

# Partnership to Align Social Care

A National Learning  
& Action Network

## Contracting Workgroup Charter

Project Title:	Partnership to Align Social Care Contracting Workgroup
Start date:	February 1, 2022
Completion date:	April 30, 2023
Workgroup Co-Chairs:	R.J. Briscione, Aetna CVS Health Mark Humowiecki, Camden Coalition Larke Recchie, Ohio Association of Area Agencies on Aging
Workgroup Staff:	Autumn Campbell, Partnership Project Director

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### Statement of Need:

There is growing interest in and demand for non-medical, health-related “social care” services among healthcare actors across the healthcare landscape, yet the supply of such services remains constrained and fractured. Current efforts by social health access referral platforms (SHARPs) to coordinate identification of services and facilitate closed loop referrals do not solve the limited supply and can exacerbate the shortfall by directing additional potential clients and requiring new workflows of community-based organizations (CBOs) without additional financial resources and technical assistance.

While there are an increasing number of CBOs that are partnering (and even contracting with) health plans and health systems to provide health-related social care, intentional effort is needed to scale capacity and infrastructure necessary to close care gaps and support people holistically. Numerous barriers exist to contracting for health-related social care and services between healthcare organizations (payers and health systems) and CBOs. Many CBOs are

small, and/or do not have the capital and infrastructure to contract directly with Managed Care Organizations and to meet the requirements and volume.

**The Aligning Social Care project** seeks to advance sustainable, equitable, and scalable models for organizing CBOs into local/regional networks that provide the needed infrastructure for contracting with healthcare entities to offer important non-medical services for their members/consumers. CBO networks, led by a Network Lead Entity (NLE), can offer the size, range of services, and requisite data, contracting, and billing capacity that allow for broader participation of CBOs in social care delivery that is paid for by health plans and health systems.

Creating formal CBO networks, however, remains challenging, and standard structures, financing, and formal agreements detailing their governance, data sharing, and contracting arrangements are only beginning to form. Organizing disparate CBOs with their own boards, contracts, histories, and cultures into cohesive networks led by a single NLE and willing to collaborate and contract with healthcare entities is no small undertaking.

### **Project Vision, Mission, and Principles:**

The Partnership to Align Social Care project has adopted the following mission, vision, and principles.

*Mission:* To enable successful partnerships and contracts between health care and community care networks to create efficient and sustainable ecosystems needed to provide individuals with holistic, person-centered social care that demonstrates cultural humility.

*Vision:* A sustainably resourced, community-centered social care delivery system that is inclusive of all populations and empowered by shared governance and financing, multi-stakeholder accountability, and federal/state/local policy levers.

#### *Overarching Principles:*

- *Trust:* Uphold and preserve the confidence and respect of individuals
- *Leadership:* Co-lead and coordinate holistic services
- *Accountability:* Create a culture of performance and data-driven quality improvement among all stakeholders
- *Sustainability:* Advance equitable shared financing of health-related social care services and supports and shift to risk-based payment over time
- *Innovation:* Evaluate and evolve interventions to improve service delivery, efficiency, and outcomes
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### **Contracting Workgroup Purpose:**

The contract workgroup seeks to develop a set of tools and resources to facilitate routine contracting 1) between a health plan or health system and an NLE or an individual CBO and 2) amongst multiple CBOs to form a network with an NLE. The group will analyze existing barriers to contracting and identify recommended approaches that can overcome such barriers. It will also create basic materials to help explain unique aspects of CBO networks and contracting with healthcare entities to address perceived barriers. The workgroup will build on the excellent [Contracting Toolkit](#) developed by the Aging and Disability Business Institute (ABDI).

The workgroup will develop annotated contract templates to help standardize and simplify the contracting process. These templates shall reflect a reasonable division of risk and responsibility amongst the parties and should be agreeable to all workgroup members (including business leaders and legal counsel representing major institutions from each of the contracting parties - CBOs, CBO networks, health plans, and health systems).

The workgroup will also make recommendations on ways that the project can promote and spread the formation of network entities and contracting with healthcare through communications, education, technical assistance, etc.

### **Membership:**

The contract workgroup is a subcommittee of the Partnership for Aligning Social Care project Planning Committee. The workgroup will have at least two co-chairs who also sit on the Planning Committee and will report its progress to the Planning Committee on a monthly basis. The workgroup is chaired and staffed by the Camden Coalition of Healthcare Providers.

The workgroup shall be led by three co-chairs, at least one of whom should serve on the Planning Committee, and consist of up to 15 voting members, who shall be drawn from organizations represented on the Partnership to Align Social Care Planning Committee or other individuals with highly relevant expertise that are recommended by the Planning Committee.

