

Medicaid Updates



Medicaid Forecast & Financial Reporting Structure Improvements

- ❖ Proposal of **cost containment strategies** for the current biennium**
- ❖ Implementation of **forecast process improvements**
 - Detailed review of all underlying actuarial assumptions by financial and program staff
 - Inclusion of more real time data in forecasting
 - Identification of emerging risks
- ❖ Robust **prospective policy change review** and approval process including detailed financial impact analysis across Medicaid programs in all divisions
- ❖ Increased **monitoring of enrollment and utilization trends** and comparison of forecasted projections to experience
- ❖ Development and publication of **regular reports** with key Medicaid data and trends



Medicaid Sustainability Strategy – Rate Indexing

Pause of 2% Rate Indexing for Certain Provider Types with Recent Rate Updates

- Home and community-based services
- Home Health
- Durable Medical Equipment
- Dental
- NEMT
- ABA



Aged & Disabled Waiver Overview

- The Aged & Disabled Waiver (A&D) waiver is one of five home and community-based services waivers administered by FSSA and funded with Medicaid dollars.
- To qualify for waiver services, an individual must:
 - Be aged, blind, or otherwise disabled
 - Reside in a non-institutionalized setting
 - Have income <300% of maximum Supplemental Security Income (SSI) amount (\$32K for an individual or \$49K for a couple)
 - Parental income for children under 18 yrs of age is disregarded
 - Meet nursing facility level of care
- A service plan is developed and completed by a case manager through an Area Agency on Aging (AAA) or independent case manager
 - Service plan is based on the waiver member's level of need and serves as the authorization for waiver services



Medicaid Sustainability Strategies – A&D Waiver

Aged & Disabled Waiver Strategies

- Attendant Care and Structured Family Caregiving Changes for Legally Responsible Individuals
- Additional reviews of waiver service plans and authorizations and limiting the number of service plans with auto approval
- Ensuring service definitions are in compliance with current waiver authority
- Reviewing eligibility criteria for pediatric waiver entrants
- Restricting retroactive coverage while Medicaid financial eligibility is pending to ensure compliance with federal law
- Pause of Expedited Waiver Eligibility (EWE) process



Paid Caregiving by Legally Responsible Individuals (LRIs)

- FSSA is retaining the ability of LRIs (defined as parents of minors and spouses) to be paid to care for loved ones on the Aged & Disabled (A&D) waiver.
- On July 1, the ability of parents of minors and spouses (LRIs) to be paid will transition to the **per diem service** of **Structured Family Caregiving (SFC)**. LRIs will no longer be permitted to provide the **hourly service** of **Attendant Care (ATTC)**.
- Alternatively, A&D waiver members can continue to have ATTC provided by someone not legally responsible for their care.
- Between now and July 1, FSSA will work with provider agencies employing LRIs as paid caregivers to consider individual circumstances and help develop a transition plan.
- Both ATTC and SFC are non-skilled caregiving to assist with “activities of daily living”, which include eating, bathing, dressing, etc. These services are distinct from skilled nursing.
- Members will remain eligible for all other waiver services (case management, specialized medical equipment, home modifications, pest control, transportation, etc.) in addition to maintaining traditional Medicaid coverage for hospital, pharmacy, therapy, physician services, etc.



Attendant Care Statistics (as of Dec. 2023)

- 42K individuals are served on the Aged & Disabled (A&D) waiver and approximately half receive Attendant Care (ATTC) services.

Age	ATTC Recipients
0-18	1,622 (8%)
19-59	5,791 (28%)
60+	13,434 (64%)
Total	20,847

	ATTC Recipients 0-18	ATTC Expenditures 0-18	ATTC Recipients All Ages	ATTC Expenditures All Ages
SFY 2022	456	\$9.3M	13,814	\$317M
SFY 2023	1,244	\$58.3M	18,755	\$569M
SFY 2024 (projected based on 6 mo. actuals)	1,622 as of Dec. '23	\$172M	20,847 as of Dec. '23	\$1.363B

