



Green & Healthy Homes Initiative®

## Healthcare Funding / Engagement for Healthier Homes

**August 5, 2025  
5:00-5:45pm**

# Key Recommendations from Experience of GHHI and Partners



Understand Relevant Medicaid Policies, Authorities, and Payment Mechanisms



Understand What Motivates Medicaid Payers and Providers



Know Your Program's Performance and Impact



Be Strategic in Building Relationships



Be Strategic in Contract Negotiations

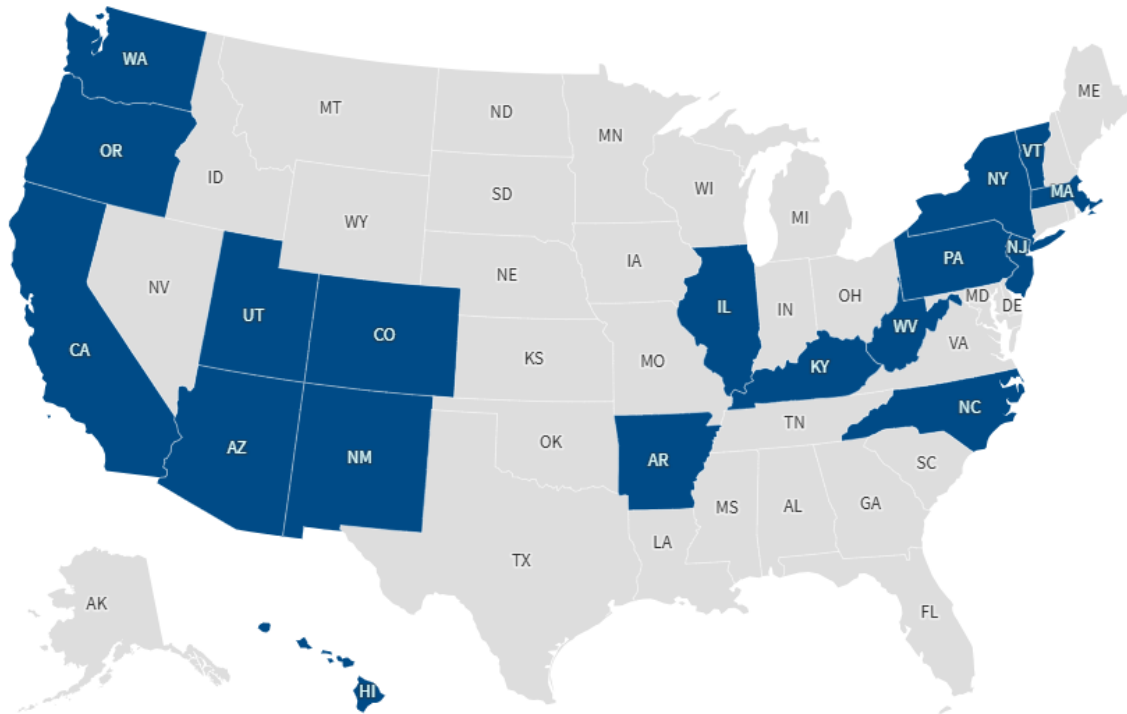
# Common mechanisms for Medicaid Reimbursement

- **State Plan Amendments (SPAs)** – permanent CMS-approved changes to a state plan.
  - See [2014 preventive services rule change](#) and [CHIP Health Services Initiative](#).
- **1115 Demonstration Waivers** – temporary (5-10yr) budget neutral payment and service delivery reforms within a state.
- **Managed Care Contracts and Quality Improvement Activities** – States can incentivize/require MCOs to address SDOH via procurement or state quality strategies.
- **[Community Care Coordination Services](#) & [Targeted Case Management](#)** – Some services could be covered sustainably through these authorities.
- **[Value-added Services](#)** – Additional services beyond covered benefits. Voluntarily provided by health plans. Can be counted as ‘medical’ spend for health plan but not included in premium.
- **[“In lieu of” services](#)** – State-approved non-medical services that health plans can offer as a medically-appropriate and cost-effective substitute for state plan benefits. (CA has \$7500 benefit for asthma modifications and accessibility modifications)

