

## Identifying Community-Based Resources: Key Considerations for Health Plans

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The following community-based resources may address the needs of individuals dually eligible for Medicare and Medicaid that are sometimes not met through formal relationships with providers. This is particularly relevant for health plans deploying in-house navigation, care coordination, and peer support programs. Because of your expanded responsibility as a health plan, it may be helpful to have a more complete understanding of the resources available to help your members.

Once community-based resources are identified, you may find it beneficial to train your in-house or contracted health navigation, care coordination, and peer support teams on resource availability in your market. For example, identify the programs' eligibility criteria when applicable and include these in staff training materials and contractual requirements. Also, establish relationships with or help your contracted providers establish relationships with the agencies providing community-based resources. Note that many community-based organizations will be new to collaborating with health plans; you may wish to explain how coordination will help the organizations serve their respective communities and your members.

### Key Considerations

- **Telephonic tobacco cessation programs** such as state-based quitlines may be an important resource given the impact of tobacco related illnesses and the high prevalence of tobacco use among dually eligible individuals. Moreover, telephonic tobacco cessation programs are usually available to family members in households where members smoke. They are typically free-of-charge.
  - Most state-based tobacco quitlines assist members with the development of quit plans, provide multiple opportunities for coaching, offer referrals to community-based initiatives including support groups and provider sponsored face-to-face programs, supply educational resources to both clients and providers, and support web-based interaction. Some even help coordinate pharmacy benefits and nicotine replacement therapy products. Many quitlines are willing to work with health plans to help track and share data on member progress and program compliance. By calling **1-800-QUIT-NOW**, clients or their navigators may connect with the quitline in your state. For a map of quitline resources in each state, visit: [the North American Quitline Consortium](#).
- **Nutrition assistance.** Long-term services and supports (LTSS) such as meal programs, home health, or caregiver services may assist with preparation of meals in the home, yet members may still need additional nutrition support.
  - Inquire with the local **Area Agency on Aging (AAA)** to determine if it is the lead agency for providing [Meals On Wheels](#) or other programs that deliver meals to the homes of members.

- The **Supplemental Nutrition Assistance Program (SNAP)** is a means-tested program that helps clients buy the food they need to maintain good health. For more information on eligibility guidelines, services, and application processes, connect with your local SNAP eligibility office which you can find by visiting the [Department of Agriculture](#) website.
- **Non-emergency dental or vision** such as dental cleanings and vision aids such as eyeglasses may help members address these needs.
  - **Federally Qualified Health Centers (FQHCs)** may provide preventive or restorative dental care on a sliding scale based on client or household income. Some even offer mobile dentistry units that travel to client's communities or homes. Find [local FQHCs and their services](#), searchable by zip code at the Bureau for Primary Health Care. Or visit the National Association of Community Health Centers (NACHC) for your [state Association of FQHCs](#).
  - **The Catholic Charities Eyeglasses Program** is available in many markets and provides free or low-cost eyeglasses based on income and regardless of faith affiliation. Visit the [Catholic Charities](#) website for eyeglasses programs and other resources offered in your area.
- **Housing and utility assistance** may be available to help keep members in their homes by covering the cost of utilities or rent.
  - **The Low Income Home Energy Assistance Program** assists low-income families with energy costs. For more information about your state's specific program including eligibility policies and application processes see [a list of contacts](#) by state and territory.
  - **The housing agency** in your state (often the public housing agency) may help members find affordable housing and provide rental assistance. To find your local agency, visit the [Department of Housing and Urban Development](#).
- **Support Groups.** Mental Health America offers a [list of local chapters in each state](#) through which members or staff may connect with behavioral health and substance abuse support groups in your market.
- **Prescription assistance** may be necessary for members in cases where drugs are excluded from your formulary and not provided by Medicaid, Medicare, or your state's pharmacy assistance program.
  - The 340b drug program affords an opportunity for safety-net providers like FQHCs to offer free or low cost prescriptions. Visit the Office of Pharmacy Affairs to [find a 340b drug program](#) in your market.
  - [Patient assistance programs](#) offered by pharmaceutical manufacturers may also provide free or low cost drugs when applicable.

*The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>*