Healthy Opportunities Pilots:
No Wrong Door Approach to Enrollment

Presenters

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Learning Objectives

- Learn about “social determinants of health” (SDOH) and why they matter
- Understand how the Pilots address SDOH, where they operate, and who is eligible
- Review the Pilot service domains that can address the social needs of patients
- Learn about the “No Wrong Door Approach” to Pilot enrollment and key takeaways for providers
- View a demonstration of NCCARE360 from Unite Us on using the “No Wrong Door Approach”

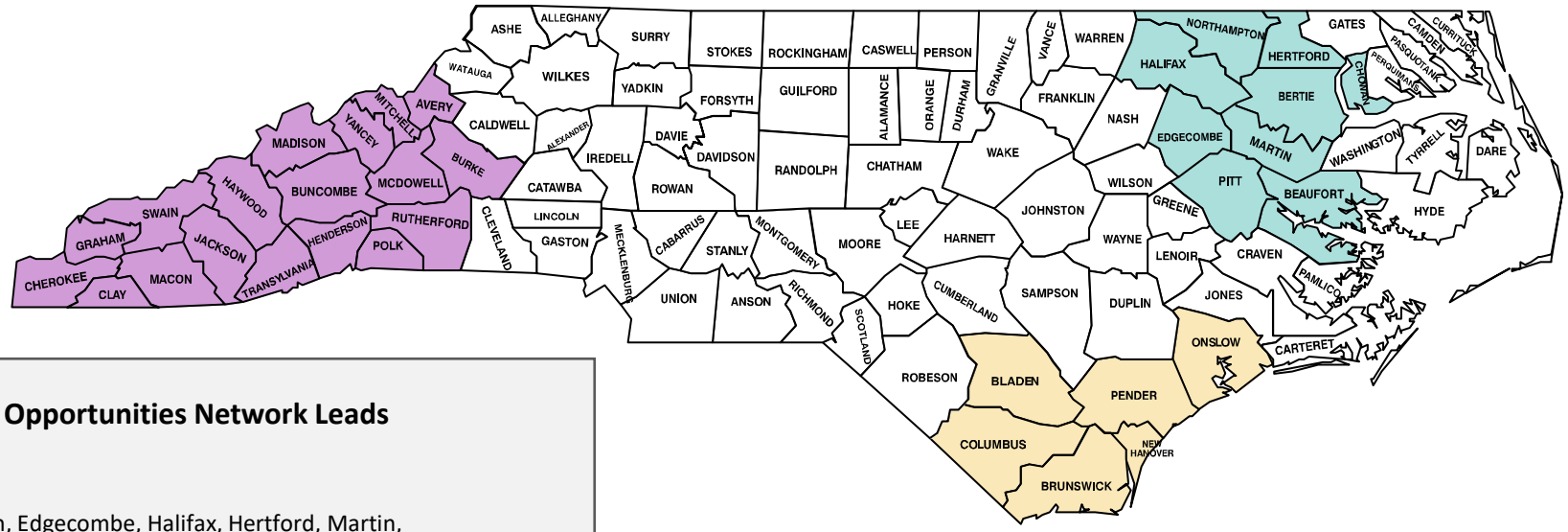
Why Do We Need the Healthy Opportunities Pilots?

The Healthy Opportunities Pilots (the Pilots) present an unprecedented opportunity to provide selected evidence-based, non-medical interventions to Medicaid enrollees to address social needs within Medicaid managed care.

- Access to high-quality medical care is critical, but research shows up to 80 percent of a person's health is determined by social and environmental factors and the behaviors that emerge as a result.
- Pilot entities—including PHPs, Care Management Teams, Network Leads, and Human Service Organizations—will all play coordinated but distinct roles to provide "whole person care" to Pilot enrollees.
- The Pilots will test the impact of offering non-medical services on health outcomes and costs, with the ultimate goal of making them statewide offerings of the Medicaid managed care program

Where Will Pilot Services Be Available?

Network Leads (NLs), PHPs, and HSOs will work with communities in three geographic areas of the state to implement the Pilots, as approved by the federal government.



Awarded Healthy Opportunities Network Leads

Access East, Inc.

Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt

Community Care of the Lower Cape Fear

Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender

Impact Health

Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

Who is Eligible to Receive Pilot Services?

Individuals must have co-occurring physical/behavioral and social needs in order to receive Pilot services. Individuals will not receive Pilot services based on social needs alone.

To qualify for Pilot services, Standard Plan members must live in a Pilot region and have:

At least one Physical/Behavioral Health Criteria:
(varies by population)

- **Adults** (e.g., having two or more qualifying chronic conditions)
- **Pregnant Women** (e.g., history of poor birth outcomes such as low birth weight)
- **Children, ages 0-3** (e.g., neonatal intensive care unit graduate)
- **Children 0-20** (e.g., experiencing three or more categories of adverse childhood experiences)

At least one Social Risk Factor:

- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

Pilot services also have minimum eligibility criteria and other restrictions. For example, the "Housing Move-In Support Service" is only available for members who are receiving concurrent housing case management and moving for a qualifying reason, such as transitioning from homelessness to stable housing.

