



Value Statement for Alignment to Healthcare

Community Action Association of Pennsylvania

Abstract

To provide “whole-person care,” Pennsylvania needs a local, responsive ecosystem to deliver across socioeconomic, behavioral health and physical needs. Community Action Agencies have been delivering at the local level in all Pennsylvania Counties for over 60 years.

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Overview of Community Action Association of Pennsylvania (CAAP)

The Community Action Association of Pennsylvania represents 43 local Community Action Agencies who are providing services to address Social Determinants of Health (SDOH) in all 67 counties in Pennsylvania. CAAP is the statewide voice for local agencies and low-income citizens and the primary source of advocacy, education, technical assistance, news, and networking for Community Action in the Commonwealth. The national Community Action network of over 1000 independent non-profit and public organizations was established in the 1960s under the Johnson Administration's New Deal to be the local responders to poverty and was included in the Economic Opportunity Act of 1964. Each Community Action agency receives direct federal funds from the Community Services Block Grant (CSBG). In Pennsylvania, this funding is overseen by the Department of Community and Economic Development, Center for Community Services. In addition, this network of social service organizations has expanded its role in many counties and offers a wide array of programming. Many Community Action Agencies operate healthcare, education, housing, food security, family stability, behavioral health, and emergency services.

The Pennsylvania Community Action Agencies are a trusted entity by the people who access their programs which can range from those who live below the Federal Poverty Income Guidelines to families whose income is reaching 200% of poverty. One thing is clear about this coordinated network, they have been fighting the war on poverty since inception and while many will argue that poverty will always be with us, Community Action believes that poverty is man made and can be eradicated through policy, programs, and caring about those who live in their communities. They are on the front lines and understand that poverty in 2024 is a complicated issue. Only through public-private partnerships, having a seat at their local decision-making tables with public and corporate entities and through the blending and braiding of a variety of safety net funds will we truly move the needle for the over three million Pennsylvanians that are using government health care programs.

Utilizing a collective impact approach, most (97%) of the local agencies are members of the Community Action Association of Pennsylvania (CAAP). CAAP's vision is to be recognized in Pennsylvania's policy-setting and legislative groups as the authority on issues of poverty, self-sufficiency, and community development, exemplifying our core values of compassion, honesty, and reliability. CAAP is also a member of the National Community Action Partnership (NCAP) and serves as a conduit for national policy initiatives that will impact the local agencies. Over the past three years, CAAP has seen a rise in community-based organizations aligning with government health care programs and providers. In 2022, CAAP sought to retain services on their membership's behalf to determine a strategic path to the State Medical Assistance Office and to the Managed Care Plans operating in Pennsylvania.



This report serves as a value proposition for why the Community Action network is a strong ally to the goals of the Centers for Medicare and Medicaid (CMS) and the Pennsylvania Department of Human Services (DHS), and why they should be considered a “go-to” network for social determinants of health (SDOH) and health-related social need (HRSN) services. The alignment with Community Action Agencies is a natural fit for the Department of Human Services (DHS), the Office of Medical Assistance Programs and the Managed Care Plans in Pennsylvania. Specifically:

1. Community Action Agencies are very familiar with federal and state funding, and the requirements that come along with it, having partnerships in various Pennsylvania departments, including:

- Department of Community and Economic Development, Center for Community Services which oversees the federal Community Services Block Grant (CSBG) that is a direct funding source for all CAAs in the United States;
- Department of Human Services which administers housing, food and nutrition, and family stability programs overseen by various offices within DHS;
- Department of Health in the administration of Women, Infant & Children (WIC) programs and programs overseen by the Office of Family Health;
- Department of Education in the administration of Head Start Supplemental, Pre-kindergarten, and adult basic education programs; and
- Department of Labor and Industry Workforce Investment and Opportunity Act programs providing job readiness, apprenticeship, and workforce development opportunities.

