Partnership
to Align Social Care

A National Learning
& Action Network

Community Care Hub Workgroup
Charter

Project Title:	Partnership to Align Social Care CCH Workgroup
Start date:	February 1, 2022
Completion date:	April 30, 2023
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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 Partnership to Align Social Care 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 Hubs, led by a Community Care Hub (CCH), 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.

A Community Care Hub is a community-focused entity that organizes and supports a network of community-based organizations providing services to address health-related social needs. A CCH centralizes administrative functions and operational infrastructure, including but not limited to, contracting with health care organizations, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting. A CCH has trusted relationships with and understands the capacities of local community-based and healthcare organizations, and fosters cross-sector collaborations that practice community governance with authentic local voices.

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 CCH and willing to collaborate and contract with healthcare entities is no small undertaking. Developing standard expectations for CCHs and the hubs they coordinate, while documenting the success of such networks in growing revenue and capacity of CBOs is critical to recruiting CBOs to form/join networks and providing technical assistance and support to CCHs to play this novel role of network coordinator and help them build sustainable financial models and services.

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

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- *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

CCH Workgroup Purpose:
The CCH Workgroup seeks to develop a set of standards and prerequisites that CCHs must meet in order to qualify as a CCH, including a preliminary set of standards for broader review and consideration within the first six months. The workgroup will also develop recommendations regarding formal mechanisms to credential CCHs and policy levers to promote network formation and adoption of CCH standards. In addition, the workgroup will make recommendations for the development of flexible and appropriate technical assistance and financial support needed to promote the formation of CBO networks and build capacity of CCHs to become credentialed.

This work will promote collaborative initiation and strengthening of CCHs across diverse markets, helping to achieve the scaling needed to move social health to the forefront of the health care delivery system. A natural outcome will be connection to shared learnings, best practices, and centralized resources known to help advance this body of innovation.

The workgroup will identify key informants with experience developing standards for existing networks and CCHs. Consultants will conduct a landscape analysis of CBO networks and CCHs to identify current barriers, essential and optional CCH functions, CCH core competencies, best practices, and opportunities for expanded development of networks and CCHs. It will also consider the requirements of healthcare entities looking to contract with CBO networks and how those can be distributed between network members and the CCH.

The workgroup will identify opportunities for (a) specialized CBO networks, (b) the creation of a “marketplace” for national and local credentialing organizations, and (c) raising awareness and promoting adoption for network formation, CCH infrastructure build, and CCH credentialing efforts, including recommendations for funding and technical assistance.

Membership:
The CCH Framework workgroup is a subcommittee of the Partnership to Align Social Care Planning Committee. The workgroup will include at least two members who sit on the Planning Committee and will report its progress to the Planning Committee on a monthly basis. The workgroup will be staffed by the Project Director and non-voting subject-matter experts and consultants.

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

A diverse set of members will be recruited in order to reflect a wide range of perspectives on the key elements of CBO networks and Community Care Hubs. 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. If a member can no longer serve on the workgroup, they shall propose a replacement member who represents a similar position and experience, to the Coordinating Committee for consideration and approval. 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 nine voting members (or >60%) are required for approval. All deliverables must be approved by the workgroup before they are submitted to the Coordinating Committee for final adoption.

Functions, Activities and Responsibilities:
The workgroup will meet at least once per month for 11 months, starting February 1, 2022. The frequency of such meetings shall be determined by the co-chairs based on circumstances and a detailed work plan developed to achieve the work group's goals and deliverables. The workgroup may recommend continuation beyond the initial one-year term in order to fulfill the scope of work set forth in this charter and subject to adequate funding.

Workgroup 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

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synthesized materials including draft deliverables for presentation and review by members, and such other activities as directed by the co-chairs.

The workgroup (through its consultants) will conduct the following activities:

- Research existing network standards and requirements, and lexicon of agreed upon terminology.
- Conduct key informant interviews with network model developers and existing network members and CCHs to understand core competencies, critical functions, and barriers and incentives to network formation.
- Engage existing CBO networks and CCHs to get up-front input and ongoing feedback to draft deliverables to ensure that they are informed by current practice and likely to be adopted once complete.
- Engage potential CBO network members and CCHs to understand existing barriers to and interest in network formation, as well as receive feedback to proposed standards
- Identify baseline core competencies of CCHs and establish objective standards for CCH credentialing (and potentially network certification).
- Consider alternative competencies and standards for specialized networks based on population of interest or service type
- Explore options and develop recommendations for CCH certification, including local and national organizations that could credential CCHs.
- Develop policy recommendations for recognition and promotion of CCHs, including private and public funding, state and federal regulation, MCO contract requirements, etc.
- Evaluate existing organizations and recommended activities to provide technical assistance to support network formation and CCH capacity building to achieve required standards.
- Identify opportunities to present and share the work to raise awareness and elicit consideration and feedback from a broad range of stakeholders.

