Opportunities to Address Social Determinants of Health (SDOH) in 1915(c) and 1915(i) Medicaid Home and Community-Based Services (HCBS) Programs

Division of Long Term Services and Supports
Medicaid Benefits and Health Programs Group
Centers for Medicaid and CHIP Services

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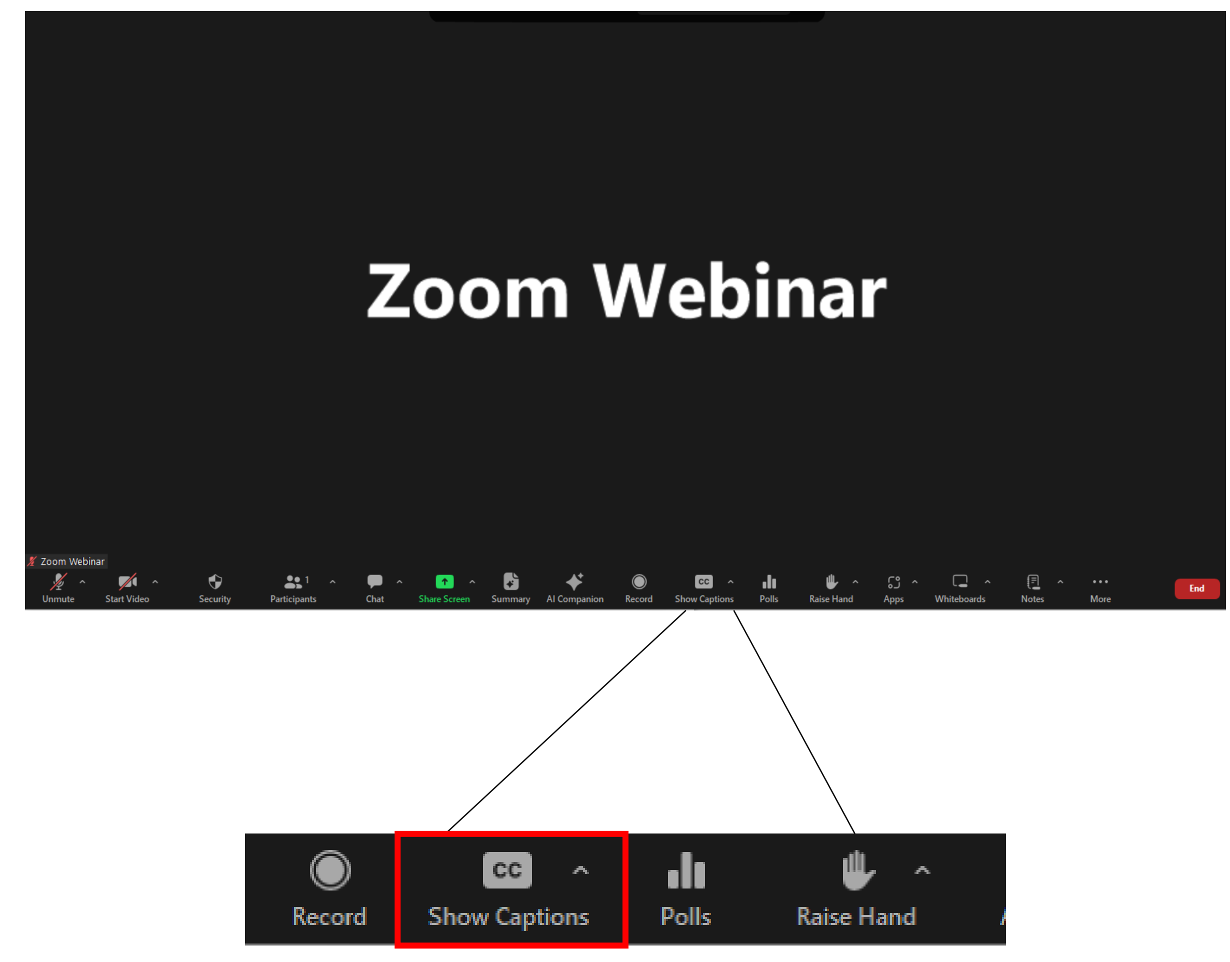

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Providing Support under CMS Contract with
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Today's Webinar Will Cover:

- Overview of Social Determinants of Health (SDOH);
- Overview of CMS State Health Official Letter Regarding SDOH,
- Tools within 1915(c) and 1915(i) to Address SDOH, and
- State Strategies to Leverage Medicaid HCBS to Improve SDOH.

