



Healthy Opportunities Pilots Webinar: Focus on Human Services Organizations

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Agenda for Today

- Introductions
- Overview of North Carolina's Medicaid Transformation
- Overview of the Healthy Opportunities Pilots
- Deeper Dive: Pilot Roles and Responsibilities of HSOs
- Overview of Pilot Funding to Support HSOs
- Next Steps for Interested HSOs
- Q&A

Today's Presenters



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Overview of North Carolina's Medicaid Transformation

Overview of North Carolina's Transition from Fee-For-Service to Medicaid Managed Care

- North Carolina has recently begun its transition from fee-for-service Medicaid to Medicaid managed care*
- North Carolina has designed a program that:
 - Delivers **whole-person care** through coordinated physical health, behavioral health, intellectual/developmental disability and pharmacy products and care models
 - Addresses the **full set of factors** that impact health (both medical and non-medical)
 - Performs **localized care management** at the site of care, in the home or community
- Most enrollees will receive services from two types of managed care organizations, called “pre-paid health plans” or PHPs
 - Most Medicaid managed care enrollees will be enrolled in **Standard Plans** that will provide integrated physical health, behavioral health, and pharmacy services
 - Enrollees that have high-needs (e.g., serious mental illness, severe substance use disorder, intellectual/developmental disability or a traumatic brain injury) will be enrolled in **Behavioral Health and I/DD Tailored Plans**. Members in Tailored Plans will have access to a more intensive set of coordinated benefits that will integrate physical health, behavioral health, and pharmacy services

*Additional information about the transition to Medicaid managed care: <https://medicaid.ncdhhs.gov/counties/county-playbook-medicaid-managed-care/managed-care-overview>.

Healthy Opportunities for all Medicaid Managed Care Members

In pursuit of the mission to improve the health, safety and well-being of all North Carolinians, DHHS is weaving strategies to address non-medical needs and promote “healthy opportunities” into the Medicaid managed care program that will benefit all Medicaid enrollees.

Today's Focus:

The Healthy Opportunities Pilots, available to a subset of Medicaid managed care enrollees

Priority Domains for All Healthy Opportunities Initiatives

Housing



Food



Transportation



Interpersonal
Violence



Overview of the Healthy Opportunities Pilots

Importance of Drivers of Health (or “Healthy Opportunities”)

- Social and economic factors have a significant impact on individuals’ and communities’ health—**driving as much as 80% of health outcomes**.
- In light of this, NC DHHS is fundamentally shifting its approach from “buying healthcare” to “**buying health**”.
- Scalable efforts to address healthy opportunities are challenged by existing healthcare and social service silos and a lack of sufficient funding and standardization (e.g., how to define non-medical services).
- The Healthy Opportunities Pilots seek to create **new infrastructure and payment vehicles** that bridge these gaps and provide a pathway to sustainable partnerships and the delivery of high-quality, impactful care—ultimately across all of North Carolina.



Why the Healthy Opportunities Pilots?

The Pilots are a groundbreaking effort—first in the nation to provide a wide array of non-medical interventions to many Medicaid enrollees—requiring collaborative and innovative partners!

- HSOs are critical partners to our collective success
- HSOs' **deep, authentic relationships** within their communities and with their clients are an essential ingredient to the Pilots
- HSOs' **unique expertise in the delivery of high-quality non-medical services** to vulnerable, high-risk individuals is fundamental to achieving the Pilot's goals
- HSOs that participate will create **new collaborations** and bring **new resources to advance their missions**
- We will all be learning and adapting together to ensure the success of the program!