2. Community Action Agencies already offer programs that align with the pending 1115 Waiver specifically in the areas of:

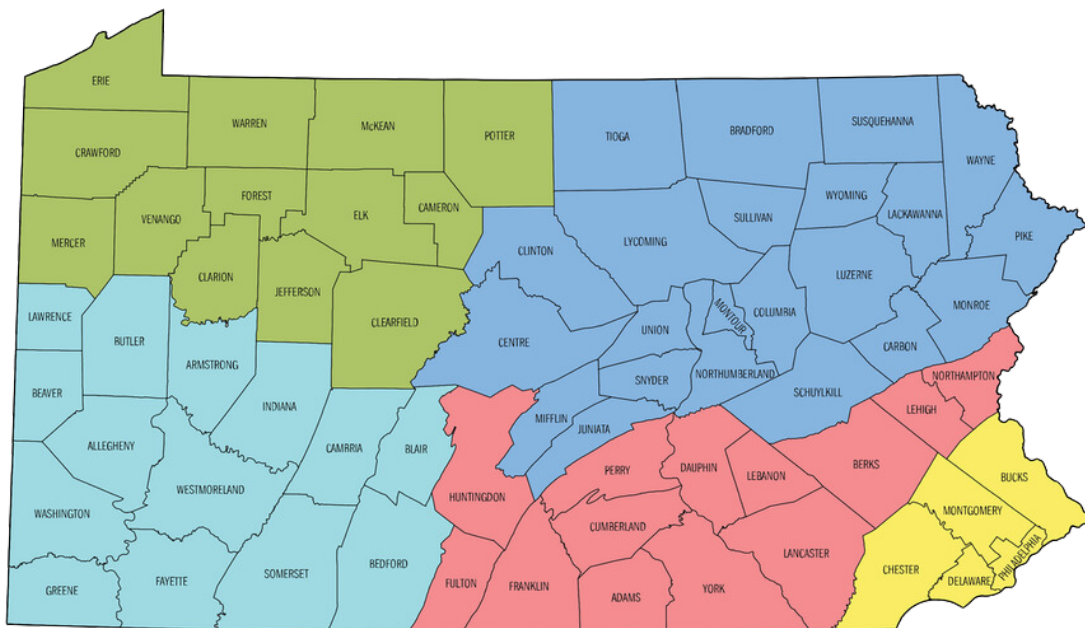
- Homelessness and Housing
- Health and Maternal Health
- Food and Nutrition
- Family Stability and Behavioral Health

3. Community Action Agencies are willing to partner with healthcare organizations to truly build a local, high-touch, network of comprehensive care that takes an individual’s whole life into consideration.

They have long provided services in family and early childhood development among other areas, focusing their efforts on gaps in their communities as defined by community needs assessments that they complete at least every three years.

4. Community Action Agencies are accustomed to collecting and reporting on multiple data points to document the characteristics of the individuals being served, the services being provided, and the outcomes of those services.

Within the CSBG reporting requirements alone, Agencies report on up to 47 outcome indicators, 137 service indicators, and 15 demographic categories. Agencies have robust data systems in place to accurately report on this data while also being able to use it to make informed decisions regarding client supports.



Community Action Agencies by HealthChoices Physical Health Region

Northwest Region Community Action Agencies:

1. Central Pennsylvania Community Action, Inc.
2. Community Action Partnership of Mercer County
3. Community Action, Inc.
4. Greater Erie Community Action Committee
5. Northern Tier Community Action Corporation
6. Venango-Crawford Office of Economic Opportunity
7. Warren/Forest Counties Economic Opportunity Council

Northeast Region Community Action Agencies:

1. Carbon County Action Committee for Human Services
2. Center for Community Action
3. Central Pennsylvania Community Action, Inc.
4. Central Susquehanna Opportunities, Inc.
5. Commission on Economic Opportunity
6. Lycoming/Clinton Counties Commission for Community Action, Inc. (STEP)
7. Monroe County Commissioners, Fiscal Affairs Office
8. PathStone Corporation
9. Schuylkill Community Action
10. Agency for Community EmPOWERment of NEPA
11. TREHAB Community Action Agency
12. Union-Snyder Community Action Agency

Southwest Region Community Action Agencies:

1. Allegheny County DHS, Office of Community Services
2. Armstrong County Community Action Agency
3. Blair County Community Action Program
4. Blueprints
5. Center for Community Action
6. Community Action Partnership of Cambria County
7. Community Partnerships, Inc.
8. Fayette County Community Action Agency
9. Indiana County Community Action Program, Inc.
10. Lawrence County Community Action Partnership
11. Pittsburgh Community Services, Inc.
12. Tableland Services, Inc.
13. The Community Development Program of Beaver County
14. Westmoreland Community Action

Capital Region Community Action Agencies:

