

GLOBAL BUILDING NETWORK





Opportunities to Provide Home Energy Services with New Health Funding in Tennessee

Health care professionals recognize that avoiding a health harm is preferable to treating an illness or injury after it has occurred. Energy efficiency programs provide an opportunity to deliver these preventive strategies in homes. This fact sheet provides information on several opportunities for health sector funding to be used in support of in-home energy efficiency programs.

Medicaid Funding

A state's Medicaid rules can provide funding for in-home services via federally approved waivers and amendments to state plans. Negotiations with the Managed Care Organizations (MCOs) that serve Medicaid populations in most states can also lead to funding and support. MCO contract changes can be promoted at the state administrative level, or through partnerships with MCOs directly.¹

Has Tennessee had any related waiver programs?	None identified
Has Tennessee had any related State Plan Amendments?	None identified
Does Tennessee contract with MCOs?	Yes (see <u>list of MCOs by state)</u>

State Children's Health Insurance Program (CHIP) Health Services Initiatives (HSIs).

Unused CHIP funds can be invested in health-related programs known as Health Services Initiatives (HSIs). An HSI can be proposed by a state's CHIP administrator.

¹ See ACEEE's May 2020 report for more background on these funding mechanisms, and for key program examples (Hayes, S. and C. Gerbode. 2020. Braiding Energy and Health Funding for In-Home Programs: Federal Funding Opportunities. Washington, DC: ACEEE. www.aceee.org/research-report/h2002.)

Does Tennessee have unused funds for an HSI? ²	Yes: \$3.8 million
Does Tennessee have a related HSI?	None identified

Opportunities for Action in Tennessee

Medicaid and CHIP are frequently administered through the same state agency or office. Connect with this office to learn about the potential to implement changes to Medicaid reimbursement, develop an HSI, or alter MCO contracts to support energy efficiency or related in-home health and safety work.

What office administers Medicaid in Tennessee?	<u>Division of TennCare</u> Tennessee State Government
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Leverage Health in All Policies (HiAP) initiatives or advocate for new ones

Health in All Policies is a collaborative approach to integrate health considerations into policymaking across sectors.³ HiAP initiatives, whether implemented as legislation, an executive order, an agency rule, a task force, or otherwise, can bring a focus on health in areas of governance not used to prioritizing health issues. These initiatives can help motivate, justify, and facilitate better integration of health considerations with other types of work, including energy policies and programs. If your state (or a local community within your state) has already adopted a HiAP approach, it could be used to facilitate collaborative conversations between health and energy policymakers. There may be an opportunity to advocate for a HiAP policy in states that don't already have one in place.

Does Tennessee have a statewide Health in All Policies mechanism in place? Yes: the <u>Tennessee Livability Collaborative</u> is "a working group of 17 Tennessee state agencies with a mission of improving the prosperity, quality of life, and health of Tennesseans through state department collaboration in the areas of policy, funding, and programming."

Reach out to ACEEE's Health and Environment Program at <u>health@aceee.org</u> for additional details and information on the status of the above policies or mechanisms in Tennessee, and to learn about other resources to support policy advocacy in this area.

² Based on 2021 budget projections included in 2019 CHIP Annual Report for Tennessee (latest available for download at: <u>medicaid.gov/chip/reports-</u> evaluations/index.html)

³ Centers for Disease Control and Prevention, Office of the Associate Director for Policy and Strategy (2016). "Health in All Policies". Available at <u>https://www.cdc.gov/policy/hiap/index.html</u>

This fact sheet is based on data collected as part of a project completed between February 2021 and June 2021 by Penn State-University Park students Kate Lovas, Sara Riordan, Caden Vitti, and Catherine Zhou under the supervision of Professor Hannah Wiseman.