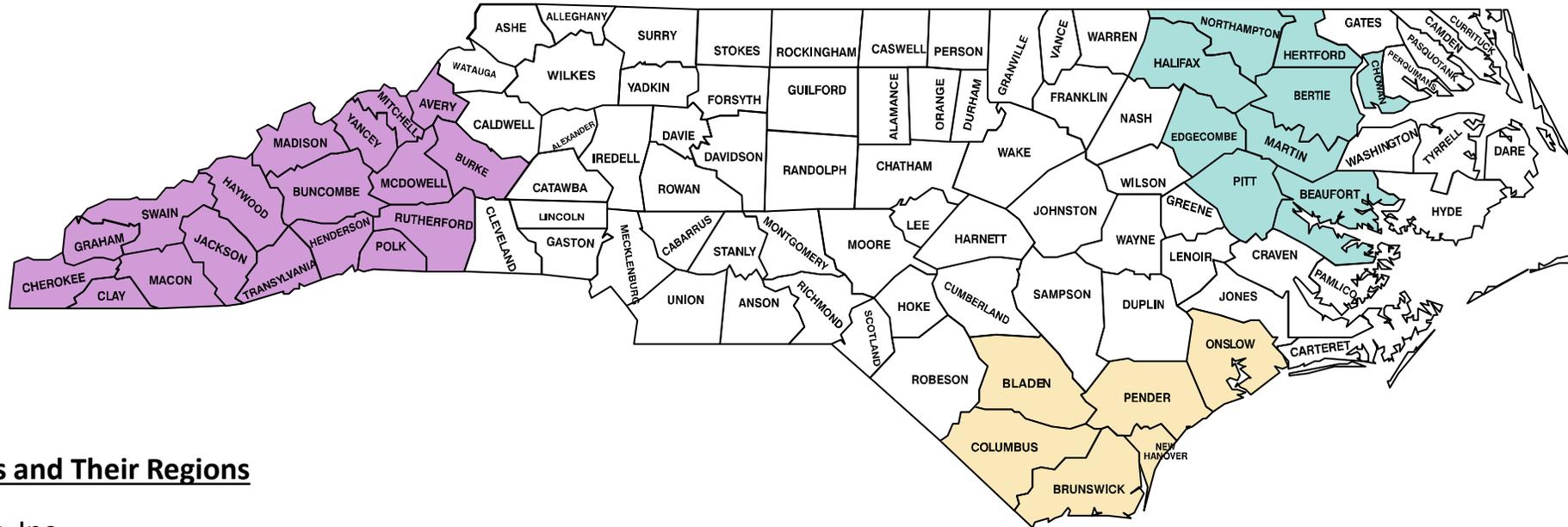
What Are the Healthy Opportunities Pilots?

The federal government authorized up to \$650 million in state and federal Medicaid funding to provide non-medical services to Medicaid enrollees at higher risk to evaluate the impact on their health outcomes and health care utilization and costs.

Pilot funds will be used to:

- **Cover the cost of delivering federally-approved Pilot services**
 - NC DHHS has developed service definitions and a fee schedule to reimburse human service organizations (HSOs) that deliver these non-clinical services
- **Support capacity building to establish Healthy Opportunities Network Leads (NLs) and strengthen the ability of human service organizations (HSOs) to deliver Pilot services**
 - NC DHHS procured three Network Leads (one per Pilot region) with deep roots in their communities to facilitate collaboration and build partnerships across healthcare payers and human service providers

Where in North Carolina Will the Pilots Operate?



Network Leads and Their Regions



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 (Dogwood Health Trust)

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 (e.g., food boxes) based on social needs alone.

To qualify for pilot services, Medicaid managed care enrollees in Standard Plans and Behavioral Health I/DD Tailored Plans 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 enrollees who are receiving concurrent housing case management and moving for a qualifying reason, such as transitioning from homelessness to stable housing.

What Services Can Members Receive Through the Pilots?

North Carolina's 1115 waiver specifies 29 services that can be covered by the Pilot. Examples include:



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



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



Transportation

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

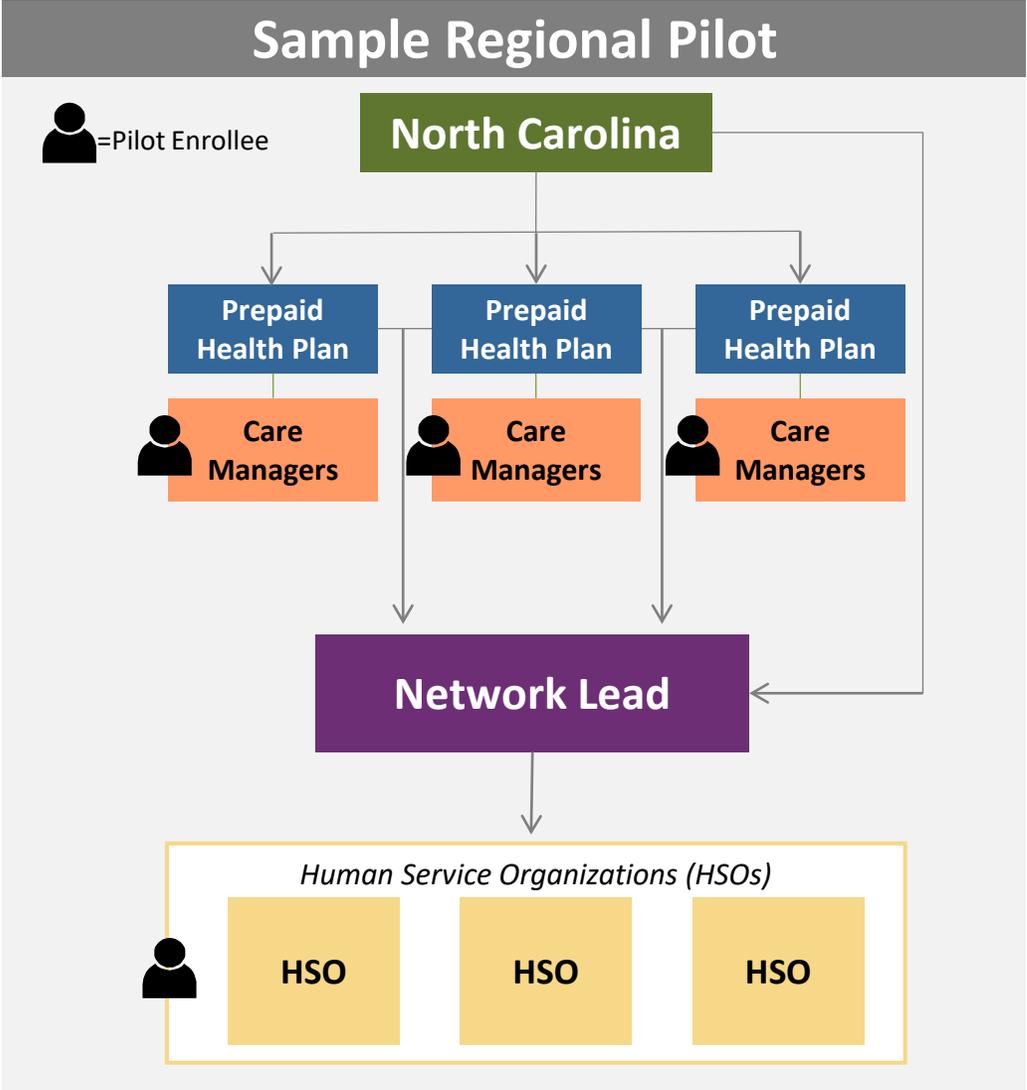


Interpersonal Safety

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

Note: More details for each category available on slides 26-28

What Entities are Involved in the Pilots?



Key Entities' Roles in the Pilots

- Prepaid Health Plans (PHPs):**
 - Approve which of their enrollees qualify for Pilot services and which services they qualify to receive
 - Ensure the provision of integrated care management to Pilot enrollees
 - Manage a Pilot budget and pay HSOs for delivery of Pilot services to their Pilot enrollees
- Care Managers:**
 - Frontline service providers located at Tier 3 AMHs, LHDs, and PHPs interacting with beneficiaries
 - Assess beneficiary eligibility for Pilot, identify recommended Pilot services, refer Pilot enrollee to a Pilot HSO, and manage coordination of Pilot services, in addition to managing physical and behavioral health needs
 - Track enrollee progress over time
- Network Leads:**
 - Develop, manage, and oversee a network of HSOs
 - Receive, track and validate invoices from HSOs and work with PHP to ensure accurate invoices are paid
 - Provide support and technical assistance for HSO network
 - Convene Pilot entities to share best practices
- Human Service Organizations:**
 - Frontline social service providers that contract with the Network Lead to deliver Pilot services to Pilot members
 - Participate in the healthcare delivery system, including submitting invoices and receiving reimbursement for services delivered
 - Support identification of potential Pilot-enrollees by connecting them to their PHP or CM

What is NCCARE360?