1. Berks Community Action Program
2. Center for Community Action
3. Community Action Committee of the Lehigh Valley, Inc.
4. Community Action Partnership of Lancaster County
5. Community Progress Council, Inc.
6. Community Action Partnership of Lebanon County
7. South Central Community Action Program, Inc.
8. Tri County Community Action Commission

Southeast Region Community Action Agencies:

1. Bucks County Opportunity Council, Inc.
2. Chester County Department of Community Development
3. Community Action Agency of Delaware County
4. Mayor's Office of Community Empowerment, City of Philadelphia
5. Montgomery County Community Action Development Commission (CADCOM)



DHS Contractual Requirements for Managed Care Plans (MCP)

Clearlink reviewed the 2023 DHS Medical Assistance Contract Requirements for the Managed Care Plans in Pennsylvania for social determinants of health (SDOH) and community-based organization (CBO) requirements. This crosswalk provides insights on how the CAAP network can assist MCP in fulfilling the state requirements. This information will be used to develop messaging and value propositions to increase the likelihood of contracting and partnerships with the MCPs.

2023 Medical Assistance Managed Care Plan Contractual Requirements

Must incorporate CBOs into VBP arrangements with Network Providers to address SDOH:

- 18% of the total medical portion of the capitation and maternity care revenue (or 75% of that expended in strategies 9.a.ii. through 9.a.v.1) must incorporate at least one CBO that addresses at least one SDOH domain. (See Appendix A)
- 6.25% of the total medical portion of the capitation and maternity care revenue (or 25% of that revenue expended in strategies 9.a.ii. through 9.a.v.) must incorporate one or more CBOs that together address two or more SDOH domains.
- For example, if an MCO's total medical spend is \$20 million, and \$10 million is expended in strategies 9.a.ii. through 9.a.v., \$5 million of the \$10 million could incorporate a CBO that addresses food insecurity, and \$2.5 million of the \$10 million could incorporate CBOs that address both food and housing insecurity. The Department may waive this requirement upon receipt of alternate proposals to address SDOH needs through VBP from the PH-MCO.
- Contracting with a CBO directly.
- The contract structures between the MCOs and CBOs may include, but are not limited to, payment for services rendered, capitation payments, or value-based payments if there is no downside risk to the CBO; or
- Contracting with a Network Provider that subcontracts with a CBO.

The MCO must require the CBO to address at least one of the following SDOH Domains, which are included in the statewide resource and referral tool:

- Childcare access and affordability
- Clothing
- Employment
- Financial strain
- Food insecurity
- Housing instability/homelessness
- Transportation
- Utilities



In determining which CBOs to incorporate into VBP agreements, the MCO should consider the following characteristics:

- Types of services provided;
- Accessibility to community members, including hours of operation, location, staffing capacity, accommodations for individuals with special needs including physical disabilities and language barriers;
- Number of MA participants served;
- Quality of social services provided and experience addressing SDOH;
- Soundness of fiscal, operational, and administrative practices and capacity;
- Service area and populations served;
- Capacity for increased referrals from providers or the MCO; and
- Ability to capture and report SDOH data.

DHS Medicaid 1115 Waiver*

“DHS’s goal and vision for submitting a Medicaid 1115 Waiver to the Centers for Medicare and Medicaid (CMS) are to address Pennsylvania’s Medicaid recipients’ health-related social needs with interventions that are both lifesaving and cost saving.” This is boldly stated on the DHS Keystones of Health Overview that was presented in several community forums in December 2023. Health-related social needs are factors that affect people’s health and well-being that are not purely medical. These include different social, economic, and environmental factors such as having healthy food to eat or a safe place to live. Health-related social needs are often external to the health care system but play a crucial role in shaping an individual’s health status and quality of life.

In January of 2021, CMS issued a State Health Official letter, SHO#21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH). In this State Official letter, CMS gave state Medicaid offices the ability to increase the level of social care support offered within their state Medicaid plans. While SDOH tend to be broad systemic categories, many states have taken an approach to begin with the individual Medicaid recipients, assessing their HRSN and allowing for impacts that will both improve the individual’s health outcomes and potentially lead to cost savings.

The Health-Related Social Needs (HRSN) included in the Keystones of Health (PA 1115 Waiver) are:

Housing support

- Goal: To ensure stable housing as a foundation for overall health and well-being.
- Potential Population: Beneficiaries experiencing homelessness who:
 - Have a serious mental illness or substance use disorder;
 - Have a chronic health condition;
 - Are pregnant or in the 12-month post-partum period; or
 - Are identified for reentry supports, including those at risk of homelessness.