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Overview of SDOH

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What are SDOH?

“SDOH are the conditions in the environments where individuals are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

*Social Determinants of Health - Healthy People 2030 | health.gov

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What are SDOH? (Cont.)

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CMS Definition of Health Equity

CMS defines health equity as the attainment of the highest level of health for all individuals, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.

Health equity | CMS

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Six Pillars of CMS Strategic Plan

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

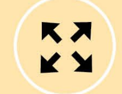
CMS Strategic Pillars

ADVANCE EQUITY

Advance health equity by addressing the health disparities that underlie our health system

EXPAND ACCESS

Build on the Affordable Care Act and expand access to quality, affordable health coverage and care



ENGAGE PARTNERS

Engage our partners and the communities we serve throughout the policymaking and implementation process

DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote value-based, person-centered care

PROTECT PROGRAMS

Protect our programs' sustainability for future generations by serving as a responsible steward of public funds

FOSTER EXCELLENCE

Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS' operations

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Overview of the CMS State Health Official Letter to Address SDOH

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CMS State Health Official Letter: Opportunities in Medicaid and CHIP to Address SDOH

- In January 2021, CMS issued a State Health Official Letter about SDOH and opportunities to address them in Medicaid and the Children's Health Insurance Program (CHIP).
- The letter does not describe new flexibilities or opportunities under Medicaid to address SDOH, but rather describes how states may address SDOH under the flexibilities available under current law.
- Many Medicaid beneficiaries face challenges related to SDOH, including lack of access to nutritious food, affordable and accessible housing, convenient and efficient transportation, safe neighborhoods, strong social connections, quality education, and opportunities for meaningful employment.
- There is a growing body of evidence that these challenges can lead to poorer health outcomes for beneficiaries, higher health care costs for Medicaid programs, and exacerbated health disparities for a broad range of populations.

https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf

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CMS State Health Official Letter: Opportunities in Medicaid and CHIP to Address SDOH (Cont.)

- Current research indicates that some social interventions targeted at Medicaid and CHIP beneficiaries can result in improved health outcomes and significant savings to the health care sector. These investments can also prevent or delay beneficiaries needing nursing facility care by offering services to facilitate community integration and participation and help keep children on normative developmental trajectories in education and social skills.

- In the letter, CMS describes a number of services and programs within Medicaid to address SDOH. These services and programs include several HCBS options:
  - **1915(c) HCBS Waivers**
  - **1915(i) State Plan HCBS Benefit**
  - Money Follows the Person (MFP) Demonstrations
  - 1115 Demonstrations (when they include HCBS)

https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/index.html

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CMS Informational Bulletin: Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and CHIP

- In November 2023, CMS issued an Informational Bulletin providing guidance and opportunities available under Medicaid and CHIP to cover clinically appropriate and evidence-based services and supports that address health-related social needs (HRSN).
- An individual's HRSN are derived from a person-specific assessment of SDOH, and extensive research has indicated that SDOH and associated HRSN can account for as much as 50 percent of health outcomes.
- While SDOH are broad environmental conditions, HRSN are specific to an individual and when unmet, these individual-level adverse social conditions contribute to poor health outcomes.
- CMS has published a framework of services and supports to address HRSN that CMS considers allowable under specific Medicaid and CHIP authorities.

https://www.medicaid.gov/sites/default/files/2023-11/cib11162023.pdf
https://www.medicaid.gov/health-related-social-needs/downloads/hrsn-coverage-table.pdf