NCCARE360 is a statewide resource and referral platform that allows key stakeholders to connect individuals with needed community resources

- **NCCARE360 is a telephonic, online and interfaced IT platform, providing:**
 - A robust **statewide resource database** of community-based organizations and social service agencies
 - A **referral platform** that allows health care providers, insurers and human service providers to connect people to resources in their communities. It supports “closed-loop referrals,” giving them the ability to track whether individuals accessed the community-based services to which they were referred
- Pilot-participating HSOs will use NCCARE360 to accept referrals for Pilot services, invoice for Pilot services, and track enrollee progress over time



How Will the Pilots be Evaluated?



Key Learning Objectives

- **Evaluate the effectiveness** of select, evidence-based, non-medical interventions and the role of the Network Lead in improving health outcomes and reducing health care costs for high-risk members
- **Leverage evaluation findings** to embed cost-effective interventions that improve health outcomes into the Medicaid program statewide to promote sustainability
- **Support the sustainability** of delivering non-medical services identified as effective through the evaluation, including by strengthening the capabilities of HSOs and partnerships with health care payers and providers



Hypotheses Tested

- Network Leads will enable **effective delivery of Pilot services**
- The Pilot program will increase rates of Medicaid enrollees **screened** for social risk factors and **connected to** services that address these risk factors
- The Pilot program **will improve the qualifying social risk factors, health outcomes, healthcare utilization, and healthcare costs of participants** (overall and by sub-populations)



Evaluation Phases

- **Rapid cycle assessments:** To gain “real-time” insights on whether Pilots are operating as intended, if services are having their intended effects, and what mid-course adjustments need to be made to improve delivery of effective services
- **Summative Evaluation:** To assess the global impact of the Pilots, learn which interventions are effective for specific populations, and plan for incorporation into the Medicaid program

Deeper Dive: Pilot Roles and Responsibilities of HSOs

Summary of Key HSO Roles and Responsibilities

HSOs will play an essential role in the Pilots by serving as the frontline providers of Pilot services, ensuring Pilot enrollees receive high-quality care that addresses their non-medical needs



Provide authorized Pilot services to eligible members

- Use NCCARE360 to receive referrals
- Conduct outreach to referred members, and deliver authorized Pilot services
- Use NCCARE360, and other means, to “close the loop” on the referral, including to share relevant information about services and Pilot participant needs with the care manager and clinicians and report on service delivery and related outcomes



Submit invoices to receive payment for Pilot services rendered

- Generate and submit invoices and supporting documents to the Network Lead via NCCARE360 to receive payment from the PHPs



Support identification of potentially Pilot-eligible individuals by connecting them to their care manager or PHP for a Pilot eligibility assessment



Collect and report to DHB and PHPs on qualitative and quantitative data that will be used for monitoring and evaluation

Required Activities to Serve as a Pilot HSO



Contract with the Network Lead to participate in the Pilot HSO network

- 1. Apply:** HSOs must submit an application to the NL to be part of the NL's Pilot network
 - The application must include a proposed capacity building budget

2. Offer approved services: HSOs must offer one or more approved pilot services listed on the Healthy Opportunities Pilots Fee Schedule

3. Onboard onto NCCARE360: HSOs must be onboarded onto and use NCCARE360 for Pilot service referrals and invoicing (the Department will cover all NCCARE360-related costs for HSOs)

4. Enroll as a Medicaid provider: HSOs must enroll as a Medicaid provider in North Carolina's Medicaid provider system called, "NCTracks"

5. Be in the Pilot region: HSOs must maintain a physical presence in North Carolina, with one or more offices located in or serving the Pilot region



Applications will be opening soon. HSOs should contact their local NL for more information