*<https://www.dhs.pa.gov/Keystones-of-Health/Pages/default.aspx>



- Housing and Tenancy Services:
 - Connect people to existing housing supports and services;
 - Provide help during transitions with moving expenses and necessary household items like pots and pans, furniture, and air conditioning units;
 - Provide short-term help paying rent; and
 - Provide education and support to keep housing.

Food and nutrition support

- Goal: To enhance access to nutritious food, promoting better health for all
- Potential Populations:
 - Beneficiaries who are pregnant or in the post-partum period and their households; or
 - Beneficiaries who have a diet-sensitive clinical condition.
- Food and Nutrition Services:
 - Provide meals or groceries designed for specific dietary needs;
 - Deliver groceries to support healthy pregnancies; or
 - Provide personalized help connecting to, and applying for, other food resources like SNAP and WIC.

Multi-year continuous coverage for children birth to six years of age

- Goal: To lay a strong foundation for lifelong health by ensuring consistent access to healthcare during these crucial early years.
- All children eligible for Medical Assistance between birth and 6 years of age will retain Medicaid coverage regardless of changes in household circumstances or failure to complete enrollment paperwork.

Given the emphasis in both the MCP contracts and the upcoming 1115 Waiver on SDOH and HRSN, the Community Action Association of Pennsylvania has compiled information that directly connects to these needs and focuses on direct service delivery to MA beneficiaries.

Community Action Agencies' 2022 Data

As a condition of their Community Services Block Grant (CSBG) funds, Community Action Agencies must annually report on the comprehensive services provided by their Agencies and the outcomes those services generate. The Community Services Block Grant (CSBG) program is a federally funded block grant that provides funds to eligible nonprofit community-based organizations or governmental entities that work to ameliorate the causes and conditions of poverty in disadvantaged and low-income communities. In Pennsylvania, the Department of Community and Economic Development oversees the CSBG program and the Community Action Agencies that implement the program.



The Department of Community and Economic Development's mission is to encourage the shared prosperity of all Pennsylvanians by supporting good stewardship and sustainable development initiatives across the commonwealth. With a keen eye toward diversity and inclusiveness, DCED acts as advisers and advocates, providing strategic technical assistance, training, and financial resources to help Pennsylvania's communities and industries flourish. Pennsylvania's goal for the administration of CSBG is to assist the Community Action Network to reduce the effects of poverty in its communities and to connect marginalized populations to family sustaining opportunities by increasing and maintaining linkages to related state level agencies, continued examination and streamlining of processes and procedures, and supporting agencies through a training and technical assistance partnership with the Community Action Association of Pennsylvania.*

A snapshot of the data aggregated by the 42 Community Action Agencies across the social determinants of health domains indicates that the CAA network is critical to the overall success of the MA program's goals for the 1115 Waiver and the CBO requirements within the Managed Care contracts. Given that there are approximately 3.7 million individuals enrolled in Medicaid in Pennsylvania*, these numbers are impressive as they represent only the person who received services, not the total number of individuals who benefited from the services who live in the household.

Participant Demographics	Total Numbers
Total Number of Individuals	475,816 individuals in 292,189 households
Race Information	316,966
Ethnicity Information	297,939
Health Insurance Information	174,659 (16,369 uninsured)

SDOH Domain	Total Number of Individuals Served Statewide
Housing Supports	219,363
Food and Nutrition Services	387,503
Maternal Health Supports	26,956
Behavioral Health Supports	22,779
Other Health Services (Immunizations, screenings, vision and dental, etc.)	12,001

*<https://dced.pa.gov/download/csbg-2023-25-state-plan-draft-for-public-hearing/?wpdmdl=121223>

*<https://files.kff.org/attachment/fact-sheet-medicaid-state-PA>



Of the 43 local Community Action Agencies:

- 100% offer Case Management, Emergency Services, Financial Literacy and Community Education
- 95% offer Housing, Shelter, and Employment and Training Programs
- 85% offer Food and Nutrition Services in a variety of programs including pre-school/Head Start; Senior Services; and Food Bank and Pantry locations
- 72% offer Education, Literacy, and Community Development programs
- 50% offer Transportation programs

In addition to these core programmatic offerings, various CAAs also offer Veterans, Family Development, Senior Services, Healthcare and Foster Care programs. Every aspect of the work that Community Action does impacts Medicaid eligible families.