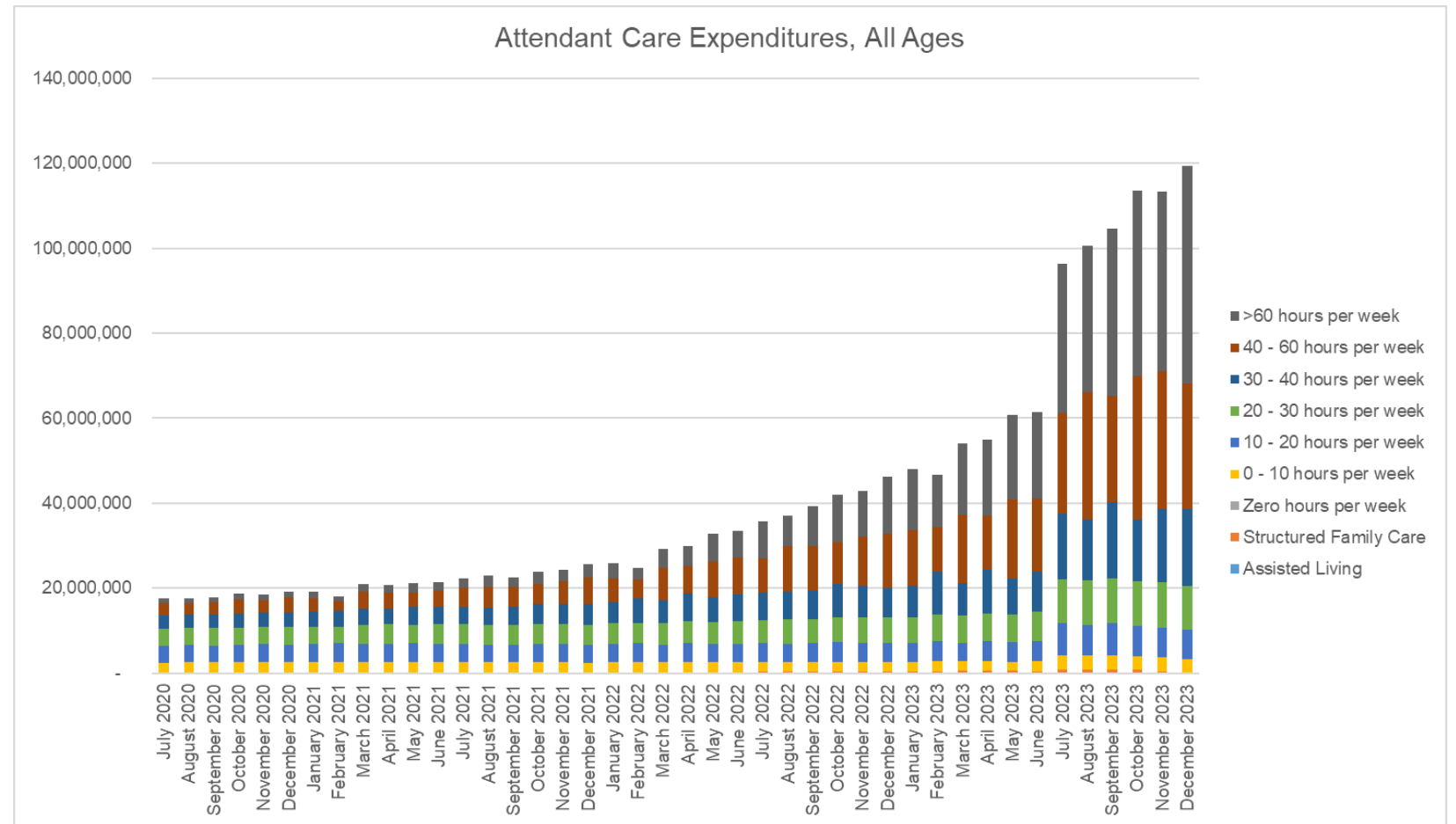


A&D Waiver Attendant Care – All Ages

A&D waiver ATTC expenditures have grown from \$317M in SFY 2022 to \$1.36B in SFY 2024 (projected) for the 21K members who receive this service.

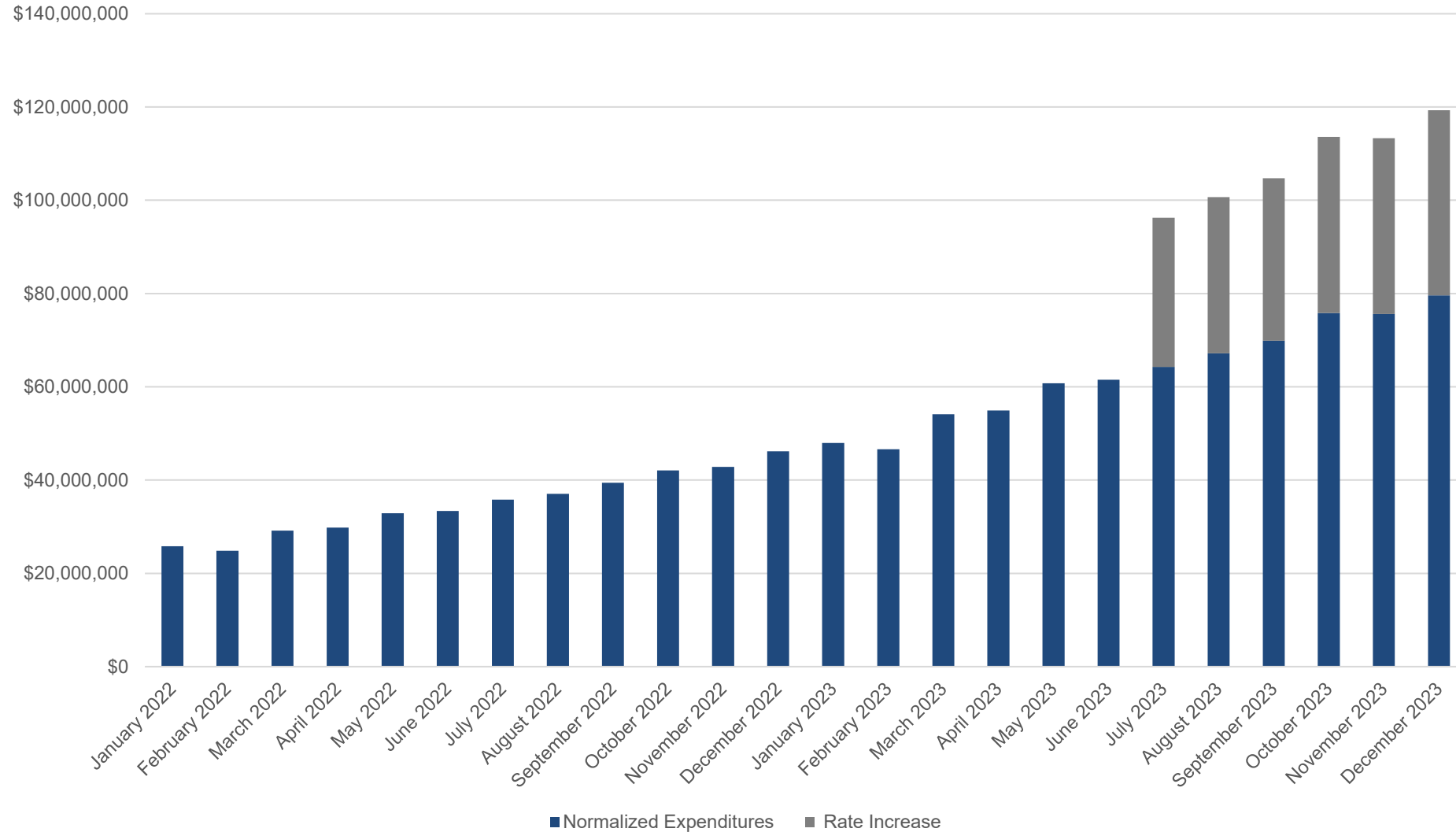
Significant growth coincides with information released by FSSA in March 2022 allowing LRIs to provide ATTC.