Additional Opportunities for Pilot HSOs



Use capacity building funds to build and improve service delivery:

- Ensure accurate accounting of Capacity Building Funds spent with appropriate documentation
- Report on uses of capacity building funds to NL on a quarterly basis



Participate in training and technical assistance sponsored by the NLs, PHPs, or DHHS and **participate in convenings** for Pilot-participating entities to share best practices and inform the program



Gain an additional source of predictable funding to supplement and enhance existing funding streams (e.g., grant funding)

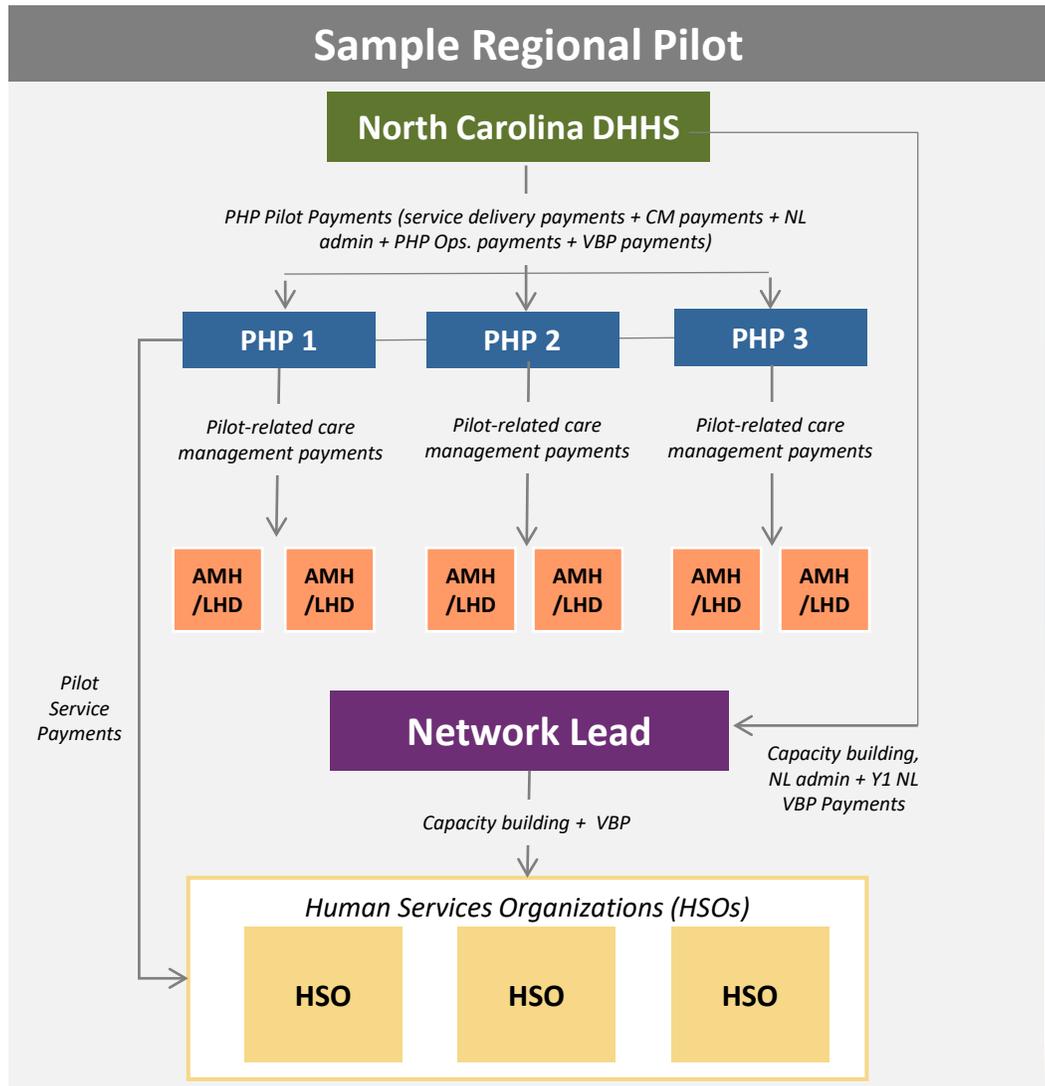
Overview of Pilot Funding to Support HSOs

Pilot Payment Stream Definitions

Pilot-participating HSOs will be eligible to receive several different types of payments.