Healthy Opportunities Pilots: Qualifying Physical/Behavioral Health Criteria

Population	Age	Physical/Behavioral Health-Based Criteria
Adults	21+	• 2 or more chronic conditions. Chronic conditions that qualify an individual for pilot enrollment include: BMI over 25, blindness, chronic cardiovascular disease, chronic pulmonary disease, congenital anomalies, chronic disease of the alimentary system, substance use disorder, chronic endocrine and cognitive conditions, chronic musculoskeletal conditions, chronic mental illness, chronic neurological disease, chronic infectious disease, cancer, autoimmune disorders, chronic liver disease and chronic renal failure, in accordance with Social Security Act section 1945(h)(2). • Repeated incidents of emergency department use (defined as more than four visits per year) or hospital admissions. • Former placement in North Carolina's foster care or kinship placement system. • Previously experienced three or more categories of adverse childhood experiences (ACEs).
Pregnant Women	N/A	• Multifetal gestation • Chronic condition likely to complicate pregnancy, including hypertension and mental illness • Current or recent (month prior to learning of pregnancy) use of drugs or heavy alcohol • Adolescent ≤ 15 years of age • Advanced maternal age, ≥ 40 years of age • Less than one year since last delivery • History of poor birth outcome including: preterm birth, low birth weight, fetal death, neonatal death • Former or current placement in NC's foster care or kinship placement system • Previously experienced or currently experiencing three or more categories of ACEs
Children	0-3	• Neonatal intensive care unit graduate • Neonatal Abstinence Syndrome • Prematurity, defined by births that occur at or before 36 completed weeks gestation • Low birth weight, defined as weighing less than 2500 grams or 5 pounds 8 ounces upon birth • Positive maternal depression screen at an infant well-visit
	0-20	• One or more significant uncontrolled chronic conditions or one or more controlled chronic conditions that have a high risk of becoming uncontrolled due to unmet social need, including: asthma, diabetes, underweight or overweight/obesity as defined by having a BMI of <5th or >85th percentile for age and gender, developmental delay, cognitive impairment, substance use disorder, behavioral/mental health diagnosis (including a diagnosis under DC: 0-5), attention-deficit/hyperactivity disorder, and learning disorders • Experiencing or previously experienced three or more categories of adverse childhood experiences (e.g. Psychological, Physical, or Sexual Abuse, or Household dysfunction related to substance abuse, mental illness, parental violence, criminal behavioral in household) • Enrolled or formerly enrolled in North Carolina's foster care or kinship placement system

Qualifying criteria includes I/DD and TBI

What Services Can Members Receive Through the Pilots?

North Carolina's Pilot Service Fee Schedule defines and prices 29 services that HSOs can offer as part of the Pilot. Examples include:

Food

- Linkages to community-based food resources (e.g., SNAP/WIC application support)
- Nutrition and cooking education
- Fruit and vegetable prescriptions and healthy food boxes/meals
- Medically tailored meal delivery

Housing

- Housing navigation, support and sustaining services
- Housing quality and safety inspections and improvements
- One-time payment for security deposit and first month's rent
- Short-term post hospitalization housing

Transportation

- Linkages to existing transportation resources
- Payment for transportation to support access to pilot services, (e.g., bus passes, taxi vouchers, ride-sharing credits)

Interpersonal Safety

- Case management/ advocacy for victims of violence
- Evidence-based parenting support programs
- Evidence-based home visiting services

Cross-Domain

- Holistic high intensity enhanced case management
- Medical respite
- Linkages to health-related legal supports

Pilot service definitions and fee schedule: https://www.manatt.com/Manatt/media/Documents/Articles/NC-Pilot-Service-Fee-Schedule_Final-for-Webpage.pdf

No Wrong Door: Multiple Entry Points into the Pilots

The Pilots were designed to have a no wrong door policy. In addition to being proactively identified by a Health Plan, potentially Pilot eligible individuals may be identified via one of the other pathways below (non-exhaustive). Today's presentation focuses on how Providers can refer members to the Pilots.

Focus for Today

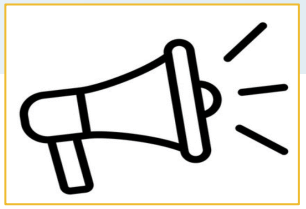
Provider Referral

Referral from Pilot Participating Human Service Organization (HSO)

Referral from Non-Pilot Participating HSO

Self/Family Referral

Care Management Teams



Call To Action

Health care providers can play an important role in identifying eligible individuals that would benefit from Pilot services. If you identify someone that may meet the eligibility criteria for the Pilots, take one of the following steps.

- **Providers who are currently onboarded to NCCARE360:**
  - Use the NWD referral pathway, which Unite Us will demo.
- **Options for providers who are <u>not</u> onboarded to NCCARE360:**
  - Call the member's PHP on their behalf and request a Pilot assessment
  - Reach out to the member's care manager on their behalf and request a Pilot assessment
  - Ask the member to reach out to their PHP or care manager to request a Pilot assessment

Health Plans' Member Services Numbers

Providers can encourage members to reach out to their Health Plans' Member Services numbers listed on their Medicaid ID cards

AmeriHealth Caritas

855-375-8811 (TTY 1-866-209-6421)

Carolina Complete Health

833-552-3876

Healthy Blue

844-594-5070 (TTY 711)

United Healthcare

800-349-1855

WellCare

866-799-5318

Unite Us Demonstration

Questions?