Even when normalized for July 2023 rate increases, utilization growth is driven by members receiving 40+ hours per week.



A&D Waiver Attendant Care – Normalized for Rate Increase

Attendant Care Expenditures - All Members
Normalized to Show Impact of 7/1/2023 Rate Increase

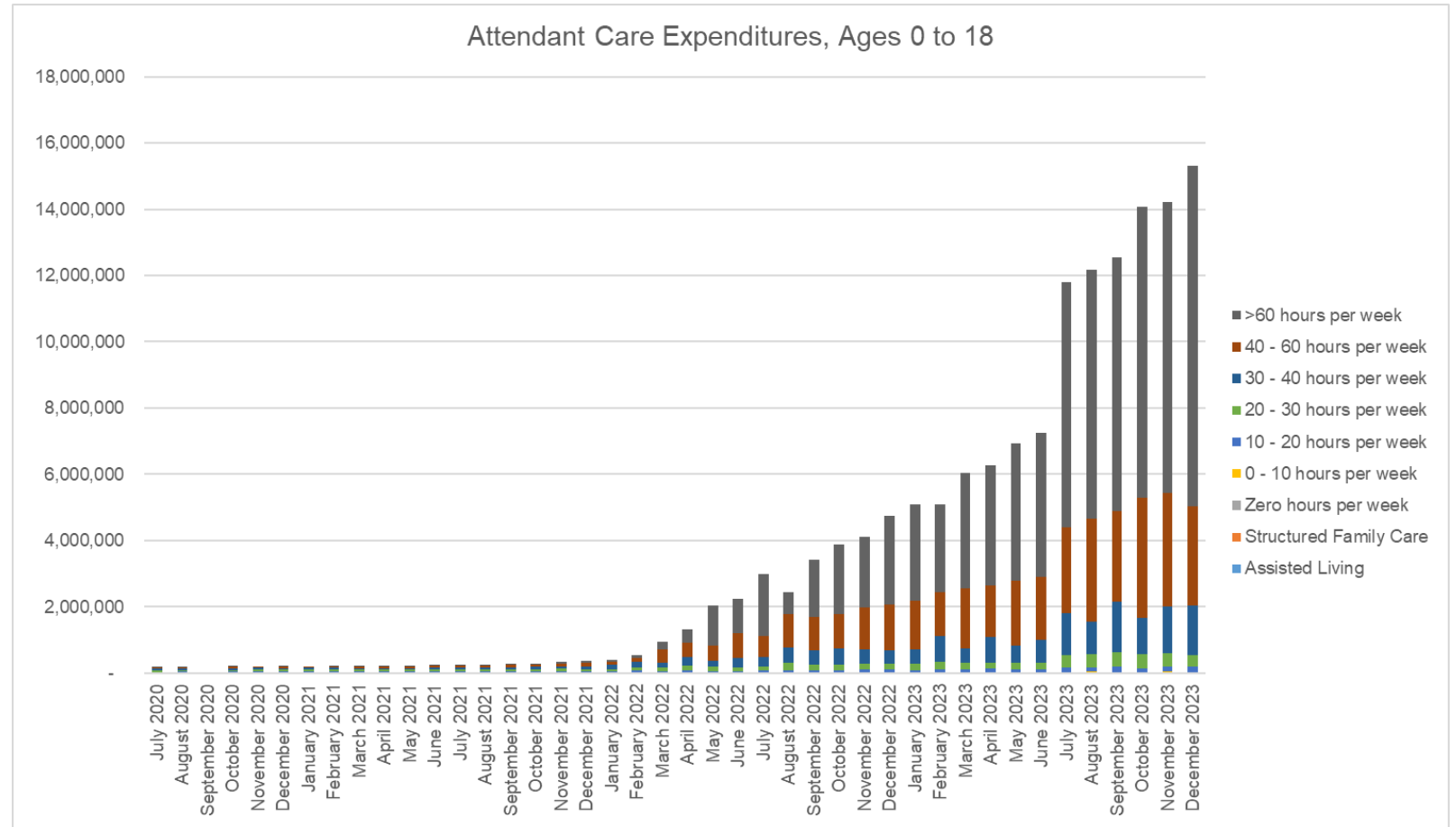


A&D Waiver Attendant Care – Pediatric

The growth is most rapid in the pediatric population, with ATTC expenditures projected to be \$172M for SFY 2024 for 1,622 recipients, an increase of 195% since SFY 2023 and 18x since SFY 2022.

Utilization or number of hours per member is increasingly a key driver.

In March 2022, 10% of children receiving ATTC received 60+ hours/wk. As of December 2023, this had increased to 47%.



Attendant Care and Structured Family Caregiving Comparison

- Under both services, the caregiver is employed or contracted by a provider agency. Medicaid pays the provider agency who then compensates the caregiver at a rate determined by the provider agency.

	Attendant Care	Structured Family Caregiving
What is the service?	Attendant Care (ATTC) is a service where a caregiver (“attendant”) provides direct, hands-on hourly care for activities of daily living (bathing, dressing, eating etc.). Beginning July 1, 2024, the attendant may not be the legally responsible individual of the member.	Structured Family Caregiving (SFC) is a caregiving arrangement in which a participant lives with a caregiver who provides daily care and support based on daily care needs and activities of daily living. The SFC caregiver may be the legally responsible individual of the member.
Does the member remain eligible for other waiver services?	<p>Yes, under both services the member remains eligible for other waiver services including case management, specialized medical equipment, home modifications, home delivered meals, vehicle modifications, pest control, transportation, etc. as authorized in the individual’s service plan.</p> <p>Medicaid health coverage including hospital, physician, pharmacy, physical therapy, occupational therapy, speech therapy, etc.</p>	