Payment Stream	Definition
Capacity Building	Start-up funding for HSOs and NLs to develop infrastructure, hire and train staff, and carry out other activities necessary to execute Pilot responsibilities
HSO Service Delivery Payments	Payment for the delivery of authorized Pilot services to Pilot participants in accordance with the Pilot “fee schedule” (described on slide 27)
Value-Based Payments <i>(not for discussion today)</i>	Payments to PHPs, NLs, and HSOs will increasingly be linked to operational ability, enrollees’ health outcomes and health care costs through various VBP arrangements over the course of the demonstration, through incentive payments, withholds, and shared savings
<i>NL Administrative Payments</i>	<i>NLs will receive Pilot funding from DHHS to support their ongoing administrative activities.</i>
<i>PHP Operational Support Payments</i>	<i>PHPs will receive Pilot funding from DHHS to support their Pilot-related operational activities.</i>
<i>Care Management Payments</i>	<i>Local care management entities will receive funding from PHPs for Pilot-related care management.</i>

Funds Flow to Support HSO Pilot Participation: Overview



Key Funds Flow Responsibilities

North Carolina

- Distributes Pilot funds to PHPs
- Distributes capacity building funding, NL admin. funding and Y1 NL VBP directly to the NL

PHP

- Receives Pilot funding from DHHS; manages budget for Pilot services
- Collects HSO invoices from NLs; Pays HSOs for authorized services
- Pays local CM entities

Local CM Entities (e.g., AMH Tier 3/Local Health Departments)

- Receives funds from PHPs for care managers' Pilot-related responsibilities

Network Leads (NLs)

- For first two years, spends capacity building funding on infrastructure/staff; distributes portion of capacity building funds to contracted HSOs.
- Receive administrative funds from DHHS.
- Collects and reviews HSO invoices and sends to PHPs

HSOs

- Provide authorized Pilot services to Pilot enrollees and submit invoices to NL
- Receive service delivery reimbursement from PHP
- Spend capacity building funds on infrastructure/staff

Funds Flow to Support HSO Pilot Participation: Capacity Building Funds

NLs and their contracted HSOs will have access to capacity building funds to support their successful execution of Pilot responsibilities through approximately May 2023.

- Up to \$100 million may be spent on capacity building for all NLs and HSOs
 - NLs will receive capacity building funding from DHHS to spend on their infrastructure development (e.g., hiring and training additional staff)
 - NLs will distribute at least 51% of their capacity building funding directly to HSOs
 - HSOs must use capacity building dollars to support their ability to execute contractual Pilot requirements (e.g., submitting invoices accurately) and deliver Pilot services

Example Permissible Uses of HSO Capacity Building Funds

- Hiring and training HSO staff that will have a direct role in the execution of Pilot services
- Cost of salary for HSO staff that will be delivering Pilot services
- Developing necessary infrastructure/ systems to support program integrity monitoring and reporting
- Participating in learning collaboratives
- Cost of office furnishings, supplies, and equipment that supports the delivery of pilot services

Funds Flow to Support HSO Pilot Participation: Pilot Service Delivery Payments

HSOs will receive payment from PHPs for the delivery of authorized Pilot services to Pilot participants in accordance with a fee schedule developed by DHHS.

