focused. To strengthen the accuracy of these strategies, MCOs should leverage

predictive models that factor in social risk data, such as Unite Us' Social Needs System, in addition to social needs screenings and assessments.

Unite Us Social Needs System (SNS) is an analytics tool presently used by more than 50 health plans across the country to proactively identify and measure social vulnerability at the individual level. Our SNS leverages the industry's largest integrated health and social care database to systematically predict and measure social and economic vulnerability at the individual level. We combine data across 100+ data sources – and thousands of individual-level attributes – to develop a comprehensive social and economic profile on every adult in the country. Data sources include consumer lifestyle and behavior data, healthcare claims and clinical data, public health data, geospatial data, actively collected voice of consumer data, SDoH and health screeners and assessments, and nationwide social care activity data. Our social needs outcomes, inputs, and models, are the most comprehensive set available in the market, and needs scores update frequently to reflect how needs are identified, addressed, and resolved in the community. (See more on Unite Us SNS on page 10 within the our Specialty Plan recommendations)

Closed Loop Referrals: Unite Us also suggests that the Agency further evaluate the care coordination infrastructure's capacity to support closed-loop referrals, bi-directional communications, and secure data collection and reporting. Closed-loop platforms like Unite Us are able to track critical data to ensure service outcomes and provider accountability. Unite Us networks capture key health and social care data, including provider details and services offered, client demographics, referral trends, and service outcomes. Importantly, integrated networks that are inclusive of social care and have several community-based touchpoints can be leveraged as a significant tool to MCOs and care coordination teams seeking to reduce potentially preventable emergency department visits and hospitalizations/readmissions.

Integrated and interoperable care coordination networks are an effective strategy to streamline processes and reduce administrative burden for providers. Unite Us has a library of standard integrations that interoperate with critical systems to support our mission to connect health and social care and to support care coordination. This includes EHRs, Health Information Exchanges (HIEs), and education systems, among others. Unite Us Interoperability allows for client matching and synchronization, reducing the need for duplicative data entry. Furthermore, by maintaining a single client record through a Master Person Index (MPI), Unite Us can accurately and securely share information about an individual across systems of record (e.g., EHRs, HIEs, and others). These integrations make it easier for healthcare teams to make and track referrals for non-medical services in the course of their regular work, reducing provider burden while also supporting better patient outcomes (see *Table 1 Recommendations for Technology to Facilitate Care Coordination*)

Capacity Building (Invest) Community-based and integrated networks of clinical and non-clinical providers like Unite Us support more accessible care delivery that ensures members receive services addressing their underlying needs. To elevate the capacity of community-based organizations and recognize the role they can play in reducing non-medical cost drivers, Unite Us

recommends that AHCA offer reimbursement flexibility and incentives for health and social care services delivered by these local providers.

The Agency should consider incentives to address non-medical cost drivers, which can measurably improve quality of care and outcomes. However, such investments must promote accountability for both clinical and social care providers and ensure measurement and tracking of outcomes to ensure that funding is directed in the highest-impact ways. Tools like the Unite Us Platform deliver accountable networks of care: with access to Unite Us, healthcare partners observed a 16-34% reduction in emergency department visits for patients involved in or using the network.

Table 1. Recommendations for Technology to Facilitate Care Coordination

The Unite Us end-to-end solution can improve access, coordination and integration to behavioral health and social care. Unite Us recommends the Agency require these key features for any social care referral platform to deliver positive outcomes and keep patient data safe, including:

- A Master Person Index (MPI) to ensure that no duplicate records are captured, and to effectively track each person's total care journey (across all health, human, and social services).
- Supporting modern interoperability standards such as the FHIR standard (Fast Healthcare Interoperability Resources) to allow users to access information/functionalities from other systems.
- Secure systems that require a patient consent-driven permissions engine requiring actual digital signatures.
- Compliance with HIPAA, Security and Data Storage Standards, and Breach and Enforcement Rules.
- A community-based team assisting organizations and providers with onboarding and training.
- Ability to evaluate individuals and predict level of overall social need.
- Standardized screening tools that can assess non-medical needs.
- Search function for social services based on service type (i.e., employment, transportation).
- Ability to determine if the Community Based Organization (CBO) has accepted or rejected the referral and re-route the referral if rejected.
- Multi-directional data sharing, so all providers can track outcomes and progress.
- Defined network performance standards that include time to referral acceptance and time to service provided.
- A payment process that can track funds and invoice for social services.
- Proven ability to capture structured, intervention-level social care outcomes data at scale.