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Federal Agencies: Committed to Working on Opportunities to Address SDOH

- **U.S. Department of Housing and Urban Development (HUD)** has developed the Housing Action Plan to prioritize housing instability and inadequate housing that can negatively impact health.
- **U.S. Department of Agriculture (USDA**) provides leadership on food, agriculture, natural resources, rural development, nutrition, and related issues. With its many nutrition assistance programs, including the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Program for Women, Infants, and Children (WIC), and the School Meals Programs, USDA is committed to advancing food and nutrition security.
- **U.S. Department of Education (ED)** advances educational equity and excellence through supporting high-quality public instruction from pre-kindergarten through post-secondary learning and beyond. Through its Raise the Bar initiative which partners with states, districts, and schools, the Department of Education seeks to accelerate learning for students, invest in every student's mental health and well-being, and ensure that every student has a pathway to college and career.
- **Centers for Disease Control and Prevention (CDC)** plans to release newly acquired SDOH data from the Behavioral Risk Factor Surveillance System SDOH/Health Equity module which assesses potential social needs such as economic instability, food insecurity, housing instability, transportation barriers, and need of social and emotional support.

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Federal Agencies: Committed to Working on Opportunities to Address SDOH (Cont.)

- **Administration for Community Living (ACL)** has developed the Housing and Services Resource Center to support people working in organizations and systems that provide housing, homelessness, health, independent living, and other supportive services that help people live successfully and stably in the community.
- The Center is part of a partnership between the U.S. Department of Health and Human Services and the U.S. Department of Housing and Urban Development to make community living a reality for all.
- This partnership expands accessible, affordable housing; helps people exit homelessness; improves home and community-based services; and addresses the institutional bias in America's long-term care system.
- This site offers information and tools for developing cross-sector partnerships, fostering community collaboration, and using innovative strategies.

Housing and Services Resource Center (HSRC) | ACL Administration for Community Living

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Overarching Principles for States

Although we are focusing on opportunities within 1915(c) and 1915(i) HCBS programs to address SDOH, states use a myriad of funding streams to address SDOH such as HUD funding, grants, Federal agencies and programs, and state and local funding.

The State Health Official letter outlined several overarching Medicaid guiding principles that apply:

- As specified in sections 1915(c)(4)(B) and 1915(i)(1)(D)(i) of the Social Security Act (the Act), and operationalized by state implementation of medical necessity criteria authorized under 42 CFR 440.230(d), services must be provided to Medicaid beneficiaries based on individual assessments of need, rather than take a one size-fits-all approach;
- As required by section 1902(a)(25) of the Act and 42 CFR Part 433 Subpart D, Medicaid is frequently, but not always, the payer of last resort. Accordingly, states must assess all available public and private funding streams, including Medicaid, to cover assistance with unmet social needs when developing a strategy for addressing individuals' SDOH;

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Overarching Principles for States (Cont.)

- As required by section 1902(a)(30)(A) of the Act, Medicaid programs must ensure methods and procedures relating to the utilization of, and the payment for, care and services are consistent with efficiency, economy, and quality of care. States should ensure that services provided to address SDOH are limited to those expected to meet the beneficiary's needs in the most economic and efficient manner possible and are of high quality; and

- Each Medicaid service must be sufficient in amount, duration, and scope to reasonably achieve its purpose (42 CFR §440.230(b)).

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Overarching Considerations for HCBS

The State Health Official letter also outlined several overarching considerations for using HCBS to address SDOH:

- Medicaid-funded HCBS provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions. These programs serve a variety of targeted population groups, such as older adults, people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses, and can be particularly effective in addressing SDOH for Medicaid beneficiaries.

- HCBS programs can play an important role in coordinating medical and non-medical services and supporting an individual with achieving community living goals. The required person-centered planning process reflects any needed services, including non-Medicaid community resources.

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Overarching Considerations for HCBS (Cont.)