Attendant Care and Structured Family Caregiving Comparison

	Attendant Care	Structured Family Caregiving
What is the rate Medicaid pays the provider agency?	<p>Hourly reimbursement</p> <p>\$34.36/hr</p>	<p>Per diem reimbursement divided into three levels of care need based on an assessment conducted by a case manager during service planning.</p> <p>\$77.54/day Level 1 \$99.71/day Level 2 \$133.44/day Level 3</p>
What assumptions did FSSA make about caregiver pay in rate development?	<p>Estimated compensation to attendant: 60% of hourly rate Estimated admin cost: 40-45% of hourly rate</p> <p>Administrative costs include mileage for traveling to waiver member, overhead, and training and supervision of attendants.</p>	<p>Estimated to caregiver: 65-70% of daily rate Estimated admin cost: 30-35% of daily rate</p> <p>Administrative costs include coach and nurse supervision and training delivered to caregiver, overhead, and staff transportation to caregiver. Also includes an allowance for the provider to provide respite care for the caregiver at 15 days per yr.</p>
Is the caregiver's pay taxable?	<p>Under both services, the IRS treats income from an LRI providing Medicaid waiver services as difficulty of care payments excludable from gross income under § 131 of IRC.</p>	

Attendant Care and Structured Family Caregiving Reimbursement Comparison

	Attendant Care Hourly Rate – \$34.36		Structured Family Caregiving Per Diem – \$77.54 (Lvl 1) / \$99.71 (Lvl 2) / \$133.44 (Lvl 3)	
	Provider Agency	Caregiver (\$15/hr.)*	Provider Agency	Caregiver (70%)**
10 hours/week	\$17,867/yr	\$7,800/yr	Level 1: \$28,302/yr Level 2: \$36,394/yr Level 3: \$48,705/yr	Level 1: \$19,811/yr Level 2: \$25,476/yr Level 3: \$34,093/yr
20 hours/week	\$35,734/yr	\$15,600/yr		
40 hours/week	\$71,469/yr	\$31,200/yr		
60 hours/week	\$107,203/yr	\$46,800/yr		
80 hours/week	\$142,938/yr	\$62,400/yr		
100 hours/week	\$178,672/yr	\$78,000/yr		

Under both services, the IRS treats income from an LRI providing Medicaid waiver services as difficulty of care payments excludable from gross income.

*Estimated hourly pay rate for Attendant Care based on information shared by families. Provider agencies determine the caregiver's compensation rate and this information is not currently reported to FSSA.

**FSSA's SFC rate development assumed a 65-70% wage passthrough for the caregiver.





Medicaid Advisory Committee (MAC) Meeting

February 22, 2024

Agenda

- Welcome
- Stakeholder Engagement & Communications Outreach
- Readiness Review Update
- Q&A





Stakeholder Engagement and Communications Outreach



Provider and Member Video Preview

- [Information about PathWays for Members](#)
- [Information about PathWays for Providers](#)
- [Other PathWays Promotional Materials](#)

Recent & Upcoming Provider Trainings



Provider Trainings			
Event	When	Where	Topic(s)
HCBS Provider Webinar	December 18	Virtual	PathWays Contracting
IHCA Meeting	December	Virtual	PathWays Contracting
HCBS Provider Webinar	February 13	Virtual	PathWays Member Enrollment
IHCA Meeting	February 15	Virtual	PathWays Member Enrollment
Provider Webinar	April TBD	Virtual	Claims Submissions
Provider Webinar	May TBD	Virtual	Service Coordination
Provider Webinar	June TBD	Virtual	Authorizations

*Topics are subject to change

Upcoming Stakeholder Engagement



Stakeholder Engagement				
Event	When	Where	Topic(s)	Audience
IN Primary Health Care Association Member Forum	March	Virtual	PathWays	Community Health Workers Navigators CAC and SHIP counselors
LeadingAge Reimbursement Day	March 5	Zionsville	PathWays Contracting	LeadingAge Members
IAADC	March 7th	Fort Wayne	PathWays	Adult Day Services
CoInform Briefing	March	Virtual	PathWays Readiness	Providers, Associations, Advocacy Organizations, etc.
IHCA Spring Conference	April 17	French Lick	PathWays implementation	IHCA Members
IAHHC Annual Conference	April 17	Indianapolis	PathWays & broad FSSA updates	IAHHC Members
IHCP Roadshows	April and May TBA	Across IN (5 Locations)	PathWays	Providers
CoInform Briefing	April	Virtual	PathWays Readiness	Providers, Associations, Advocacy Organizations, etc.
PathWays Provider Targeted Workgroup	Monthly	Virtual	PathWays Readiness Update	Provider Associations
Area Agency on Aging	Monthly	Virtual	PathWays Readiness Update	AAA Leadership
IHCA MLTSS Readiness Committee	Monthly	Virtual	PathWays Readiness Update	IHCA Members
SHIP Quarterly Meetings	Quarterly	Virtual	PathWays and Dual Eligibility	SHIP Team and Interested Parties