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1) Improving birth outcomes for mothers and infants through and beyond 12-month postpartum coverage period .

We applaud the Agency for its focus on prenatal care and early childhood development as an area of critical focus within the upcoming SMMC procurement. Unite Us encourages AHCA to set standards for the social services to which pregnant and parenting women have access as part of

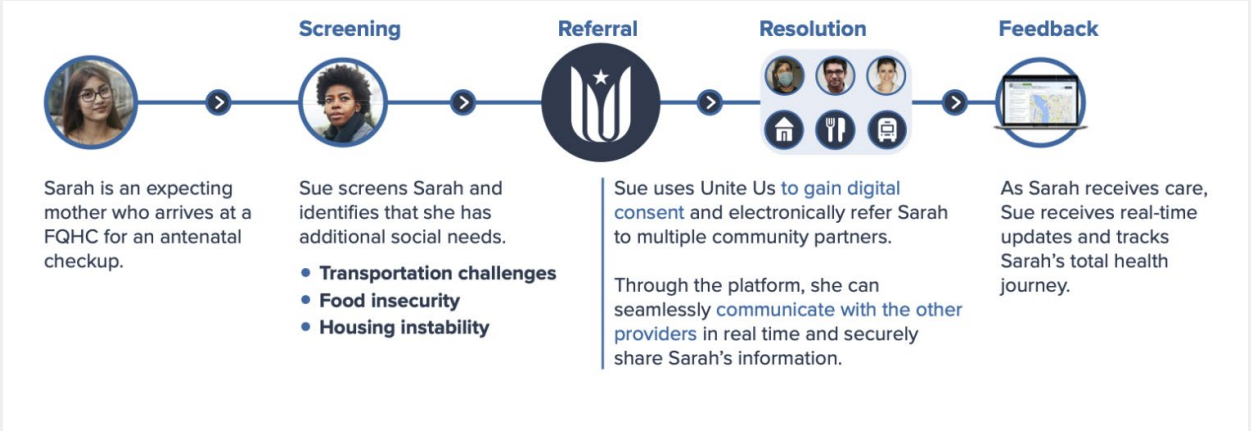
its SMMC program, including home visiting and wraparound social support for substance use services.

Person-Centered Care Coordination: Based on our experience in Florida and in other states we recommend that AHCA place person-centered care coordination as a core criterion for participating MCOs who serve vulnerable women, children, and families who may have significant health risks as well as non-medical social drivers of care. We have first hand experience in seeing how this enhanced care coordination model can easily be enabled through a shared system of measurement and referrals can facilitate improved outcomes for interconnected systems serving women, children, and families, including child welfare and maternal / child public health programs. An infrastructure that identifies, assesses, and responds to member needs and strengths is critical to be successful.

Unite Florida—our statewide, accountable care network provides such an infrastructure. The Unite Us Platform connects and powers bi-directional communication across an accountable network of healthcare and community providers, utilizing a master person index and a secure, HIPAA-compliant technology to monitor patient care journeys, track referrals, and measure service outcomes. Using standards-based interoperability approaches, the platform is capable of integrating seamlessly with other systems of record, including electronic health records (EHR).

Data Insights: Empowering clinical and social care providers with the right data tools and technology can also facilitate better care for pregnant and parenting women and their children as these can significantly impact health outcomes and overall cost of care. Poorly managed transitions and insufficient community support can lead to hospital readmissions and lower quality of care. Access to regional or statewide health and social care data are critical to supporting coordination efforts and the timely delivery of social supports. Information exchanges (HIE) or encounter notification services (ENS) can be part of the solution, there are limitations because they often do not capture social care data that is essential for case management or discharge planning decisions.

Table 2. A Patient's Maternal Health Journey through Unite Florida



Best Practice *- Maternal and Infant Health: First 1,000 Days of Suncoast*

This regional program, which was founded in 2018, was formed to strengthen the systems of care serving families and babies living in the SW gulf region of Florida. Since that time, it has united healthcare providers and nonprofit organizations to reduce systemic barriers, implement solutions proven to lead to better outcomes, and pilot innovative programmatic elements. The earlier the investment, the greater the return.