Community Action Programs that Align with Healthcare Priorities

The following is a summary of the innovation taking place within Community Action Agencies in Pennsylvania that directly ties to HealthChoices and the Keystones for Health 1115 Waiver.

Housing

It is hard to think about anything else when you are not sure where you are going to lay your head each night. The stress of homelessness and housing insecurity has a significant impact on an individual's health, exacerbating existing physical and mental health conditions.

Of the 43 Community Action Agencies, 39 (91%) offer homelessness or housing support services. In 2022, the Community Action Agencies provided housing supports to over 200,000 individuals. While each local Community Action Agency operates independently, there are opportunities to leverage this network into more robust housing and homelessness solutions in partnership with healthcare and the PA Medical Assistance programs. Examples of innovative housing solutions include:

South Central Community Action Program's (SCCAP) Homelessness Assistance Programs (Capital Region)

SCCAP serves as the access point to better address the needs of those experiencing homelessness in Franklin and Adams Counties. Services range from a Warming Center for individuals when the temperatures fall below 29 degrees to assisting individuals with securing safe, affordable housing through grants to pay their first month's rent or security deposits. In 2022, SCCAP homelessness and housing programs served over 21,000 individuals*. One of the most innovative programs is a partnership with a healthcare partner.

"It is very rare for our medical respite beds to be empty. The three beds provide a safe place for healthcare partner's patients to discharge from the hospital when they do not have a home or a safe home to return to."

Megan Shreve, CEO SCCAP

*The total population of these two counties in 2022 was 262,928, which means approximately 1 in 12 residents in this service area were served with homelessness or housing supports by SCCAP during the year.



The Medical Respite program reserves up to 3 shelter beds for individuals who are ready to discharge from the hospital but do not have a safe place to recuperate. These are often individuals who were unhoused when they were admitted to the hospital. These individuals no longer need inpatient or nursing home care and would be ready for discharge home if they had one. Upon discharge to the Medical Respite Program, the individual receives joint case management from both SCCAP and their health plan and may stay in the shelter for up to 30 days, while permanent housing is secured. The healthcare partner supports these beds year-round at a significantly reduced amount compared to if the individual had stayed in the hospital or was discharged to a nursing home. This arrangement provides funding for the shelter, case management for the individual, and allows for the health partner to focus on patients who need in-hospital care. It is these types of programs that are being measured for total cost of care reductions to see if the individuals using the programs reduce their Emergency Department utilization in the next year based on receiving housing, social care management and in many cases behavioral health supports.

SCCAP also provides services for the community on nutrition and food security, WIC and early childhood education services, Family and Asset Development, and Weatherization services. Having access to these social care programs provides the opportunity to seamlessly wrap care around individuals and families as a partner with the healthcare sector to achieve quality of life outcomes.

Bucks County Opportunity Council (SE Region)

For over 58 years, Bucks County Opportunity Council (BCOC) has served low-income families in Bucks County by helping them to stabilize when in crisis, garner resources to achieve a livable wage, gain additional education and training, and work towards economic self-sufficiency. BCOC offers a continuum of homelessness and housing services from Street Outreach to first-time home purchase.

In homeless services, BCOC's staff work with people who are experiencing street homelessness to help them engage in services and ultimately move to permanent housing. The key to BCOC's success in permanently housing people is their Housing Location team. Five specialized locators develop relationships with landlords and create safe, affordable housing options for people who might not ever be considered for a rental unit. Locators specialize in families with children, senior citizens on fixed incomes, the reentry population, unhoused individuals, and those with a serious mental health diagnosis. BCOC emphasizes upstream measures to prevent homelessness through their eviction prevention programs. Working closely with the county's coordinated entry system, BCOC assists those at imminent risk of court-ordered eviction and those who are not yet to that stage, who with a small amount of financial assistance, will not face the trauma of homelessness.



BCOC has partnered with Bucks County's behavioral health department and the managed care organization to create housing options for those experiencing a mental health crisis, as well as for individuals needing a "step down" from more restrictive housing options. These programs have been incredibly successful in helping people transition from those higher levels of care to community support and traditional rental units. An experienced Self-Sufficiency Coach works with clients to assess the emergency, stabilize the situation, and develop a plan to prevent future emergencies. In 2022, 463 households in Bucks County avoided evictions, 117 families moved out of homelessness into housing, and 240 householders received utility assistance.