# Status of 1115 Waivers related to Social Determinants of Health (SDOH) and Health-Related Social Needs (HRSN)

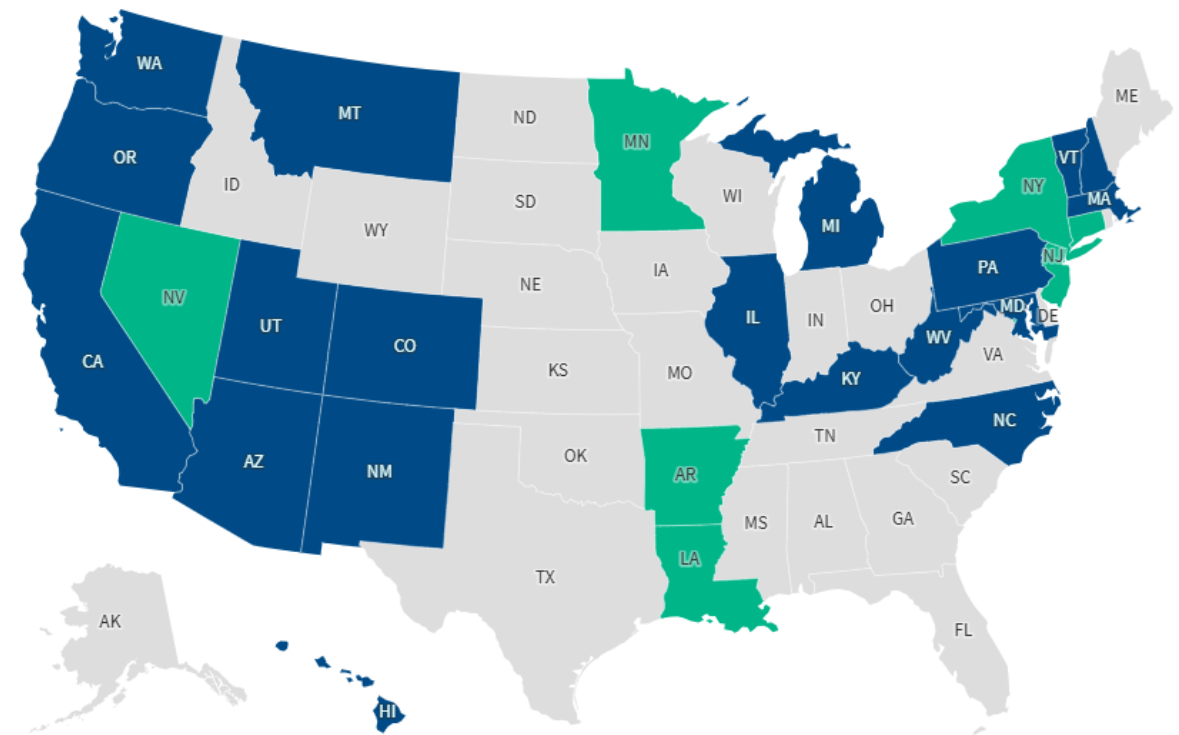
SDOH 1115 Waivers

■ Approved (18 states)



HRSN 1115 Waivers

■ Approved (19 states) ■ Pending (8 states including DC)



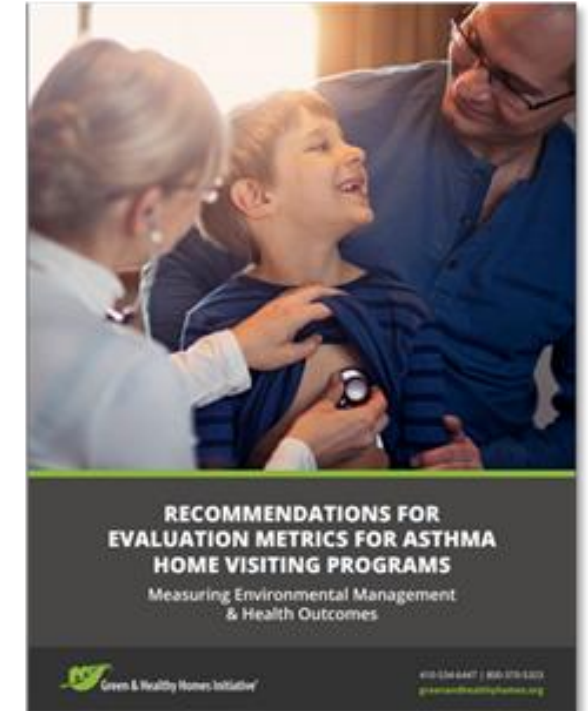
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# Understand Why Healthcare May Want to Partner