Using Unite Us' robust care coordination platform, initiative partner agencies have made over 4,250 referrals since the program's inception. Assisting over 2,100 residents to behavioral, medical, and social services across the Suncoast region (Sarasota, Manatee, Desoto, Charlotte counties).

Overall Unite Us' community engagement team on the ground supported with robust technology and data has helped build a coalition 85 organizations and over 110 unique programs have joined Unite Florida, connecting community based organizations, Pediatricians, OBGYNs, and local government agencies to provide care coordination. A true example of a 'no wrong door' approach to serving low income families and their children. Additionally, the program has provided best practices in the following areas:

Parent Empowerment: To spread knowledge to parents in the community, First 1,000 Days of Suncoast, developed a parent portal website where parents can learn about brain development, sign up for a free developmental activity text messaging service, and reach out for help through a Unite Us Assistance Request form. *A Parent Advisory Committee* was created to ensure parent's voices are woven into every aspect of the initiative. The group meets every other month and thus far has provided guidance on the Social Media campaign, community murals, and initiative marketing strategies.

Partner Innovation and Collaboration Ongoing workgroups have met over the last year to work on barriers in the community. For example, a Client Navigation Workgroup assisted with the Unite Us Screening Tool and Assistance Request forms.

Targeted Interventions - Unite Us is working in partnership with DCF Circuit 12 leaders, and regional health and social care providers, to leverage the power of the Unite Us platform and provide a safe and secure way to manage the region's Plan of Safe Care Program (POSC). The program is the result of a federal mandate requiring collaboration among stakeholders across government, healthcare and social care providers to identify and support pregnant women with a history of substance use by providing ongoing care coordination for the families after the birth until the child is 5 years old. The region is pioneering a digital POSC by partnering with Unite Us.

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2) Improve mental health outcomes for children and adolescents.

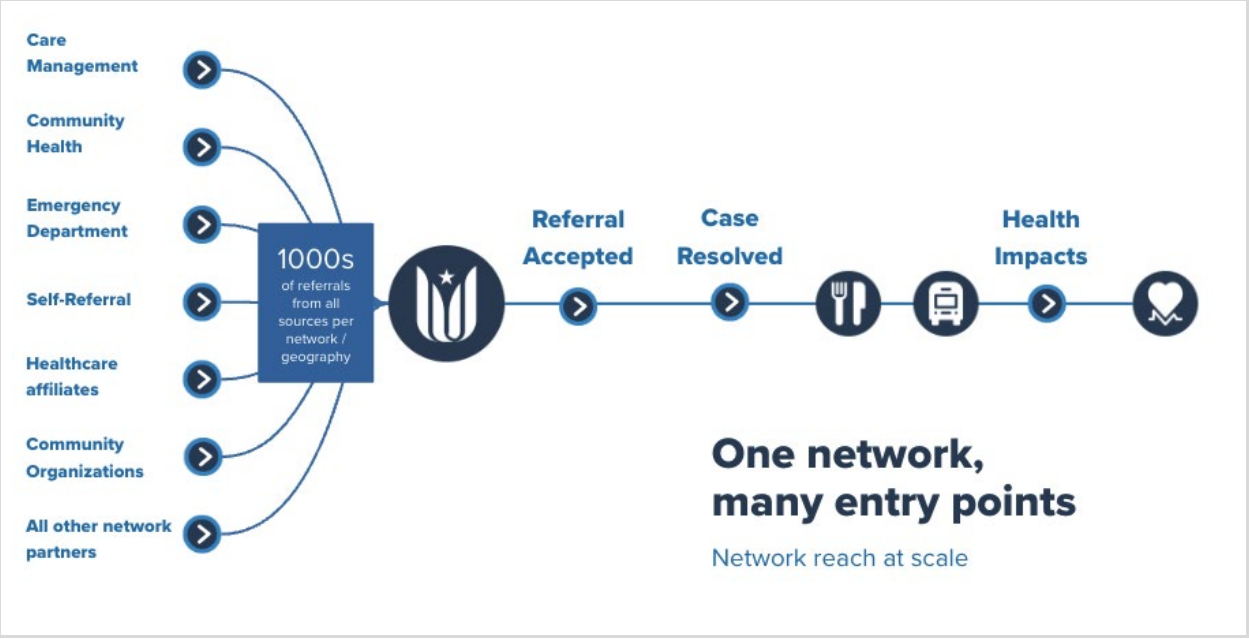
We applaud the Agency for making mental health a central area of focus with the next SMMC procurement. Connecting people to social care helps address mental health by facilitating early