Deliverables:

The workgroup will prepare the following deliverables for submission to the Coordinating Committee:

1. A lexicon of agreed upon key terms and definitions
2. A detailed set of standards for CCH competencies, standards, and prerequisites for CCH recognition that incorporates stakeholder and end user feedback
3. Written documentation of the recommendations to formally recognize and promote the development of networks led by qualified CCHs
4. Written documentation of guidance to establish qualified CCHs and how to recruit, qualify, and prepare Network members.
5. Written guidance to advance adoption by payers and public entities of CCH standards and CCH-led network model.
6. White paper addressing standards, recognition strategies, and implementation
7. Guide for CBOs to establish CBO network led by qualified CCH.

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8. Template for Letter of Intent distributed to health plans and health systems to memorialize the commitment of each to contract with CCHs for social care delivery.

Workplan:

Phase 1: Identify and retain workgroup consultant(s), recruit committee members, establish meeting schedule and begin to meet by end of May 2022.

Phase 2: Consultant(s) will develop a lexicon of key terms and definitions to ground the committee work by May 2022.

Phase 2: Consultant(s) will conduct baseline landscape analysis that takes into account barriers and opportunities and perspectives of CBOs and healthcare entities by June 2022.

Phase 3: Workgroup, with guidance from consultant(s), will develop a preliminary set of CCH competencies and standards and submit to Partnership Coordinating Committee for review by October 2022.

Phase 4: CBOs, including those delivering specialized population services, with the potential to become CBO network members or CCHs will be engaged in a pilot test of the feasibility of the drafts CCH competency standards and submit feedback to workgroup for consideration and possible modification by November 2022.

Phase 4: Workgroup co-chairs and consultant(s) will present draft CCH competency standards to key stakeholders, including health plans, health systems, state Medicaid agencies, members of CBO networks and CCHs, and state and national associations for feedback by November 2022.

Phase 5: Consultant(s) will research additional standards applicable to specialized networks and present to workgroup members by November 2022.

Phase 5: Workgroup will consider feedback from all stakeholders that participated in the pilot test and review, and update draft CCH competency standards based on feedback and consideration of standards for specialized networks by November 2022.

Phase 5: Workgroup draft CCH competency standards will be presented to Partnership Coordinating Committee and full membership for review and comment by end of November 2022.

Phase 5: CCH Competency Standards will be finalized and prepared for publication by October 2022.

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Phase 6: Based on research by consultant(s), workgroup will review mechanisms for formal recognition of qualified CCHs and develop a preliminary set of recommendations to formally recognize qualified CCHs by November 2022.

Phase 6: Workgroup will review feedback and produce final set or recommendations for formal recognition of qualified CCHs at the state and federal level to submit to Partnership Coordinating Committee for review and to full Partnership membership and secure final approval by February 2023.

Phase 7: Workgroup members and consultant(s) will identify and engage entities such as payers, health systems, and Medicaid agencies to elicit feedback on barriers and interest in adopting CCH standards by February 2023.

Phase 7: Workgroup members and consultant(s) will collaborate to prepare written documentation of model standards and promotion strategy to support adoption of CCH standards by payers and public entities to present to Partnership Coordinating and Planning Committees for comment and adoption by March 2023.

Phase 8: Workgroup members and consultant(s) will identify and consider solutions to overcoming barriers to network formation and sustainability and ongoing stakeholder engagement of CBOs by January 2023.

Phase 8: Workgroup members and consultant(s) will develop preliminary recommendations for activities, policies, and incentives to address barriers, encourage interest and adoption, and build CBO capacity to form networks and recognition as a CCH by March 2023.

Phase 8: Preliminary recommendations will be vetted by stakeholders, Partnership Coordinating and Planning Committees by March 2023.

Phase 8: Consultant(s) will draft a white paper addressing implementation strategies for review and approval of workgroup, Partnership Coordinating Committee and membership by the end of March 2023.

Phase 9: Consultant(s) will draft written guidance for CBOs to form and lead qualified CBO networks for review and approval of workgroup, Partnership Coordinating and Planning Committees by April 2023.

Phase 10: Partnership Coordinating Committee will seek commitment from a minimum of three Partnership participating health plans/health systems to execute a Letter of Intent to enter contracts with a minimum of three CCHs that adopt CCH standards and recognize recommendations of the workgroup by December 2023.

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Communications and Dissemination:
The workgroup co-chairs will work with the Project Director and the Coordinating Committee to develop a project-wide communications plan that raises awareness, engages relevant audiences, and promotes early adoption of the standards and other work product throughout the process and upon completion of final deliverables. Workgroup members will be encouraged to contribute opportunities, including writing and presenting for targeted audiences. Additional communication and promotion of final products will occur throughout 2023.

Additions and/or revisions to this charter will be considered upon request and consideration of the CCH Workgroup Members. Co-Chairs will communicate any additions or revisions to the Planning Committee as needed.

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