Food Insecurity

According to Feeding America, 1 in 8 children and 1 in 11 people overall face hunger in Pennsylvania. This equates to over 1.2 million people in the state. There are nine foodbanks that serve all counties and hundreds of food pantries across the state. Of the 43 Community Action Agencies, 35 (81%) of them provide programming for hunger, food access, and nutritional programming.

There are a variety of food and nutrition programs offered by the Community Action Agencies in PA. Examples include the Women, Infant and Children program, offering nutritional foods to individuals during pregnancy; home delivered meals; food banks and pantry locations; Supplemental Nutrition Assistance Program (SNAP) registration assistance; and prepared meals in educational, school based, and senior services programming. In 2022, the Community Action Agencies collectively provided nearly 400,000 individuals and families with food programming.

Fayette County Community Action Agency, Inc. (Southwest Region)

Fayette County Community Action Agency, Inc. (FCCAA) was established in 1966 by a group of dedicated and concerned Fayette County citizens. The Agency's goal was to focus all available resources on the problems and causes of poverty to help the low-income Fayette County residents. For over five decades, FCCAA has helped families grow and thrive by offering programs that strengthen their lives. FCCAA provides comprehensive health and human services that meet the needs of the community. The long-term focus for FCCAA programs is on empowering and equipping individuals and families to achieve self-sufficiency through adequate health care, nutrition, education, employment, and socialization skills, in addition to community development initiatives.

In addition to operating a food bank, WIC programming, and the PA Senior Food Box Program, one of the innovative programs administered by FCCAA is the Republic Food Enterprise Center (RFEC). This Center serves as a comprehensive location for the development of sustainable food products across Western Pennsylvania. RFEC works to bridge the gap from farm to table and responds to the nutritional needs of Western Pennsylvanians by stimulating agricultural production, producing value-added products, distributing local produce, and developing retail outlets within food deserts throughout the region. RFEC also provides catering services and weekly lunch specials.



Complex Populations including Behavioral Health

Across the nation there are three prominent recurring themes when discussing behavioral health and healthcare. The first is about the shortage of funding to address the significant rise in need for these services over the past 15 years as well as the discrepancies in payment, salaries, and support services that are covered by health insurance of all types – private and public. The second theme is the shortage of providers and access to behavioral healthcare by those seeking care resulting in a significant length of time between identifying an issue and treatment starting. The third is the prevalence of behavioral health and other co-occurring chronic disease and socio-economic issues that are commonly found in individuals with severe mental illness (SMI) or substance use disorder (SUD). In October 2023, Pennsylvania's Governor Shapiro signed an Executive Order directing the cabinet to collaborate to streamline and improve the accessibility of mental health and SUD. The resulting Behavioral Health Council is the first of its kind in Pennsylvania and is developing recommendations to address gaps in access, affordability, and the delivery of services to remove silos between the state agencies, healthcare providers, payers, state, and local government sectors and ensuring all who need services receive them.

In a March 2024 Health Equity Action Team meeting, Dr. Marilyn Pendelton – Founder and CEO of the organization, Your Voice Heard, LLC, reported on the behavioral health provider deserts in Pennsylvania indicating nine (9) counties are without psychiatrists, three (3) counties lack Licensed Social Workers, and five (5) counties are without Psychologists. While other counties have access to providers, many have provider to patient ratios which are unmanageable. For example, Juniata County has a Mental Health provider to population ratio of 6,155:1 (target ratio is 378:1). Juniata County is not alone, there are at least nine (9) other counties that have three times the rate of provider to patient ratios.

Community Action Agencies have been on the front lines working with individuals who have SMI, SUD, and other behavioral health issues for decades. Many of the “symptoms” of behavioral health are first identified when a person seeks help for basic needs and can be assessed in a more comprehensive way. Given the services administered by Community Action Agencies, they must be a key partner in the identification, access to care, and affordability of behavioral health services. Several local Community Action Agencies are already in partnership with the county behavioral health system. CAAP is looking to grow these examples across Pennsylvania.

Westmoreland Community Action (Southwest Region)

Each year Westmoreland Community Action (WCA) helps over 16,000 low-income individuals across 30 programs servicing the life span from age 0 to 100. Programs include housing, food, transportation, education, prenatal care, crisis response, workforce supports, connection to aging services, support for diverse populations, and others.