and proactive care through screening for the social determinants of health, bringing together trusted and local community providers, and empowering communities with data and outcomes tracking that can identify resource gaps and disparities. This is particularly effective in underserved communities such as rural areas because there are often limited clinical providers and social services that can fill the gap in care.

Supporting Crisis Coordination: Coordinated health and social care networks like the ones operated by Unite Us allow for the ability to intervene in crisis moments and also help individuals get connected to wrap around services once the crisis is over. Being able to help people in crisis get connected to health and social care is a necessary part of helping them through their current crisis and in preventing future crises. Overall, better networks of coordinated health and social care can reduce the total number of crises that would require adverse interventions (e.g. institutionalization) because, at least part of the time, having health and social care in place means interventions are made before matters get to the crisis point. In the long run, all communities can benefit from better health and social care and fewer crises.

Unite Us's technology can help facilitate a 'no wrong door' approach: Often care can be siloed, creating barriers between physical, behavioral and social care. This can make it difficult for patients experiencing multiple co-occurring diagnoses to get the care they need. Because Unite Us offers a 'no wrong door' approach to access, it allows for assessments and referrals at various points of interaction with the patient. Most importantly, it allows the client's care journey to begin through a trusted relationship of the client's choosing. By identifying and engaging with a wide range of credible messengers, Unite Us builds trust, removes traditional barriers, and creates new entry points for community members to access previously underutilized resources

Table 3. Unite Us' 'No Wrong Door" Approach to Care Coordination.



Best Practice *- Child and Adolescent Mental Health: Kids' Link Rhode Island*

Our work in Rhode Island with Lifespan Health System and Kids' Link RI demonstrates Unite Us' ability to serve as an integrated and common platform that unifies the health, behavioral health, and social care systems. Lifespan's Kids' Link program is a behavioral health triage service that is available 24/7 to help triage children and youth in need of mental health services and refer them to treatment providers in Rhode Island.

Using the Unite Us network, Kids' Link staff are able to receive referrals from schools and youth serving CBOs as well as collaborate with health, behavioral, and social care providers in the children's communities. Through this funded partnership with Kids' Link, all schools in the state are able to access the network for free, which critically increases the ability for children/youth to get connected to behavioral health and wrap around services in accessible settings. This ensures that, when a child/adolescent discloses a need to a school counselor, coach, or community mentor, they will have access and connections to services that meet their comprehensive needs across behavioral healthcare, physical health, and social care.

Care Coordination: Kids' Link RI is a behavioral health triage service in Rhode Island that is offered in collaboration with Gateway Healthcare, Lifespan, Hasbro Children's Hospital and Bradley Hospital. Kids' Link RI is available 24 hours a day, seven days a week to help triage children and youth in need of mental health services. Kids' Link uses the Unite Us network to both accept behavioral health and healthcare referrals and send social service referrals to other providers.

School Integration: The Kids' Link funded partnership provides all schools in the state with free access to join the Unite Us network, with school social workers as the main users of the technology. This ensures children have an accessible entry point in schools to get connected to services. The inclusion of schools also allows for improved collaboration and coordination between school districts, behavioral health providers, healthcare providers, and community resources.

Youth Suicide Prevention: As part of this partnership, Unite Us embedded Kids' Link's Youth Suicide Risk Screening directly into the platform, allowing school-based users to screen children and youth at-risk and refer any individuals in crisis directly to Kids' Link or other local providers.

Child and Youth Data Insights: The Unite Us network provides all partners with critical data insights around the outcomes of a referral, provider and community capacity, and trends in service needs. These data points are disaggregated by age, race, gender, and geography, allowing Kids' Link and other partners to identify gaps and overlaps in services, facilitate data-driven decision making, and inform targeted investments and interventions to improve service provision.