Overview: Pilot Service Delivery Payments

- HSOs will be reimbursed by PHPs for the delivery of each authorized Pilot service provided
- Payment rates for Pilot services have been set by DHHS as part of the Pilot “fee schedule” (described below) and are non-negotiable between HSOs and PHPs.
- HSOs will submit invoices to the NLs via a standardized template within NCCARE360 for delivered Pilot services
 - HSOs will work with NLs to finalize or correct information (e.g., if there is missing information)
 - NLs will submit completed invoices to the PHP for review and payment

Healthy Opportunities Fee Schedule

- As required by the federal government, DHHS developed a fee schedule for the Healthy Opportunities Pilot Program
- The fee schedule includes a service name, unit of service, non-negotiable service rate, and service definition for twenty-nine approved Pilot services
- To establish the fee schedule, the Department conducted a rigorous and transparent year-long process to develop service definitions, gather data on cost inputs, and identify reference points for pricing when available

Pilot Fee Schedule

The following is an excerpt from the North Carolina [Lead Pilot Entity Request For Proposal Addendum #7](#) (pp. 24-68).

FIRST REVISED AND RESTATED ATTACHMENT M: HEALTHY OPPORTUNITIES PILOT SERVICE FEE SCHEDULE

As required by North Carolina’s [Medicaid Reform Demonstration 1115 Waiver](#), the Department developed a Healthy Opportunities Pilot Service Fee Schedule (“fee schedule”) for the Healthy Opportunities Pilot Program. This attachment contains the fee schedule approved by the Centers for Medicare and Medicaid Service (CMS) that will be in place when Pilot service delivery begins. It includes a service name, unit of service, service rate, and service definition for twenty-nine approved Pilot services. Service definitions provide additional detail on each Pilot service, including a service description, anticipated frequency, duration, and setting of service delivery, as well as minimum eligibility criteria for receiving the service. Prepaid Health Plans (PHPs) will have some discretion to determine when to authorize Pilot services for those meeting minimum eligibility criteria to further target and maximize the value of Pilot expenditures, subject to Department guidelines.

To establish the fee schedule, the Department conducted a rigorous and transparent year-long process to develop service definitions, gather data on cost inputs, and identify reference points for pricing when available (e.g., similar services offered under home and community-based services waivers). This work included gathering data directly from North Carolina human service organizations through an RFI, multiple meetings with stakeholders, input from subject matter experts within the Department, and consultation with local and national experts. The Department contracted with an actuarial firm to develop the service rates, which are based on existing benchmarks when available or on the estimated average market cost – including administrative costs – of providing a Pilot service.

Healthy Opportunities Pilots Fee Schedule: Pilot Service Rates

The Pilots represent the first time Medicaid funding will systematically pay for health-related social services for a broad subset of Medicaid enrollees. The CMS-approved fee schedule, defines and prices Pilot services. All Pilots will adhere to the fee schedule's rates in their payment practices

	Service Name	Fee Schedule Rate
Housing Services	Housing Navigation, Support and Sustaining Services	\$373.66 PMPM
	Inspection for Housing Safety and Quality	\$250 per inspection*
	Housing Move-In Support	1-5+ BR: \$900- \$1,250*
	Essential Utility Set-Up	\$500 for utility deposits, arrears or reinstatement*
	Home Remediation Services	\$5,000 per year*
	Home Accessibility and Safety Modifications	\$10,000 per lifetime of waiver demonstration*
	Healthy Home Goods	\$2,500 per year*
	One-Time Payment for Security Deposit and First Month's Rent	<ul style="list-style-type: none"> • First Month's Rent: 110% Fair Market Rent (FMR)* • Security deposit: 110% FMR x2*
	Short-Term Post Hospitalization Housing	<ul style="list-style-type: none"> • First Month's Rent: 110% Fair Market Rent (FMR)* • Security deposit: 110% FMR x2*

These payment rates include the HSO's costs for delivering the service, as well as the HSO's related administrative costs.

Healthy Opportunities Pilots Fee Schedule: Pilot Service Rates (cont'd)

	Service Name	Fee Schedule Rate
Food Services	Food and Nutrition Access Case Management Services	15-minute interaction: \$12.51
	Evidence-Based Group Nutrition Class	One class: \$21.60
	Diabetes Prevention Program	Phase 1 (16-class program): \$264.12 Phase 2 (16-class program): \$99.04
	Fruit and Vegetable Prescription	\$200 per month*
	Healthy Food Box (For Pick-Up)	Small box: \$85.04 Large box: \$136.06
	Healthy Food Box (Delivered)	Small box: \$90.04 Large box: \$141.06
	Healthy Meal (For Pick-Up)	\$4.14 per meal
	Healthy Meal (Home Delivered)	\$4.87 per meal
	Medically Tailored Home Delivered Meal	\$5.05 per meal

