



A MO HealthNet Pilot Project

ToRCH FAQ

What is ToRCH?

ToRCH, short for Transformation of Rural Community Health, is a rural health program sponsored by the Missouri HealthNet Division, i.e. Missouri Medicaid. The ToRCH program is a model of care that directs resources to rural communities committed to addressing the ‘upstream’ causes of poor health through integrating social care supports into clinical care. The model will help better leverage existing social care funding, create a new path to sustainability for rural hospitals, and ultimately improve clinical outcomes in our Medicaid population by addressing key social challenges that compromise individuals’ ability to maintain health and manage chronic conditions.

The ToRCH project establishes community-based hubs that serve as regional leads to direct strategy and coordinate the efforts of healthcare providers, community-based organizations (CBOs), and social service agencies within a designated rural community. The ToRCH program will be powered by Unite Us, a national leader in software enabling cross-sector collaboration to improve people’s health and well-being. Through Unite Us, partners will be able to manage eligibility and authorization, send referrals to contracted providers (i.e. close the loop), securely track outcomes and document services, efficiently manage reimbursement of social care services, and connect activities back to improved health outcomes.

Who can participate in ToRCH?

As a part of a competitive application process, six rural hospitals have been selected as ToRCH hubs for the first cohort in the counties listed below. Additional rural hospitals and counties may be selected as the project continues to grow over time. Community-based organizations and health and human services organizations in the target counties are welcome to participate in ToRCH by contacting the hub organization:

1. Dent County - Salem Memorial District Hospital – Salem, MO
2. Henry County - Golden Valley Memorial Healthcare – Clinton, MO

3. Pettis County - Bothwell Regional Health Center– Sedalia, MO
4. Phelps County - Phelps Health – Rolla, MO
5. Polk County - Citizens Memorial Hospital – Bolivar, MO
6. Ray County - Ray County Hospital – Richmond, MO

When will ToRCH be live?

Efforts are ongoing by the Missouri HealthNet Division to secure federal match dollars through an amendment to its 1915(b) waiver, in which an April 1, 2024 start date has been requested. Pending the federal approval process, we anticipate an early 2024 go-live with plans for further growth of the program throughout 2024 and beyond.

Is there a cost to participate in ToRCH?

There is no cost for community-based organizations to participate in ToRCH. Health and human services organizations in the target counties are welcome to participate in ToRCH by contacting the hub organization.

How is ToRCH funded?

ToRCH is funded by the Missouri HealthNet Division, i.e. Missouri Medicaid.

How will the ToRCH program be sustained?

Missouri HealthNet Division expects to continue funding the Unite Us platform for the entire life of the program. Other ToRCH expenditures are divided into two parts. One funding stream also continues over time and covers hub staffing and data analysis (3-4 total FTEs). The other is for capacity building among certain community-based partners and to fund selected health-related social needs. This funding stream will shift over time to become funded by shared savings generated by the ToRCH model.

How can ToRCH funds be used by the Hub hospital? By community partners?

Some ToRCH funds are intended to support hub activities that are likely housed within the hub hospital, such as leadership, data analysis, and management of community partnerships. Additional ToRCH funds could be used to repurpose hospital space to support CBO activities. From the community partner perspective, capacity building funds may be used to pay for additional space, purchase IT or other equipment, purchase a vehicle, obtain new training for staff, etc. This funding stream is flexible and is intended for investment in durable items that will increase partners' ability to provide services.

Additional ToRCH funds are available to reimburse for specific approved HRSN services that are identified as being needed by Medicaid participants in the ToRCH communities. These may include expanded non-emergency transportation, food and nutrition education, home-delivered medically

appropriate meals, and housing remediation to address health risks. ToRCH CBO partners providing these services will receive reimbursement on a per-person, per-service basis.

How does a community partner request funding?

Capacity building funds are not available for ongoing expenses such as staffing, but because there will be per-service reimbursement for approved HRSN services, an agreement between the ToRCH hub and the community partner regarding referrals for such services should create opportunities to fund new positions.

Moreover, priority clinical partners may contribute to the hub staffing and data analysis; if so, their time may be covered by a reallocation of the FTEs funded for those purposes.

The local Leadership Board, led by the ToRCH hospital, will make decisions regarding the allocation of funding to local partners to achieve the designated population health goals.

Each Leadership Board identifies promising CBOs that wish to participate in all aspects of the ToRCH model and creates a fair, unbiased process by which CBOs may submit requests for capacity building funds. The Leadership Board will review each request and evaluate it on the basis of its likelihood of advancing the goals of the ToRCH model relative to other options. Once selected for funding, the CBO will be monitored by the local ToRCH Leadership Board and by MHD and will only be eligible for additional capacity-building funding if initial performance is satisfactory, i.e. the CBO participates fully in the Unite Us platform and addresses referrals in a timely way according to standards agreed upon by the CBO and ToRCH Leadership Board.

What is the duration of the funding?

We anticipate that each ToRCH site will mature, i.e. will shift to HRSN services funded through shared savings, by the fifth year of the model. The baseline hub funding (3-4 FTEs) and Unite Us platform will be covered indefinitely, but the capacity building funds are no longer available in the mature model, and the funds for HRSN services will be derived from shared savings due to avoided hospital utilization that is the primary goal of the ToRCH model.