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3) Enhance Specialty Health Plan services to improve outcomes for recipients. Increase the number of plans to address target populations with specific health conditions or needs.

Unite Us commends AHCA for its commitment to serving populations with distinct diagnosis and/or chronic conditions via its specialty health plan models. Expanding the number of health plans tailored to meet the growing number of Floridians with chronic health and social needs should be a central strategy of the state's Medicaid program. The existing specialty plans have exhibited success in addressing the needs of plan participants via assigned clinical care coordinators and specialized network providers focused on specific disease or condition.

However, there have been challenges in finding, engaging and meeting the holistic needs of these members who are demographically diverse and live across all 67 Florida counties. To support the expansion of the state's Specialty Health Plan program Unite recommends that the Agency consider enhancing its data capabilities to enable a more targeted approach to identifying and serving potential program enrollees.

The Unite Us Insights Center is a web-based insights and reporting platform that contains data solutions able to support such a framework. Specifically, the Unite Us Social Needs System (SNS) and Social Connector tools within the Unite Us Insights Center apply the industry's largest integrated health and social dataset to provide individual-level insights at scale to inform and measure the entire care continuum. Through the Insights Center, Unite Us helps states deliver on their mission to citizens and communities. In partnership with AHCA, we propose leveraging the Insights Center to:

- Proactively identify the social risk and likely needs of all Specialty Plan members, leveraging our 360-degree social risk model.
- Continuously monitor and measure care coordination and social care activity and outcomes for Specialty Care Plan members, including the number of social and economic needs addressed and resolved, and the corresponding impact on quality of life and well being.
- Measure the impact of social care investments and interventions on health experiences, behaviors, and outcomes for each member,
- Evaluate the total social and economic impact of programs and services delivered to the member over the performance period, resulting in a total impact assessment for the plan or sub-population

Unite Us Social Connector tool within the Insights Center can enable and inform state and community efforts to engage socially vulnerable residents in the services they need. Through the Social Connector, Unite Us can help the Agency and/or subcontracted Managed Care Organizations understand key health and social needs across the state, deliver the most relevant and impactful services, and measure the corresponding impact on health. Scores and insights are provided via interactive visualizations and scored individual-level feeds, empowering the state to

take action on the insights. Specifically, the Social Connector includes predictive models, visualizations, and scored output files that enable you to:

1. Understand Need in the Population: Identify the greatest unmet needs and opportunities in the population.
2. Proactively Engage Individuals with Services: Prioritize highest-opportunity individuals for proactive social care outreach and enrollment; and identify how to best engage these target populations in relevant services.
3. Develop Tailored Action Plans: Leverage referral capabilities and available services in the Unite Us network, identify the most relevant and impactful "next-best action" individuals can take to address their needs most efficiently and effectively.
4. Continuously Monitor and Measure Network Activity: Understand who is engaging in services, what services they are engaging in, and the outcomes of those services.
5. Measure ROI, Savings, and Impact: Evaluate the effectiveness and impact of the programs and services (e.g. enrollment rates, health system utilization, and more.)

The Social Connector is powered by a comprehensive suite of predictive analytics models. There are five main categories of predictive analytics that feed the visualizations and data delivery in Social Connector:

1. Community Needs Mapping: Geographic visualizations and hot-spotting to identify needs and opportunities in communities we serve.
2. Social Needs Scores: Identification of social needs and vulnerabilities for every adult in the country, with scores updated monthly.
3. Engagement Tendencies and Preferences: Insight into likelihood to engage and communication channel preferences.
4. Clinical Needs and Risks: Project health-system utilization, cost, and clinical risks for every individual in the community.
5. Recommendation Models: Support decision making, turning insights into actions you can take to address needs efficiently and effectively

Best Practice *- Social Connector for Special Needs Plans: Colorado Hospital Association (CHA)*

Through Social Connector, Unite Us enabled CHA and their member hospitals to better understand the social, economic, behavioral, and environmental risk factors across Colorado and the patients they serve. Unite Us is supplying CHA with over 1.5 million individual scores across Unite Us Social Needs System (SNS) taxonomy for CHA to embed within their population health platform for hospitals to access. Member hospitals use these data to drive population health investments, community health needs assessments, SDoH intervention planning, and evaluating the relationship of adverse outcomes to Colorado's social determinants of health. CHA is providing patient and claims data across 100+ hospital organizations for over 1.5M adults and

multi-millions claim records. CHA has a team of individuals that have been part of the project to bring in Unite Us data and enable several dozen end-users at their member hospitals accessing their reporting platform.