WCA offers several behavioral health programs including a Crisis Hotline, Crisis Mobile Assessments, workforce development programs for individuals in recovery from opioid use disorder, and a variety of Mental Health Housing options. Individuals with Mental Health diagnoses can receive 30-60 days of transitional housing while case managers work with them to assess a comprehensive list of needs and to coordinate a plan to move towards permanent supportive housing.

One of the innovative behavioral health programs is the Recovery Employment Partnership (REP). The REP program works with individuals aged 18 and over who are in active recovery from Opioid Use Disorder that are either unemployed or under-employed. Referrals can come from a treatment center, Recovery Community Organization, or through a self-referral. WCA caseworkers assist these individuals with one-on-one Case Management, meanwhile offering 24/7 peer support from a Certified Recovery Specialist (CRS).

"REP is a beautiful thing and has been very helpful in my addiction recovery journey. REP helped me with resume writing and they called me frequently (but not TOO frequently) to check in and see how I was doing. I started a new job a month ago... I appreciate this program and what they did for me and what they're doing for others. Definitely recommend!"

Sarah from REP - 2023

Maternal Health

Across the United States, maternal health data indicates that more than just the physical health of the woman is required to truly impact birth outcomes. The United States has one of the worst maternal and infant mortality rates in the developed world. In Pennsylvania, the March of Dimes gave the state a C+ for the 9.3-9.6 preterm birth rate, 5.4 infant mortality rate, and 16.7 maternal mortality rate. Pennsylvania's Community Action Agencies are also working on providing supports to women, children, and families to have a positive impact on healthy pregnancies, healthy births, and healthy moms.

Nearly half of the Community Action Agencies in PA offer services for Maternal Health, Developmental Delays in infants and toddlers, and/or behavioral health services to individuals in their communities. Alongside the other SDOH supports offered by most CAAs, this allowed for over 56,000 individuals to be served through these three programs with 33,000 focused specifically on maternal health and infant programming.

Community Action Partnership of Lancaster County (Capital Region)

Community Action Partnership of Lancaster County's Women, Infant and Children's program served over 9,000 individuals and families in 2022. The program offers nutritional education, breastfeeding supports, healthy foods, and coordinated referrals for the pregnant individual and family. In 2022, CAP Lancaster screened participants to get feedback on how the agency could improve service delivery. As a result, in 2023, the program expanded hours to allow for evening appointments throughout each month.



CAP Lancaster also provides Head Start and Thrive to Five programs to families with infants through Pre-K aged children. These two-generational programs focus on supporting both the caregiver and child through educational programming and supports to break the cycle of poverty. It is this type of comprehensive programming that allows for continued support post discharge from the hospital after birth via community wrap around supports for both mother and infant that can have a positive impact on reducing infant death between birth and age 1 and maternal depression during the important first year of infant brain development.

Tri County Community Action Parents as Teachers (Capital Region)

Tri County Community Action's mission is to transform lives, strengthen communities, and eradicate poverty. This is not just another local organization; Tri County Community Action is a dedicated Community Action Agency with a unique and powerful approach to creating lasting change. Tri County Community Action offers comprehensive services in areas of early childhood education, family development, employment and workforce development, housing, and community development.

Tri County Community Action Parents as Teachers (PAT) is a powerful, evidence-based, early learning program dedicated to promoting optimal child development through the active engagement of parents and caregivers. This invaluable program is currently accessible to families residing in Cumberland, Dauphin, and Perry Counties. At the heart of PAT lies a fundamental belief: Babies embark on their learning journey from the moment they are born, and parents and guardians are their first and most influential teachers. PAT is a parent's partner in establishing a robust foundation for their child's future success in school and life. PAT services are designed to cater to all parents and guardians, whether they are a single parent, a teenage mother, a guardian, or part of a two-parent family – regardless of their income level.

Reentry and Complex Populations

Blueprints (Southwest Region)

Blueprints is a change agency that shapes futures by equipping and educating people to improve their lives. Independence is gained when barriers are broken and futures are built. Powered by community action, Blueprints is proud of their legacy of strengthening and serving their community. Blueprints stands committed to the mission of the community action movement and takes pride in their membership to the network and champions the shared vision. For over 50 years, Blueprints has been dedicated to solving issues of poverty and helping clients achieve stability. Today, Blueprints operates more than 50 programs serving more than 20,000 people annually in Washington and Greene Counties of Pennsylvania and throughout West Virginia.



