

Meeting summary for TI 2.0 Information Session: HRSN and Community Cares (04/03/2024)

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Quick recap

The TI 2.0 program team discussed health-related social needs processes, the Community Cares closed loop referral system, and the importance of privacy protection in the context of the accreditation process. They also addressed key dates and milestones for the accreditation process, the implementation of a state-wide loop referral system, and the use of the Community Cares platform. Lastly, they discussed the development of the community-based organization network, the potential of fulfilling measure number 3 through NCQA accreditation, and the need for clear guidelines on the referral process.

Next steps

- Cameron will provide the community-based organization milestone slides to the participants who registered for the meeting.

Summary

TI 2.0 Program Team's Health Socialization Session

The TI. 2.0 program team led by Vishal, Cameron, and Samantha conducted a milestones information session on health-related social needs processes and CommunityCares. They emphasized the importance of screening processes, documenting results, and establishing partnerships for successful referrals, and discussed the need for specific policies regarding member understanding and consent, as well as policies for performing HR screening and protecting patient information. There were several concerns and questions raised about the use and visibility of Z codes, the screening process for patients, and the AHCCCS Survey Google Form (TI 2.0 Health Equity Collaboration Analysis). The team also addressed ongoing issues related to data collection and the potential for fulfilling TI milestone number 3 through NCQA accreditation.

Implementing Referral Systems and Organization Accreditation

They also discussed the implementation of a state-wide closed loop referral system or a CommunityCares organization sponsored close loop referral system, with a commitment to finalizing this by the end of the week. The team agreed on the need for organizations to create and manage reports according to their needs, and outlined the requirements for their organization to receive accreditation, including maintaining a list of registered CBOS and having a mutual referral protocol. They committed to addressing any further questions and providing all necessary information by the following week.

Accreditation Process Milestones and Deadlines

Key dates and milestones for the accreditation process were discussed. The first milestone, document validation, is expected to be available later this month, with the application and attestation set for Fall 2024. The Ti 2.0 milestones, if not pursuing the NCA, are set for December 2024, with virtual QIC sessions on May 9th and August 8th. Additional resources and the Community Cares information were also provided. The team discussed the submission of G codes and the need for approval and guidance for these. The deadline for decision on pursuing accreditation was identified as a concern, with the team committing to the process by Friday.

Community Cares Platform Rollout and Timeline

Cameron explained that the Community Cares platform, an Arizona-specific initiative run by Unite Us, has resources already loaded into it to help identify CBO and other resources. Contexture is managing the rollout of Community Cares within the Unite platform. Robert agreed to send Cameron an email with more information. Blake asked about the timeline for connecting to the Community Cares system, with deadlines in May, September, and March of the following years. Cameron advised Blake to confirm her connection by emailing her account manager before April 5th and to use the target investments inbox if she doesn't receive a response. Cameron and Susan thanked Blake for her summary and assured her of their support.

Key Milestones and Community Care System

Cameron outlined two key milestones, one relating to health-related social needs and the other focusing on data from the community care system. The first milestone emphasized the importance of enabling providers to identify and connect individuals to resources for their needs, while the second aimed to ensure the collection and analysis of referral and screening data. There was some confusion about the continued existence of 'community cares', but Michael confirmed it does exist, managed by Unite Us, and is supported by Cantata. Cameron expressed openness to addressing any concerns from community partners about using the platform.

Improving Referral Process for Community Partners

Cameron emphasized the importance of ensuring that healthcare and behavioral health providers can refer clients to community partners in a feasible and preferred manner. He suggested that if community partners lack the bandwidth to use the current care system, they should be asked how they prefer to receive referrals. Susan, the program director for the whole person care initiative, added that the technology vendor, Unite Us, should be able to provide tips and tricks for integrating screening and referral into regular clinic flow to maintain efficiency. She also offered to discuss feedback processes for educating clients on their screening results.

Referrals, Access Program, and Milestones

Brian raised concerns about the flexibility of referrals within the new access program and how it might count towards the tip milestone. In response, Cameron offered to investigate further and to ensure that nonprofits could sign up for the platform. Cameron also discussed the need for detailed referral data and the potential to adjust milestones based on feedback. Susan clarified that "community cares" is the brand name for the Arizona close loop referral system. Mary Beth was encouraged to share her experience and connect with Cameron.

Community Partnerships and Resource Discrepancies

Marco sought clarification about the status of community partnerships and the availability of resources in different areas. Susan informed her that they are in the process of onboarding new partners and aim to increase the number to over a thousand this year. However, Marco noted a discrepancy in resources between the Phoenix and Tucson areas. Cameron then elaborated on their validation criteria, emphasizing the importance of providing referrals to 85% of those who want them. Deanna and Kira highlighted the limited number of organizations on their platform as a barrier to this goal. The team also discussed the need to ensure that community resources are aware of referrals, even if they cannot immediately provide the service.

Community-Based Organization Network Referrals

Cameron and Robert discussed the development of the community-based organization network and its implications for their organization's ability to refer clients. They expressed concerns about the current limitations of the platform and its impact on their ability to provide effective services. They also discussed potential workarounds and the need for clear guidelines on the referral process. Other participants shared their experiences and raised questions about the referral process, success rates, and responsibilities. The team agreed to follow up on these issues to ensure the program's feasibility and effectiveness.

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Q&A Session Takeaways

- **Is CommunityCares and Unite Us the same thing?**
 - CommunityCares is the free tool available to help AHCCCS health care providers and community-based organizations quickly and efficiently screen and refer members for Health-Related Social Needs, also known as Social Determinants of Health. Learn more about CommunityCares information on the AHCCCS website: <https://www.azahcccs.gov/communitycares>.
 - Unite Us is the technology vendor that is used to host community resources.
- **Can TI 2.0 participating providers make referrals internally outside of the CommunityCares platform? Will they still earn the TI 2.0 Milestone credit if they do not use CommunityCares?**
 - **Milestone 3 (General HRSN processes)- Yes**, this organizations can use internal referral. This milestone's intent is generally looking to show that CLRS processes are being followed and that the HRSN need was met (e.g closing the loop).
 - **Milestone 4 (Electronic System and Reporting)- Maybe.** organizations making internal referrals must send referral data to AHCCCS.
- **Can TI 2.0 participants use a self-report data option (outside of CommunityCares)?**
 - **Yes.**
- **Is there a list of community based organizations that are active on CommunityCares?**
 - Not at the moment, AHCCCS is working internally to provide a list. In the meantime, we recommend that you use the CommunityCares platform and filter for services within it.
- **Referring to Core Component 4.b: Does the team member who is responsible for CommunityCares reports need to be included in the TI 2.0 Contact list for my organization?**
 - No. Only include individuals on the TI contact list who need to be informed about the program events and updates on a regular basis.