- States have options to determine the ways in which these optional HCBS are provided, and the role Medicaid beneficiaries play in the provision of those services. HCBS can be provided under agency-delivered models, in which the provider agency uses employed or contracted staff to furnish services. HCBS can also be provided under self-directed models, in which individuals have the authority to employ staff of their choosing and/or control a defined budget for the provision of needed HCBS supports and services.

- Any service and support authorized under HCBS waiver or state plan provisions at section 1915(c) or (i) of the Act, respectively, must be articulated in a state-approved person-centered service plan based on an individual assessment of need. CMS has also indicated in published guidance that services must be for the benefit of the Medicaid-eligible individual only, and not for "general utility."

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Tools Within 1915(c) and 1915(i) HCBS to Address SDOH

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SDOH Domain: Health Care Access and Quality

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Person-Centered Planning – A Key Tool to Improve Health Care Access and Quality

- Person-centered service planning is an essential step in assuring healthcare access and quality in Medicaid.
- The 1915(c) and (i) HCBS authorities require the use of a person-centered planning process. (42 CFR §§ 441.301(c)(1) and 441.725).
- During person-centered service planning, supports that are *important for* and *important to* an individual are identified.
- Person-centered service planning is the process through which:
  - Each HCBS participant's needs, goals, and preferences are identified;
  - Participants exercise choice and control over services and supports and through which risks are assessed and planned for; and
  - Services, supports, and strategies are developed to address those needs, goals, and preferences.
- The person-centered service plan must be reviewed at least every 12 months, or earlier upon significant changes or at the request of the individual. (42 CFR §§ 441.301(c)(3) and 441.725(c)).

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Case Management – A Key Service to Improve Health Care Access and Quality

- Case management means services that assist participants in gaining access to needed waiver and other state plan services, as well as medical, social, educational, and other services, regardless of the funding source for the services.
- When case managers perform other activities/functions as part of the case management service (e.g., crisis response) that are not included in the core definition, states must specify the additional activities/functions.
- States have the option to provide transitional case management activities under an HCBS waiver service, or state plan targeted case management, or as a Medicaid administrative activity to facilitate the transition of persons from Medicaid-funded institutions to the community.
- Case management must comport with requirements to mitigate conflict of interest. (42 CFR §441.301(1)(vi).

42 CFR §440.180, §441.300, §440.182, and §441.700, and HCBS Waiver Technical Guide.

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Quality Improvement: Health and Welfare Strategy – A Key Tool to Improve Health Care Access and Quality

- A waiver's design must provide for continuously and effectively assuring the health and welfare of waiver participants.
- Processes that are important for assuring participant health and welfare include (but are not necessarily limited to):
  - Specifying the qualifications of waiver providers and verifying that providers continuously meet these qualifications;
  - Periodically monitoring the implementation of the service plan and participant health and welfare;
  - Identifying and responding to alleged instances of abuse, neglect and exploitation that involve waiver participants; and,
  - Instituting appropriate safeguards concerning practices that may cause harm to the participant or restrict participant rights.

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Quality Improvement: Health and Welfare Strategy – A Key Tool to Improve Health Care Access and Quality (Cont.)

- **1915(c) HCBS waivers:**
  - States are expected to have, at the minimum, systems in place to measure and improve performance in meeting the six waiver assurances. (42 CFR §441.301 and §441.302).
  - States should follow a continuous quality improvement process in the operation of each waiver program. The process involves continuous monitoring, methods for remediation or addressing identified individual problems and areas of noncompliance, and processes for a) aggregating collected information on discovery and remediation activities, and b) prioritizing and addressing needed systems changes on a regular basis.

- **1915(i) State Plan HCBS:**
  - States are required to describe in the state plan the state's quality improvement strategy, including completing a table to include quality performance measures for 1915(i) requirements and the state's monitoring and remediation responsibilities.
  - States are also required to describe in the state plan the process for system improvement as a result of aggregated discovery and remediation activities.