*Topics are subject to change

Upcoming PathWays Consumer Education



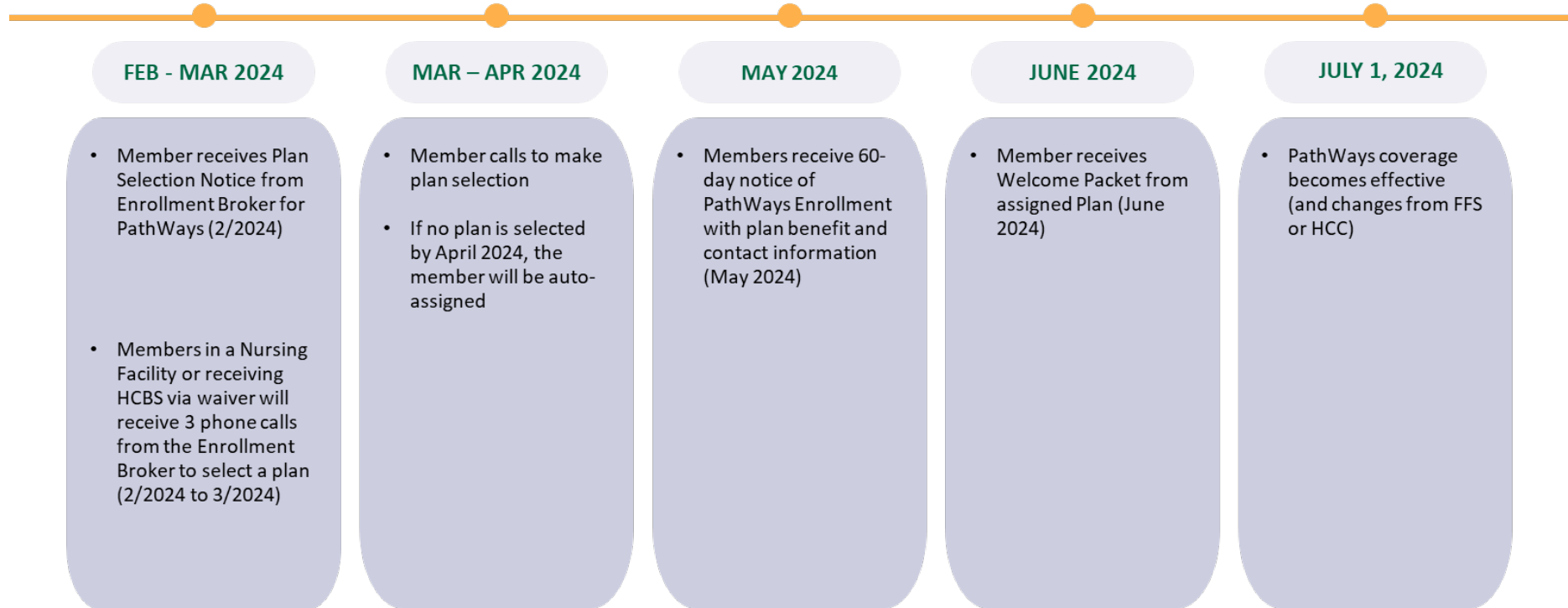
Date and Time	Location
Northern Indiana	
Monday, March 11, 11-12 pm	Genesis Towers, 578 Broadway Gary, IN
Monday, March 11, 12-1 pm	Glen Park, 3280 Pierce Street, Gary, IN
Monday, March 11, 1:30-2:30 pm	Maria Reiner Center 705 E. 4th St, Hobart, IN
Tuesday, March 12, 11-12 pm	Trinity Tower of South Bend, 316 Dr. Martin Luther King Blvd S., South Bend, IN
Wednesday, March 13, 2-3 pm	Tall Oaks, 7300 Decatur Road, Fort Wayne, IN
Thursday, March 14, 10-11 am	Area 5 Agency Senior Center, 661 Main St Peru, IN
Thursday, March 14, 1-2 pm	Area 5 Senior Center, 1801 Smith Street, Logansport, IN
Indianapolis	
Tuesday, March 19, 10-11:30 am	University Center - Community Room, 1801 Broadway, Indianapolis, IN
Tuesday, March 19, 1-2 pm	S Indy Villa at Sacred Heart, 1501 S Meridian St, Indianapolis, IN
Southern Indiana	
Monday, March 25, 11-12 pm	Maryvale Apartments, 3461 St. Mary's Rd, West Terre Haute, IN
Monday, March 25, 2:30-3:30 pm	Beckes Student Union, 1101 N 2nd Street Vincennes, IN
Tuesday, March 26, 1-2 pm	SWIRCA Activity Center, 16 W. Virginia St., Evansville, IN
Tuesday, March 26, 3-4 pm	Independence Square, 201 W. Delaware, Evansville, IN
Wednesday, March 27, 11-12 pm	Area 10, Endwright East Active Living Community Center, 2894 E 3rd Street, Bloomington, IN
Wednesday, March 27, 1:30-2:30 pm	Crossroads Apartments, 500 South Poplar St., Seymour, IN
Thursday, March 28, 9:30-10:30 am	North Dearborn Village Apartments, 25795 Unity Drive, West Harrison, IN
Thursday, March 28, 12:30-1:30 pm	Madison Senior Center, 208 W. Main Street, Madison, IN
Thursday, March 28, 3-4 pm	Yellowwood Terrace, 2100 Greentree N, Clarksville, IN



Enrollment Activities



Enrollment Activities





Enrollment Activities

- FSSA Enrollment Broker will begin sending member notices.
 - Members should start seeing notices in their mailbox within the next seven days or a week
- Copies of the notices are available on the PathWays website:
<https://www.in.gov/pathways/>
- PathWays Notice Webinar

Enrollment Activities



- Through our engagement we have been reminding providers of the enrollment activities and how they can educate the individuals they serve on the changes coming in July.
- Explained the specific letters that an eligible member may received
- Reminded provider to have the enrollment broker phone number on hand
 - 87-PATHWAY-4 (877-284-9294)



Readiness Review Update

What is Readiness Review?



- A systematic large-scale review of an MCE's staffing, policies, processes, documents, subcontracts, system capabilities, and provider network to ensure the health plan is prepared in advance of the new contract go live.
- Safeguards that all selected MCEs are ready to accept enrollment, provide the necessary continuity of care, ensure access to the necessary spectrum of providers, and fully meet the diverse needs of the population.
- Developed to meet all requirements of 42 CFR 438.66(d).
- Ensures MCEs understand and assist FSSA with meeting the Pathways program goals of Participant Choice, Quality, and Sustainability.
- Readiness reviews includes both desk review of MCE documentation as well as onsite demonstrations of MCE capabilities.