- **State requirements and incentives** – Examples:
  - NY requires health plans to address SDOH in certain Value-Based Payment (VBP) contracts
  - MI withholds 1% of premium until health plans execute a contract to address SDOH
- **Quality measures** – tied to health plan ratings and payer/provider incentive payments
- **“Triple Aim”** – better health outcomes, better quality care, lower costs
- **Member engagement and retention** – engaging hard-to-reach members, making primary care physician (PCP) connections, SDOH screening
- **Market leadership** – showing innovation and membership incentives to increase market share
- A healthy homes program’s **return on investment** via impact on utilization and costs

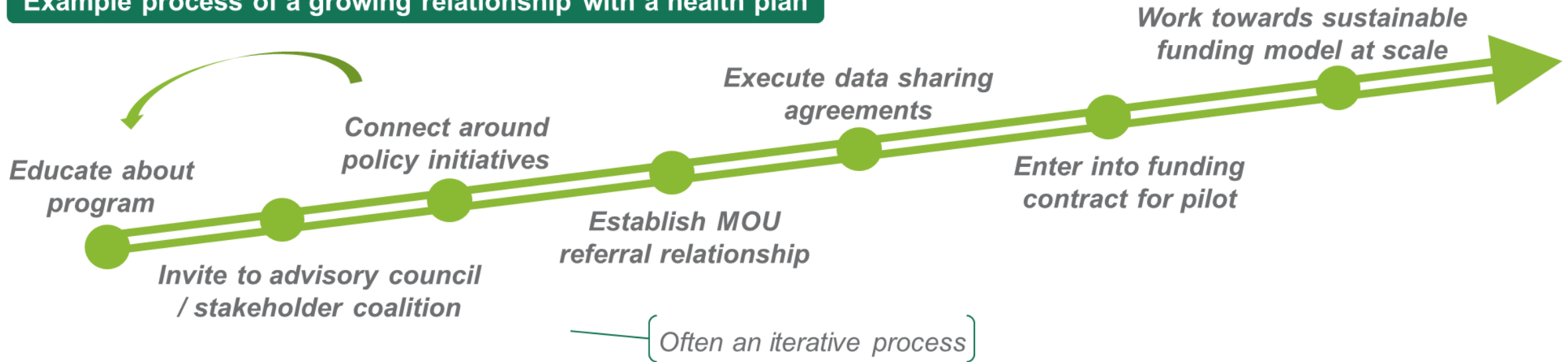
# Know Your Program's Performance and Impact

- Be urgent about evaluation planning and implementation
- Focus on gathering evidence for *outcomes* as well as *process* improvements
- Start with self-reported survey data (quantitative and qualitative) and case studies; work towards obtaining administrative data from healthcare entities – use it all!
- Explore research partnership opportunities with local universities
- Develop a data security plan and infrastructure to prepare for healthcare engagements



# Be Strategic in Building Relationships Over Time

Example process of a growing relationship with a health plan



# Lead and healthy housing organizations can work with healthcare through intermediaries

A health connection hub could help efficiently **overcome barriers** to partnership between sectors, **saving time and money** for both partners and **incenting new investment**



## Potential roles

- Coordinate data sharing & ensure privacy
- Coordinate referral process
- Draft & hold contracts between partners
- Coordinate payments between partners
- Serve as translator & expert in both sectors

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X @HealthyHousing

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