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HCBS Disaster Flexibilities – A Key Tool to Improve Health Care Access and Quality

- HCBS public health emergency and disaster flexibilities are also an important tool to maintain health care access and quality when unforeseen circumstances occur.
- Appendix K is a standalone appendix that may be utilized by states during emergency situations to request amendments to approved 1915(c) waivers. It includes actions that states can take under the existing section 1915(c) home and community-based waiver authority in order to respond to an emergency.
- Keep in mind that fair hearing rights **may apply** (under the provisions of 42 CFR Part 431, Subpart E).
- If operated with a concurrent managed care authority, the state may need to request commensurate modifications to the managed care authority (e.g., 1915(b)/(c) concurrent waivers).

Appendix K 1915(c) Waiver Amendment Template and Instructions

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Language Assistance – A Key Tool to Improve Health Care Access and Quality

- Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be limited English proficient (LEP) and are eligible to receive language assistance in conjunction with a particular type of service, benefit, or encounter.
- Recipients of federal assistance (including Medicaid) are required to provide oral and written assistance to persons who are LEP to aid them to access and use services. (42 CFR §435.905(b).
- Oral and written assistance to LEP persons may take various forms, including hiring bilingual staff, arranging for interpreters (interpreter services may be offered as a waiver service), and translating written materials when a significant number or percentage of program beneficiaries require information in a language other than English.

CFR : 42 CFR §435.905 -- Availability and accessibility of program information
Instructions Technical Guide and Review Criteria (cms.gov)

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Self-Direction – A Key Tool to Improve Health Care Access and Quality

- Participant direction of HCBS means that the waiver participant has the authority to exercise decision making authority over some or all of their HCBS and accepts the responsibility for taking a direct role in managing them.
- Participant direction is an alternative to provider management of services wherein a service provider has the person-centered service plan.
- Participant direction promotes personal choice and control over the delivery of HCBS, including who provides services and how they are delivered. For example, the participant may be afforded the opportunity and be supported to recruit, hire, and supervise individuals who furnish daily supports, as well as to terminate an employee who is not performing in a satisfactory manner.

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Target Populations – A Key Tool to Improve Health Care Access and Quality

- Section 1915(c) allows states to furnish services to target populations by age or diagnosis, including children, individuals with physical disabilities, individuals with intellectual or developmental disabilities, individuals with traumatic brain injuries, individuals with mental illnesses, and older adults, among others.
  - For example, a state may furnish certain waiver services (e.g., day treatment, partial hospitalization, psychosocial rehabilitation, and clinic services) to individuals with chronic mental illness. It is important to note the provision of mental health services is not limited to persons who have a primary diagnosis of chronic mental illness and they may be furnished to any participant who requires them regardless of the waiver target group.

- Section 1915(i) state plan HCBS benefit allows states to provide HCBS to individuals who meet state-defined needs-based criteria that are less stringent than institutional criteria and, if chosen by the state, target the benefit to a specific population based on age, disability, diagnosis, and/or Medicaid eligibility group (e.g., pregnant women, individuals receiving Supplemental Security Income, children in foster care).

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SDOH Domain: Neighborhood and Built Environment

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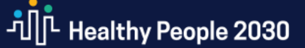

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HCBS Settings Criteria – Key Provisions Addressing Neighborhood and Built Environment

Several provisions of the HCBS settings criteria (42 CFR §§ 441.301(c) and 441.710(a)(1)) help to ensure that individuals have the opportunity to live and thrive in their communities. Notable examples include:

- The expectation that individuals have the opportunity to choose where and with whom they live (Medicaid does not pay for room and board);
- Individuals have access to the broader community and opportunities for employment; and
- Protections in place if the individual lives in a setting owned or controlled by the provider, such as an enforceable residency agreement.

2014-00487.pdf (govinfo.gov)

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Examples of Medicaid HCBS that Could Address SDOH – Neighborhood and Built Environment (1 of 2)

Housing and Tenancy Supports include:

- Pre-tenancy services assist individuals to prepare for and transition to housing, and;
- Tenancy sustaining supports are provided once an individual obtains housing to help the individual achieve and maintain housing stability.