Desk Review



- MCEs submit documentation to verify their ability to meet the readiness review requirements.
 - MCEs submit documentation such as their internal policies and procedures, member materials, provider contract templates, website content, promotional materials, staffing plan, provider network adequacy reports, etc.
- Documentation is submitted to validate compliance with the PathWays Scope of Work and State and Federal Regulations as well as readability
- At least 2-3 FSSA Subject Matter Experts review the desk review documentation to validate compliance
- An example desk review requirement is below

Item #	SOW Sec.	Topic	Readiness Review Requirements
B.5	3.3.2	Preferred Drug List and Formulary Requirements	a) Submit policies and procedures for management of the PDL, including additions, deletions and other changes to the PDL b) Submit the PDL to the OMPP Pharmacy unit in the established timeline set by the State for DUR Board approval prior to implementation c) Submit Policy and Procedure manual which addresses the operations of a Pharmacy and Therapeutics Committee, as well as the roster of committee members, including credentials, and meeting schedule d) Submit the location(s)/link(s) where members and in-network providers can access the PDL and formulary

Onsite Demonstrations



- MCEs demonstrate their internal processes verify their ability to meet the readiness review requirements.
- Onsite demonstrations also validate compliance with the PathWays Scope of Work and State and Federal Regulations
- MCE staff provide live demonstrations of their systems during the Onsites
- An example of some onsite demonstration requirement is below

Item #	SOW Section	Topic	Requirement	Criteria/Claim(s) To Be Used in the Demonstration
B.3	3.3	Pharmacy	g) Demonstrate ability to pay pharmacy claims. A specific list of pharmacy claim types will be provided for demonstration prior to the Onsite.	Retin-A 0.025% cream, 15g, apply BID
			h) Demonstrate the system capability for making changes to prior authorization criteria or establishing new criteria	Suboxone Film 12mg/3mg sublingual daily for SUD; patient age >18 yo Tracleer 62.5mg PO BID, #56, member with diagnosis pulmonary hypertension and new to therapy, claims for 90 of the past 120 days for glyburide/metformin 5mg-500mg, negative pregnancy test, prescribed by cardiologist, member is enrolled in REMS program Mounjaro 2.5mg subq weekly x4 weeks, reauthorization criteria: member has history of Mounjaro, diagnosis of Type 2 DM, and over 18 yo. Member has history of Trulicity failure after taking for six months. No other GLP-1 agonists in claims history. Omeprazole 20mg PO BID, #60 Member has history of 90 days of pantoprazole therapy in last 180 days Spiriva Handihaler qty 2 inhalers, one for school, use one capsule via handihaler inhaled daily, 6 refills Pyridoxine 50mg PO daily, #30, member 65 yo Clomiphene 50mg daily for 5 days, #5 no refill, member assigned female at birth, age 61 yo
				Demonstrate process, forms, platform, etc. that is used to request and implement changes in PA criteria (no claim demo)

Topic Schedule

- To ensure consistency, MCE documents, readiness materials will be reviewed and Onsites conducted on a schedule by subject area. Three to four subject areas are reviewed each month.
- Desk review and onsite for the topics/subjects will occur within the designated month as outlined on the next two slides.



Topic Schedule



Month	Topics
July 2023	<ul style="list-style-type: none">• Administrative Requirements• Staffing Plan• List of Subcontractors• Implementation Plan• List of Systems/Platforms
August 2023	<ul style="list-style-type: none">• Care and Service Coordination Overview• List and Overview of Enhanced Benefits and Incentives
September 2023	<ul style="list-style-type: none">• Provider Contract Templates• Provider Materials
October 2023	<ul style="list-style-type: none">• Enhanced Benefits• Member Incentives• Provider Incentives
November 2023	<ul style="list-style-type: none">• Care Coordination Program Plan
December 2023	<ul style="list-style-type: none">• Marketing Materials and Plan• Member Materials• Member Services• Websites and Provider Directory• Member Grievances and Appeals
January 2024	<ul style="list-style-type: none">• Sub-Contracts• Provider Network Adequacy Review• Care Coordination• Service Coordination• Disease Management

Topic Schedule



Month	Topics
February 2024	<ul style="list-style-type: none">• Covered Benefits• Behavioral Health• NEMT• Quality• Utilization Management• Pharmacy• Medicare Integration• Critical Incident Reporting
March 2024	<ul style="list-style-type: none">• Information Systems• Member Liability and Penalties• Claims• Electronic Visit Verification (EVV)• Sub-Contracts
April 2024	<ul style="list-style-type: none">• Provider Network Validation• Performance Reporting• Program Integrity• Staffing Plan• Direct Service Workforce
May 2024	<ul style="list-style-type: none">• Final Resubmissions• Final Demonstrations



