

**TITLE: SOCIAL NEEDS SCREENING AND REFERRAL POLICY**

**PURPOSE:**

Health Share of Oregon (Health Share) recognizes the profound impact of social factors on a person's health. This policy describes the role and requirements of Health Share and Health Share's Plan Partners in social needs screening and referral.

**DEFINITIONS:**

**Community Based Organization (CBO):** Partners who are contracted to provide Social Needs screening and referral on behalf of Health Share Members.

**Culturally Responsive:** Providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Providers must demonstrate awareness of, and sensitivity to, cultural differences and similarities, and the effect on the Member's care.

**Member:** An Oregon Health Plan client enrolled with Health Share of Oregon.

**Over-screening:** Includes processes and practices that purposely or inadvertently lead to Members repeated or duplicate completion of Social Needs screenings in a short time period, commonly due to a lack of data sharing across the Member's care providers.

**Plan Partner:** An entity that: 1) holds a fully capitated contract with Health Share of Oregon to provide services as defined in the Health Plan Services Contract for Coordinated Care Organizations between the Oregon Health Authority and Health Share; 2) assumes the financial risk of providing health services to Members; and 3) and is compensated on a prepaid capitated basis.

**REALD Data:** A type of demographic information that stands for race, ethnicity, language, and disability. Additional information and implementation resources are available:  
<https://www.oregon.gov/oha/OEI/Pages/REALD.aspx>

**Social Needs:** Includes needs such as housing instability, food insecurity, and transportation. Health-related social needs make clear that these social needs impact a person's health.

**POLICY:**

Health Share and the Plan Partners have an aligned approach to Social Needs screening and referral practices.

- I. Health Share employees will not directly provide Social Needs screening and referral.
- II. Social Needs screening and referral will be conducted in a manner described in contracts and written policy, procedure and/or protocol held by each Plan Partner.
  - A. Plan Partners will establish and maintain a written policy, procedure and/or protocol to describe the role and expectations of Plan Partner Member-facing staff, contractors, in-network providers, and Community Based Organizations (CBO) conducting Social Needs screening and referral.

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- B. Plan Partners must have a mechanism to incorporate member feedback into their Social Needs screening and referral processes and policies. This may include engagement with Health Share’s Community Advisory Council to obtain Member input.
- III. Plan Partners will ensure Member facing staff, contractors, in-network providers and CBOs who are conducting Social Needs screening are provided appropriate training.
  - A. Plan Partners will have a written policy, procedure and/or protocol describing Social Needs screening training that includes required training content, frequency requirements, and strategies to prevent Over-screening.
  - B. Training may be provided through electronic/online training modules, presentations, classroom formats, and structured coaching and mentoring. Topics addressed must include Member engagement, empathic inquiry and motivational interviewing, trauma-informed practices, and Cultural Responsiveness and equitable practices. The training policy, procedure, and/or protocol must include language that Members may decline to be screened or accept referrals.
  - C. Plan Partners will have a mechanism for ensuring compliance of training requirements if contractors, in-network providers and/or CBOs choose to provide their own training.
- IV. Health Share and its Plan Partners will analyze and use disaggregated race, ethnicity, language, and disability (REALD) data to inform their work on Social Needs screening and referral practices, including training, screening and referral practices, development of culturally specific CBO relationships and other resources to meet Members’ needs.
- V. To address and prevent Over-screening, (when the ability to refer to available resources does not exist), Health Share and Plan Partners will:
  - A. Collect regular reporting from provider organizations listed in the Delivery System Network (DSN) report and CBOs on the prevalence of Social Needs screening for housing insecurity, food insecurity and transportation needs.
  - B. Develop monitoring and feedback mechanisms to understand where screenings are occurring without ability to refer to services.
- VI. Health Share and Plan Partners will collaboratively work to address identified service and CBO capacity gaps by sharing existing data and developing aligned strategies and investments.

**PROCEDURE:**

- I. Plan Partners will establish a clear process so that when a Member screens positive for one or more unmet needs, the Member, if interested, is referred to Culturally Responsive services to address their need.
- II. Plan Partners will follow their established practices and protocols for analyzing Social Needs data.
- III. As requested, Plan Partners will share existing data with Health Share to understand Member level Social Needs based upon an agreed upon template and cadence.
- IV. Plan Partners and/or Health Share will contract with at least one entity in the domains of housing, food, and transportation to provide services to expand capacity and better meet Members’ Social Needs.

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**REFERENCES:**

[Final-2023-SDOH-Screening-Specifications.pdf \(oregon.gov\)](#)  
[REALD Implementation Information](#)

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Mindy Stadlander, COO \_\_\_\_\_ 11/13/2023 \_\_\_\_\_  
Date

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*Required by Health Plan Services Contract*