Home Accessibility Adaptations are either temporary or permanent changes to a home's interior or exterior structure to improve individuals' ability to remain in their homes and communities (e.g., grab bars, wheelchair ramps).

Instructions Technical Guide and Review Criteria (cms.gov)

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Examples of Medicaid HCBS that Could Address SDOH – Neighborhood and Built Environment (2 of 2)

- **Community Transition Costs** for non-recurring set-up expenses can help to facilitate individuals transitioning from a Medicaid-funded institution or another provider-operated/controlled living arrangement (such as a group home) to a community-based living arrangement in a private residence where the individual is directly responsible for his or her own living expenses.
- **Vehicle Modifications** are adaptations or alterations to an automobile or van that is the waiver participant's primary means of transportation, in order to accommodate the needs of the participant.
- **Non-medical transportation** to community activities can also be included in HCBS.

Instructions Technical Guide and Review Criteria (cms.gov)

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SDOH Domain:
Education Access and Quality

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Educational Services – Key Provisions Addressing Education Access and Quality

- Under the Individuals with Disabilities Education Act (IDEA), children with disabilities are eligible to receive educational and related services that will help them achieve their educational goals, as documented in the child's individualized education program (IEP) or, for infants and toddlers (children under age three), the individualized family service plan (IFSP). These educational services can help children with disabilities achieve their educational goals.
- Medicaid reimbursement is available for covered services that are included in the child's IEP and IFSP provided to eligible beneficiaries by qualified Medicaid providers.
- Another perspective on education access and quality through the 1915(c) and (i) HCBS benefits is the availability of training or technical assistance for the HCBS participant, or, where appropriate, family members/guardians, and professionals.
  - For example, states may offer **training and counseling services for unpaid caregivers.** In addition, training or technical assistance is included in **assistive technology services** and may be included in the coverage for **specialized medical equipment and supplies.**

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SDOH Domain: Economic Stability

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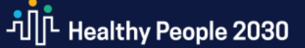

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Examples of Medicaid HCBS that Could Address SDOH – Economic Stability (1 of 2)

- **Supported employment services** include support to individuals who need intensive, on-going support to obtain and maintain a job in competitive or customized employment, or self-employment, in an integrated work setting. [1915(c), 1915(i)]
  – Does not include volunteer work.
  – Designed for individual and/or small group supports.
- **Prevocational services** provide learning and work experiences, including volunteer work, to develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. [1915(c), 1915(i)]
  – Expected to occur over a defined period;
  – With specific outcomes to be achieved; and
  – Lead to employment outcomes.

Instructions Technical Guide and Review Criteria (cms.gov)

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Examples of Medicaid HCBS that Could Address SDOH – Economic Stability (2 of 2)

- **Career planning** is a person-centered, comprehensive employment planning and support service that provides assistance for participants to obtain, maintain, or advance in competitive employment or self-employment. It is a focused, time limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the state's minimum wage. The outcome of this service is documentation of the participant's stated career objective and a career plan used to guide individual employment support.

Instructions Technical Guide and Review Criteria (cms.gov)

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SDOH Domain:
Social and Community Context

Social Determinants of Health
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Examples of Medicaid HCBS that Could Address SDOH – Social and Community Context (1 of 3)

- **Assistive technology** means an item, piece of equipment, service animal or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants.
- **Habilitative services** means services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.
- **Adult day health services** means services generally furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of these services shall not constitute a "full nutritional regimen" (i.e., up to 2 meals per day is permitted).

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Examples of Medicaid HCBS that Could Address SDOH – Social and Community Context (2 of 3)

- **Respite services** means services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant.
  - Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.
- **Adult companion services** means non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the participant with such tasks as meal preparation, laundry, and shopping.
  - The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. This service is provided in accordance with a therapeutic goal in the service plan.