One of the innovative programs offered in Greene and Washington Counties is the Blueprints Re-entry Program. Through a partnership with the county correctional facilities, Blueprints offers pre-release services to individuals who are incarcerated to develop a plan for success upon release back to their community. Sessions are offered both in classroom and individual setting and focus on goal setting, career development, financial literacy, and parenting.

Summary

The programs, agencies, and data presented in this value statement are only a small subset of the work being done by Pennsylvania's Community Action Agencies. While the direct services offered by each Agency are unique based on community needs assessments, all the Agencies are unified in their focus on assisting individuals with meeting their goals and improving their financial status. It is only by ensuring that the Social Determinants of Health are being addressed that these outcomes will be achieved; therefore, each Agency either provides services directly or has relationships with other community organizations to make referrals to address these needs. Recognizing that many of the individuals engaged with Pennsylvania's Community Action Agencies are also enrolled in or eligible for medical assistance, CAAP and its member Agencies are natural community based organizations for value based payment arrangements to meet Medicaid requirements.



Appendix A: Value Based Purchasing Section of Managed Care Contracts

Value Based Purchasing

Value-based purchasing (VBP) is the Department of Health & Human Services' initiative to transition providers to being paid for the value of the services provided, rather than simply the volume of services. VBP Payment Strategies and VBP Models are critical for improving quality of care, efficiency of services, reducing cost, and addressing Social Determinants of Health.

The Department has developed an aligned VBP framework that consists of both VBP Payment Strategies and VBP Models. VBP Payment Strategies define the mechanism by which the providers are paid by the MCO. VBP Payment Strategies are tiered by three levels of risk: low, medium, and high.

VBP Models define a way to organize and deliver care and may incorporate one or more VBP Payment Strategies as ways to pay providers. The Department is categorizing VBP Models into recommended models and required models.

PH-MCOs, BH-MCOs, CHC-MCOs, and CHIP-MCOs can form integrated VBP models. MCOs should work towards integrating VBP models, because addressing physical health needs can improve behavioral health outcomes, and vice versa.

VBP Payment Strategies

The MCO must enter into VBP Payment Arrangements with Providers that incorporate approved VBP Payment Strategies. The Department retains the ability to accept or reject any proposals to count toward the required VBP medical spend percentage. The approved VBP Payment Strategies are tiered as low-risk (performance based contracting), medium risk (shared savings, shared risk, bundled payments), and high risk (global payments).

Each arrangement must include quality benchmarks, financial incentives, penalties or both, without which the Department will reject the arrangement as counting towards the required VBP medical spend percentage. MCOs can also layer additional non-financial incentives as long as financial incentives are also in the arrangement.



Approved Payment Strategies:

- i. Performance based contracting (low-risk strategy): FFS contracts in which incentives payments and/or penalties are linked to Network Provider performance. The MCO must measure Network Providers against quality benchmarks or incremental improvement benchmarks and must include in the contract incentives or penalties or both based upon meeting these benchmarks.

- ii. Shared Savings (medium-risk strategy): Supplemental payments to Network Providers if they can reduce health care spending relative to an annual cost benchmark, either for a defined Member sub-population or the total Member population served by a Network Provider. The cost benchmark should be developed prospectively, based at least in part on historical claims, and be risk adjusted if needed. The supplemental payment is a percentage of the net savings generated by the Network Provider.

- iii. Shared Risk (medium-risk strategy): Supplemental payments to Network Providers if they are able to reduce health care spending relative to a cost benchmark, either for a defined Member sub-population or the total Member population served by a Network Provider. The cost benchmark should be developed prospectively, based at least in part on historical claims, and risk adjusted if needed. The payment is a percentage of the net savings generated by the Network Provider. These arrangements also include shared losses with Network Providers if costs are higher relative to a benchmark.

- iv. Bundled payments (medium-risk strategy): Bundled payments include all payments for services rendered to treat a Member for an identified condition during a specific time period. The payments may either be made in bulk, or be paid over regular predetermined intervals. DHS may specify certain services that must be paid through bundled payments.

- v. Global payment (high-risk strategy): Population-based payments that cover all services rendered by a Network Provider, hospital, or health system by the participating MCO.