KEY FINDINGS, ACTIONABLE INSIGHTS, AND RESULTS

- Consumers with the highest risk of food insecurity– defined as the inability to pay for or access health food options – super-utilized the emergency department at 2.9x the rate of the general population.
- The population with previous hospital readmissions in high-risk communities have:
    - 45% higher food insecurity
    - 25% higher transportation needs
    - 19% higher housing instability.

4) Leverage the Managed Care Delivery System, to Promote Sustainable Economic Self-sufficiency Among Medicaid Recipients in the Short and Long Term.

Unite Us applauds the Agency for seeking to leverage the expansive reach of its SMMC program to promote economic self-sufficiency among its beneficiaries. Unite Us understands that poverty presents a developmental risk for young children that affects their school readiness and development in multiple domains, including physical, emotional, mental, cognitive, and linguistic.

Further, the stress of living in poverty without access to adequate mental and physical health services, and social and peer support,can lessen parental sensitivity and emotional support for children. And, in turn, when child development is not fully supported, children may be less well prepared for school, more likely to drop out, and bound for their own adult life in poverty.

Unite Us recommends a whole family approach that meets the needs of children and their parents together. Limited access to resources such as education and training opportunities linked to economic security, in combination with lack of reliable housing, transportation, and quality full-day child care provide the most significant barriers to parents' ability to pursue job opportunities.

Across the country, Unite Us already serves as common infrastructure bridging the gap between siloed service providers and sectors such as housing, public assistance, healthcare, and others. We create a system where a client can be connected to any service under one platform, partners are able to communicate in real-time and send electronic referrals to coordinate care, and an individuals' holistic needs that impact economic stability are addressed. Importantly, Unite Us technology ensures referrals are sent in a closed-loop system which allows for outcome tracking and actionable insights on individuals' referral outcomes and provider performance. This data provides government partners with current information and data needed to identify service gaps at the local level, understand disparities across various socio-demographic filters (e.g.,

race/ethnicity, age, geography, gender, sexual orientation, etc.), and invest resources effectively to address the needs of underserved populations.

Best Practice *- Economic Self-Sufficiency: Louisiana Department of Children and Family Services*

Since 2020, Unite Us has partnered with DCFS to support every workflow and user from every program within DCFS as well as connect anyone to any type of service in a closed loop. This solution ensures accountability for services delivered, provides a "no wrong door" approach, closes the loop on every referral made, and reports outcomes of that connection. The public private partnership with DCFS also includes a statewide partnership with United Way/2-1-1, who facilitate the coordination centers in the eight regions across the state. The statewide network known as Unite Louisiana includes multiple components:

- A shared technology platform that enables all DCFS users to send and receive referrals (including inter-agency), seamlessly communicate in real-time, securely share client information, and track outcomes.
- A community engagement team working with CBOs, health plans, health systems, governmental agencies, primary care provider groups, and workforce development boards
- A system that can support workflows and needs of all DCFS departments like: Child Welfare, Child Support Enforcement, Economic Stability, Medicaid, SNAP, and others.

Best Practice #2 *- Economic Self-Sufficiency: Georgia Veterans Education Career Transition Resource (VECTR)*

The Georgia Veterans Education Career Transition Resource (VECTR) Center is using the Unite Us Platform through the Unite Georgia network to connect Veterans and their families to health, social, childcare, and workforce development support which removes the burden of finding resources off of those in need.

Since the program's inception the network has coordinated over 2,122 electronic referrals, resulting in over 3,000 service episodes supporting Veterans and their families. As referral numbers picked up, so did accountability. Time to case closure from receiving organizations dropped from an average of 9.3 days in 2020 to an average of 2.8 days in 2021. Of the resources requested by job-seeking Veterans, the highest demand was for state-issued income support. This highlighted the ongoing need to support Veterans as they seek and strive to maintain employment.