A diverse set of members will be recruited to ensure a wide range of perspectives on the key elements of contracting between health plans/systems and CBOs and contracting among CBOs. The members of the workgroup shall be approved by the Coordinating Committee and shall include at least six members who represent CBOs or networks of CBOs. Members should have responsibility for contracting or significant experience creating or negotiating contracts, including experience contracting with the proposed counterparties (e.g., health plan/system representatives with experience contracting with CBO(s), or CBO leader with experience contracting with health plans). If a member can no longer serve on the workgroup, they shall propose a replacement member who represents a similar position and experience. If no such person is available, the Coordinating Committee shall select a replacement working group member.

The workgroup may also include non-voting advisors who are recommended by the workgroup co-chairs and approved by the Coordinating Committee. Such advisors may include paid consultants who are contracted to perform research and provide technical advice to the workgroup.

The workgroup will seek to achieve consensus on major issues. Where consensus does not exist, issues will be put up for a vote. At least seventy-five percent of the voting members are required for approval.

### **Functions, Activities and Responsibilities**

The workgroup will meet up to twice per month for six months. Members are expected to review materials, including research and draft deliverables, and provide feedback in a timely manner. Members are also expected to use their professional network to identify relevant resources and individuals with experience and expertise that can help advance the work of the workgroup based on the evolving and diverse needs of the communities we serve. Meetings will be recorded for note-taking purposes and for those who cannot attend the meetings.

The **co-chairs** will set agendas, facilitate meetings, and direct consultant staff. Co-chairs will also prepare regular reports to the Coordinating Committee.

**Consultants** will support the co-chairs in preparing agendas, documenting meeting minutes, conducting research and stakeholder engagement, providing expert advice, preparing synthesized materials including draft deliverables for presentation and review by members, and such other activities as directed by the co-chairs.

The workgroup will conduct the following activities:

- Research to identify existing resources to support the goals of the project
- Key informant interviews to identify major barriers to network formation and to contracting between healthcare and CBO networks
- Solicit examples of relevant network structures, contracts, and contract language from workgroup members
- Engage technical experts to provide research as necessary
- Develop consensus recommendations on best practices and effective supports for sustainable contracting for CBOs.

### **Deliverables:**

The workgroup will prepare and present the following deliverables:

1. Review and build upon existing work from the Aging & Disability Business Institute and other partners to identify gaps and augment contracting resources included in current guides for CBOs and CBO networks on contracting with health systems and health plans
2. A guide for health plans/health systems to contracting with CBOs

3. A guide to contracting among CBOs to form a network and establish a network lead entity (in coordination with NLE Workgroup)
4. Template contracts and annotated guides to contracting
5. A report summarizing the major findings and recommendations of the working group, including recommendations for implementation support

### **Workplan:**

#### Phase 1 - Workgroup recruitment (January & February)

With counsel and support from the Planning Committee and planning committee, the Chair will recruit members to the workgroup. Vice-chairs representing the different stakeholder groups will be identified and selected.

#### Phase 2 - Initial research (February - June)

Staff will conduct research including an initial survey of members and call for relevant materials from members. Staff will conduct several key informant interviews with experts, including representatives from ABDI who developed the Contracting Toolkit.

#### Phase 3 - Workgroup discussions and deliberations (February 2022– April 2023)

The workgroup will meet biweekly to identify and discuss key topics based on the initial research and member priorities. Subcommittees may be formed to perform deeper work on specific topics, if required. Contracted experts may be used to provide additional research. Key topics are likely to include the formal relationship between network members and network lead entity (including choice architecture for participating in contracts), requirements of data sharing agreements, standard service descriptions, and key financing and risk arrangements in healthcare contracts. The workgroup will initially focus on contracting between CBOs/NLEs and health plans/systems and will move to contracting among CBOs to form a network, in coordination with the NLE workgroup, after the NLE workgroup has made progress on standards. Meetings will be recorded for purposes of documenting discussion and developing recommendations.

#### Phase 4 - Draft report and other deliverables (June - December)

The workgroup chair and staff will prepare initial drafts of the report and deliverables. Outlining and drafting will begin during phase 3 and will continue in an interactive structure. Workgroup members may also volunteer to draft individual deliverables.

#### Phase 5 - Review process for all deliverables (December 2022 – April 2023)

Workgroup members will review and provide feedback on each deliverable. Revised versions of the deliverables will be shared with the Planning Committee and larger planning group for any final comments.

#### Phase 6 - Finalize and produce deliverables (December 2022 – April 2023)

Final text of the deliverables will be approved and sent for design and formatting.

### **Membership and Duration**

The Workgroup will begin activities, effective as of February 1, 2022. Extending the duration of Work Group meetings will be determined by the members prior to the end of the year one term. The Work Group will meet bi-monthly as circumstances dictate and as necessary to fulfill the responsibilities and duties set forth in the Purpose section.