Path Ways

FOR AGING

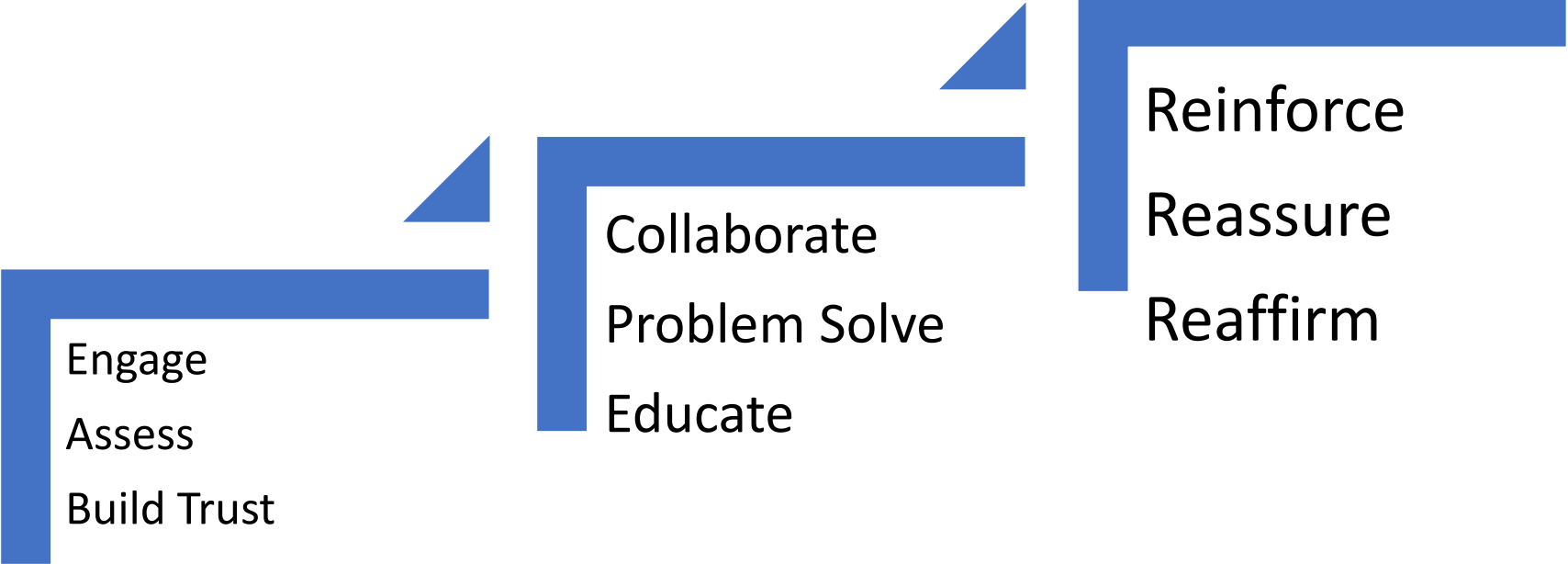


Building Hope

Ryan Venis, MD
February 22, 2024

One Step at a Time

- “Mary”: 21yo member with PTSD, Bipolar D/O, Major Depression
- Ashlyn: Anthem Behavioral Health Case Manager



Trust
Openness
Engagement
Hope

Distrust
Fear
Disengagement
Hopelessness



LIFE SERVICES: JOBCONNECT & SDOH ASSISTANCE

02/22/2024

Life Services Department Work & Successes

1. What is Life Services? (2 min)

- a) History, Vision & Mission
- b) Programs & Process

2. Member Success Story (3 min)

- a) Meet Justin*



Life Services



CareSource Life Services®

VISION

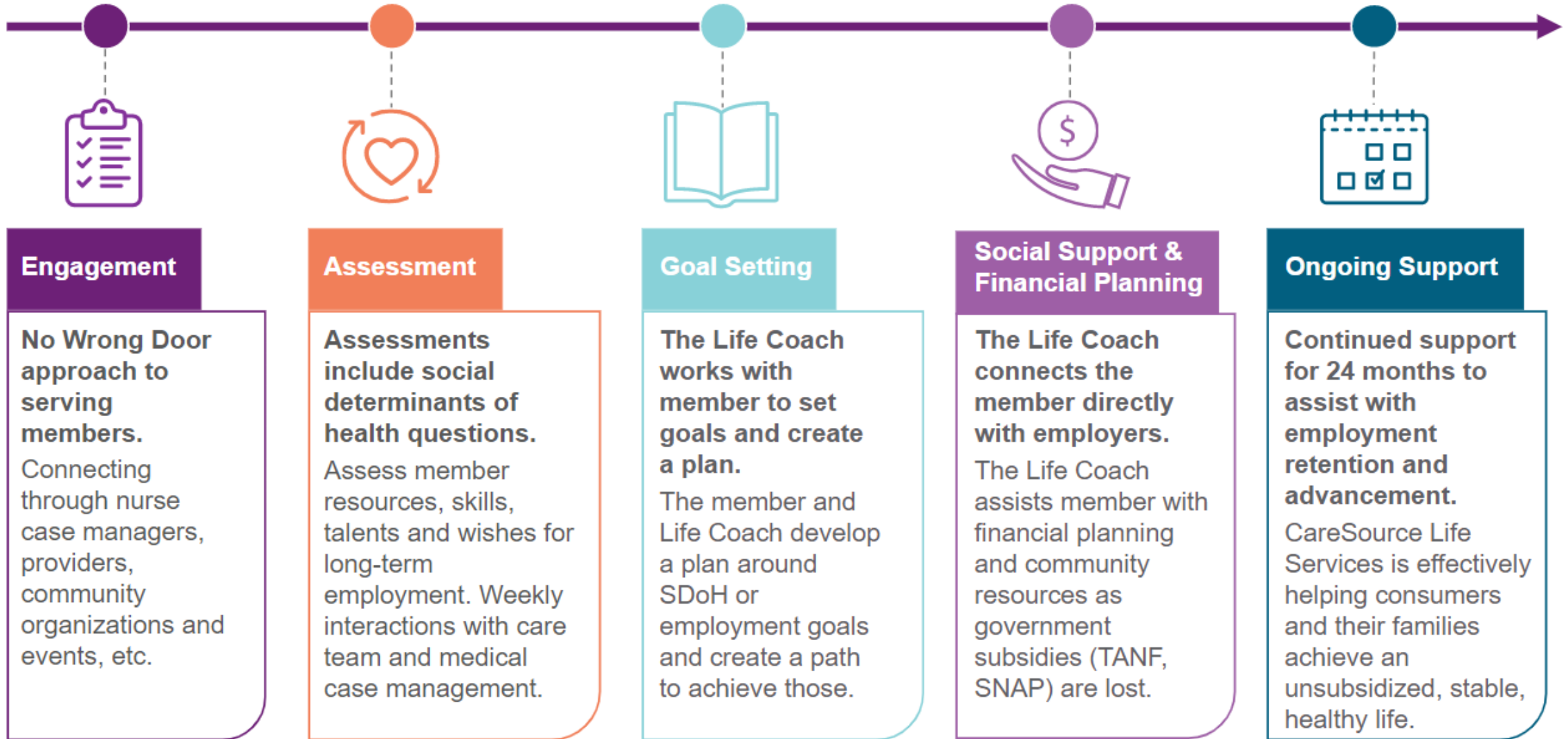
CareSource Life Services provides a holistic foundation to address the social determinants that impact a member's **HEALTH & OVERALL WELL-BEING.**

MISSION

The mission of Life Services is to make a **SUSTAINED IMPACT** in our members' lives by effectively **ADDRESSING THE OBSTACLES** that impede progress in a member's journey toward **SELF-SUFFICIENCY, IMPROVED HEALTH** and **WELL-BEING.**



Life Services = Member Journey



Member Success Story



Meet Justin*

Justin was released from incarceration to a homeless shelter. He contacted a member of our Re-Entry team for help and was then referred to Life Services for ongoing support and coaching. Life Services and the Re-Entry team work in conjunction frequently to assist members.