"Over the last year, we've used the Unite Us referral platform to make connections for 2,620 veterans to community-based organizations outside of our main missions, to be able to assist our veterans on their path to work — food assistance, mental health care, housing assistance, and other social services — helping our veterans stay healthy and able to maintain employment. The Unite Us technology provides insights into the outcomes of our referrals, reflects our

communities' capacity to meet emerging needs, and ensures accountability." Col. Patricia Ross (USAF, Ret), Chief Operating Officer of the Georgia VECTR Center

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5) Maximize home and community -based placement and services through proactive aging -in-place strategies.

Unite Us supports the Agency's intentions to develop proactive aging-in-place strategies to broaden the impact of its Home and Community Based Services (HCBS) programs. One clear way the Agency can enhance its HCBS programs is by expanding the managed care delivery system's efforts to proactively address social risk factors. This can be done by being more prescriptive in the types of benefits MCOs are required to provide. MCOs, for example, can provide comprehensive coverage of preventive services inclusive of screenings and care coordination and delivery of wrap-around supportive services that address unmet social needs.

Additionally, as the Agency develops new quality performance measures for its long term care program, it can tie many of these measures to SDoH outcomes. The root cause of many chronic conditions and diseases impacting older adults is unhealthy living conditions, influenced in part by a lack of access to nourishing food, steady employment, or education, and the stress around these factors.

Strategies such as these, would influence **greater investment in impactful community -based support services,** allowing older adults and people with disabilities to remain in community and home settings. Unite Us champions the important role community organizations play in supporting aging in place programs. Nationally, our Unite Us platform plays an important role in linking state agencies, health systems, Area Agencies on Aging (AAAs), and community providers together to connect older adults with:

- Clinical services: access to allied health, nurses, primary care doctors, and specialists, for services like memory care
- Personal care: help with bathing, dressing, and grooming
- Daily-living assistance: meal services, cleaning, gardening, paying bills,
- Social care: transportation, help with shopping, and providing socialization opportunities; legal services, and respite care

Building Capacity: Given the dramatic increase in the aging population participating in aging in place programs and the growing need for direct service organizations to provide needed supportive services, Unite Us recommends that the Agency support capacity building by supporting the development of sustainable funding streams for community-based and social service organizations. Many of these local organizations are tied to time-limited grant funding and often operate at a deficit, impacting both the service and resource quality and workforce burnout and supply. In many Florida communities, these organizations often present the most

accessible and culturally-competent touchpoints to health and social care for underserved individuals.

Unite Us Social Care Payments: the Unite Us platform is the only SaaS-based platform that facilitate the systematic, high quality data capture, invoicing and reporting needs of funders, including government agencies, while also being designed as a simple, intuitive and low burden documentation tool for community based organizations delivering reimbursable services. This has been especially a useful technology for states seeking to build capacity among critical social care providers serving its aging population.

Our Social Care Payments solution includes the ability to create a specific, clearly defined network of contracted service providers that lives within the broader Unite Us Network. These service providers will gain access to features and receive unique permissions that enable them to participate in paid arrangements including the ability to document custom services provided in a configurable form and submit invoices for reimbursement that include all of the necessary data elements required by a funder.

Best Practice *- Capacity Building and Payments: North Carolina Department of Health and Human Services.*

Unite Us has a longstanding partnership with North Carolina Department of Health and Human Services which stems from the implementation of NCCARE360, the nation's first statewide network that unites healthcare and human services organizations with a shared technology that enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina. Since its inception, NCCARE360 has helped providers electronically connect those with identified needs to community resources and allow for feedback and follow up. This solution ensures accountability for services delivered, provides a "no wrong door" approach, closes the loop on every referral made, and reports outcomes of that connection. NCCARE360 is available in all 100 counties across North Carolina.

Building on the success of NCCARE360, over the past year Unite Us has begun working with DHHS on building and implementing the Social Care Payments infrastructure for North Carolina's Healthy Opportunities initiative, an 1115 Medicaid Demonstration Waiver pilot where five Medicaid MCOs across the state use our Platform to provide reimbursement for eligible social care services. Unite Us technology enables users to confirm member eligibility for reimbursement of social care services, authorize services, document services provided, and submit invoices and claims for reimbursement across the following key domains: Food, Housing, Transportation, and Interpersonal Safety. The CMS approved waiver will ultimately allocate $650 million dollars in support of Healthy Opportunities.