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Examples of Medicaid HCBS that Could Address SDOH – Social and Community Context (3 of 3)

- **Home-delivered meals** can help to address the nutritional needs of these individuals when there is an assessed need, and the services are identified in the person-centered service plan. (No more than two meals per day and which do not constitute a full nutritional regimen.)
- Case management services for access to food/nutrition.
- Nutrition counseling and instruction, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement.
- Nutrition interventions could also include fruit and vegetable prescriptions, protein boxes, and/or healthy food vouchers.

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State Strategies to Leverage Medicaid HCBS to Improve SDOH

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State Example #1: 1915(c) Waiver

- Maryland’s section 1915(c) Community Supports Waiver targets individuals with developmental disabilities age 18 and older who have an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care (LOC). It is designed to provide support services to participants and their families, to enable participants to work toward self-determination, independence, productivity, integration, and inclusion in all facets of community life across their lifespans.
- The Community Supports Waiver service package includes support to individuals with varying medical needs, support to individuals transitioning from institutional settings, and significant employment support to uphold the state’s Employment First, Meaningful Day program outlook.
- Services can support integrated life domains that are important to a good quality of life, including daily life, safety and security, community living, healthy lifestyle, social and spirituality, and citizenship and advocacy.
- This waiver allows services to be delivered through both traditional and self-directed service delivery models.

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State Example #2: 1915(i) State Plan HCBS Benefit

- Minnesota has a section 1915(i) State Plan HCBS benefit which includes housing stabilization services for adults with disabilities who meet the needs-based criteria: require assistance with communication, mobility, decision-making, and/or managing challenging behaviors and are at risk of experiencing homelessness or housing instability.
- Under Minnesota's section 1915(i) benefit, housing stabilization services include community supports that help people plan for, find, and move to homes of their own, and community supports that help a person to maintain living in their own home.

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Summary

- Multiple opportunities exist under Medicaid 1915(c) and (i) authorities to better address SDOH.
- States have already utilized the flexibilities under Medicaid HCBS to address one or more SDOH domains.
- Federal guidance is available to support states with designing programs, benefits, and services that can more effectively improve population health, improve beneficiary health outcomes and lower overall health care costs in Medicaid by addressing SDOH.

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Resources (1 of 3)

- CMS Baltimore Office Contact—Division of Long-Term Services and Supports:
  HCBS@cms.hhs.gov

- To request Technical Assistance:
  http://hcbs-ta.org

- SHO# 21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)
  https://www.medicaid.gov/sites/default/files/2022-01/sho21001_0.pdf

- CIB: Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program (Issued November 16, 2023)
  https://www.medicaid.gov/sites/default/files/2023-11/cib11162023.pdf

- Coverage of HSRN Services in Medicaid and CHIP Table (Issued November 16, 2023)
  https://www.medicaid.gov/sites/default/files/2023-11/hrsn-coverage-table.pdf

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Resources (2 of 3)

- HCBS Waiver Application and Technical Guide: Instructions Technical Guide and Review Criteria (cms.gov)
- 1915(i) State Plan Benefit SPA pre-print: https://www.medicaid.gov/sites/default/files/2019-12/1915i-application_0.pdf
- CMS HCBS Training Series: https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-training-series/index.html
- Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government: https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/

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Resources (3 of 3)

- CMS Office of Minority Health, CMS Framework for Health Equity 2022-2032: https://www.cms.gov/files/document/cms-framework-health-equity-2022.pdf
- National Culturally and Linguistically Appropriate Services (CLAS) Standards (CLAS), U.S. Department of Health and Human Services: https://thinkculturalhealth.hhs.gov/clas
- SMD# 23-006 RE: Assurance of Transportation: A Medicaid Transportation Coverage Guide https://www.medicaid.gov/sites/default/files/2023-09/smd23006.pdf
- Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming https://www.medicaid.gov/sites/default/files/2023-07/sbs-guide-medicaid-services-administrative-claiming-ud.pdf

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Questions?

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