



September 15, 2020

Dear Ms. Katzen,

I am writing on behalf of Integrated Healthcare Partners (IHP) Accountable Entity. We are comprised of six Federally Qualified Health Centers and four Community Mental Health Centers. We completely support the mission of the Executive Office of Health and Human Services as well as Rhode Island Medicaid to make further investments in Social Determinants of Health (SDOH). We understand and have an ongoing commitment to screen individuals for SDOH as we know now more than ever our most at risk and vulnerable Rhode Islanders have many complex needs that they cannot manage on their own. These vulnerabilities amidst the pandemic and social inequities have heightened individuals risks for food and housing insecurities, have led to avoidance of needed preventative, routine, and new medical and behavioral healthcare, and have led to isolation and safety risks due to potentially violent personal relationships. IHP's 9 participating providers are uniquely positioned to screen and engaged individuals in appropriate and clinically indicated interventions when an individual screens positive.

1. We have been nimble during these trying and complex times by continuing screenings via telephone, through paper based work arounds, and when possible, in person. We are concerned that this roadmap constrains us to not leverage our internal expertise and relies on partnering with other CBOs who have like competencies. We would ask that IHP would be considered independently to demonstrate competency and secure funding outside of expanded partnerships.
2. We agree and support EOHHS's continuing to fund our community health teams and community health workers. We continue to have concern that our broader care management programming will no longer be funded and ask for consideration that this funding can also be applied to support, maintain, and expand care management programming that focuses on rising risk and high risk individuals and specific populations.
3. IHP would request instead of allocating all funding for the CIRP that some funding be allocated back to organizations like ours so we can coordinate care and triage across and within our IHP network. We have a robust continuum of care comprised of teams of multi-disciplinary experts. We would request access to some of these funds to enhance our reporting, analytics, and database to coordinate care withing our AE.
4. We recognize the valuable contributions HEZs have made to our community and the individuals we serve. IHP would request further clarification as to how to navigate and partner with HEZs outside of our participating organizations. As one can imagine it is challenging to not duplicate efforts and coordinate care when we have over 50,000 attributed lives across the state and our 9 organizations. We are concerned as we are a lien organization the administrative and clinical burdens that will ensue particularly amidst the pandemic and other competing priorities.
5. We recognize the importance of learning collaboratives and sharing best practices. Can you provide further detail as to time and resource commitments and clear goals and deliverables during and post participation? As mentioned, we have limited resources as well as would want to allocate and bring forth appropriate subject matter expertise in an efficient and effective manner.

We thank you in advance for consideration of our feedback and recommendations.

Best Regards,

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