He partnered with Life Coach to set goals for employment, stable housing, transportation, and more.

Life Coach provided the member with various job leads, referrals to community-based resources, and even dropped food from a local pantry at his apartment when he wasn't able to drive himself there.

Justin accessed our Life Services Member Assistance Fund on different occasions when assistance was no longer available for utilities and gas cards so he could get to work.

Justin showed tremendous amounts of tenacity along the way; he accessed resources, leaned on his available supports, and worked hard to get himself to the point where he is today.

*real name not used but available if requested and permitted



Questions?



The Story of Whitney and Sara

Whitney is our Member Services Navigator

Sara is a member with whom Whitney has an established, ongoing relationship



October of 2022:

- during a regular check-in call with Sara
- Sara had stopped taking her medications.
- She was feeling “heavy, emotional, sad, mad, and scared”



3-way call:

- Whitney, Sara and her established UHC Behavioral Health care manager
- Sara needed a new prescriptions to restart her medications
- The psychiatrist’s office had closed for the day
- Whitney reassured Sara she would call her back first thing the next morning

Meaningful relationships

“Knowing that I make a difference really fuels my day. Enjoying this type of ongoing relationship with our most vulnerable members is truly an amazing experience”



The next day:

- Whitney located a new psychiatrist with an in-house recovery program
- Scheduled an appointment for Sara



October 2023:

- Sara has maintained her relationship with her psychiatrist
- She remains on her medications, and
- She continues her relationship with Whitney



Whitney’s reflections

- “Mostly, I’m super proud of Sara and I’m proud of myself, too.”
- Scheduling doctor appointments
- I’ve worked with her doctors on medication prior authorizations
- I helped her with her transportation needs

Follow up

- January 2024: Whitney called Sara to confirm upcoming appointment and transportation details, Sara shared she was in a “much better place”
- New energy to take reach out to some of the social resources and services Whitney had provided her
- Knowing that Sara now had the energy to follow up on her own seemed like a huge milestone.





Medicaid Advisory Committee

February 22, 2024

Success Stories

Providing health coverage to Indiana families since 1994



- 30-year-old post-partum female
- Engaged in Indiana Pregnancy Promise Case Management Program
- History of being sex trafficked, homelessness, living incarcerated and Opioid Use Disorder.
- Outcome:
 - Living independently with 2-month-old
 - 2 years of sobriety
 - Job placement with child-care through CCDF voucher
 - Support system
 - Hope for future



- Minor child living with guardian who is legally blind
- Engaged in Case Management
- History of suicidal thoughts and actions discharged from an inpatient psychiatric stay without discharge prescriptions.
- Outcome:
 - Facilitation between facility and guardian
 - Facilitation of prescription fills
 - Caregiver support
 - Ongoing monitoring and safety plan



MHS Doula Program: Supporting Hoosier Moms and Babies

Activating Community-based Support and Sustainable Workforce

Doula Partnership Through Indiana Minority Health Coalition (IMHC)

MHS has partnered with IMHC on their Community Doula Services Program, a free pregnancy assistance program created to target minority women between the ages of 15 to 35 who are either on, or eligible for, Medicaid. Based in Lake, Elkhart, St. Joseph, LaPorte, and Marshall Counties.

Doula and Lactation Consultant Scholarship Program Through the Indianapolis Urban League Workforce Development

- **Doula certification scholarships**
- **Community breastfeeding training**
- **Perinatal Educator training & certification**

Doula Support for Population Health

MHS DOULA AND ME PROGRAM PARTNERSHIP

Goal: Improve health outcomes, quality measures, quality of life, and decrease overall costs

- › Engage high-risk pregnant members
- › Provide culturally appropriate support, advocacy, education and resources throughout pregnancy, birth and up-to one-year postpartum
- › Encourage members to engage in preventative maternal outpatient healthcare for any condition that does not require emergency inpatient care

SPECIAL DELIVERIES

Goal: Improve maternal and infant mortality and morbidity

- › Engage high-risk pregnant members
- › Collaboratively develop plans of care to prevent or treat complications during pregnancy
- › Provide culturally appropriate support, advocacy, education and resources throughout pregnancy, birth and 8 weeks postpartum
- › Collaboratively works with Doula and Me program to improve overall health outcomes, quality measures, quality of life, and decreased overall costs.

Member Story

The MHS team received a request to help a member find **stable housing**. The mother is 34 years old and currently **5 months pregnant**. She also has **two children** under the age of six.

At the time of the request, the mother was living in a **rodent and insect-infested home**. She had **holes in her walls** due to the infestation, which were only getting bigger as time went on.

MHS supported the member by working with the **housing authority** to set up an emergency inspection of the property. The inspection resulted in a **mandatory repair order** for the landlord to fix the damages **within a week**. The team also ensured the member that she would be placed in other **affordable, stable housing** as necessary during the repair process.

With the knowledge our team has of **social determinates of health and health equity**, we are dedicated to going the extra mile to address situations like this one. In addition, a **healthy environment** for a pregnant mother, as well as **child wellbeing**, is a basic need we will always ensure our members have. We solve issues like these for our members with **quick and appropriate engagement**.