Healthy Opportunities Pilots Fee Schedule: Pilot Service Rates (cont'd)

	Service Name	Fee Schedule Rate
Interpersonal Violence (IPV) Services	IPV Case Management Services	\$209.37 PMPM
	Violence Intervention Services	\$152.44 PMPM
	Evidence-Based Parenting Curriculum	One class: \$21.50
	Home Visiting Services	One home visit: \$63.43
	Dyadic Therapy	\$68.18 per occurrence
Transportation Services	Reimbursement for Health-Related Public Transportation	\$102 per month*
	Reimbursement for Health-Related Private Transportation	\$204 per month*
	Transportation PMPM Add-On for Case Management Services	\$71.30 PMPM
Cross-Domain Services	Holistic High Intensity Enhanced Case Management	\$470.23 PMPM
	Medical Respite	\$206.98 per diem
	Linkages to Health-Related Legal Supports	15-minute interaction: \$23.83

* Indicates cost-based reimbursement up to the fee schedule cap

Healthy Opportunities Pilots Fee Schedule: Sample Service Definition

HSOs must deliver authorized Pilot services to enrolled Members in accordance with the service definitions in the Pilot Fee Schedule

- Service definitions provide additional detail on each Pilot service, including:
 - Service description,
 - Anticipated frequency,
 - Duration,
 - Setting of service delivery, and,
 - Minimum eligibility criteria for receiving the service.
- The service definitions are final as approved by CMS and not subject to change prior to the initial service delivery period.
- The full fee schedule is available here:
https://www.manatt.com/Manatt/media/Documents/Articles/N C-Pilot-Service-Fee-Schedule_Final-for-Webpage.pdf

Home Remediation Services	
Category	Information
Service Name	Home Remediation Services
Service Description	Evidence-based home remediation services are coordinated and furnished to eliminate known home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Home remediation services may include for example pest eradication, carpet or mold removal, installation of washable curtains or synthetic blinds to prevent allergens, or lead abatement.
Frequency (if applicable)	Enrollees may receive home remediation services at any point at which they meet minimum service eligibility criteria and have not reached the cap.
Duration (if applicable)	N/A
Setting	Home remediation services occur in the enrollee's current place of residence or potential residence.
Minimum Eligibility Criteria	<ul style="list-style-type: none">• Enrollee must be moving into a new housing unit or must reside in a housing unit that is adversely affecting his/her health or safety.<ul style="list-style-type: none">◦ The housing unit may be owned by the enrollee (so long as it is their primary place of residence) or rented.• Landlord has agreed to and provided signed consent for approved home remediation services prior to service delivery (if applicable).• Landlord has agreed to and provided signed consent to keep rent at current rate for a period of twenty-four months after receiving Pilot Home remediation services prior to service delivery (if applicable).• Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan.• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.

Next Steps for Interested HSOs

Next Steps for Interested HSOs

Identify your Network Lead:

- Find your NL based on your location and the counties you serve:
 - Access East, or
 - Community Care of the Lower Cape Fear, or
 - Impact Health/ Dogwood Health Trust

Submit an Application to Participate

- Work with your NL to complete the application and execute the contract to become part of your NL's HSO network

Apply for and Use Capacity Building Funds

- Submit capacity building requests/budgets to your NLs to receive capacity building funds

Participate in Pilot Training and Onboarding

- Stay informed on upcoming training and onboarding sessions
- NCCARE360 training will be included

Contact Information for NLs

Access East Inc.

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

Website: <https://www.accesseast.org/>

Email: myroupe@accesseast.org

Phone: (252) 847-9350

Community Care of the Lower Cape Fear

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

Website: <https://www.carelcf.org/healthy-opportunities/>

Email: info@carelcf.org

Phone: (910) 763-0200

Impact Health (Dogwood Health Trust)

Counties: Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey and the Qualla Boundary

Website: <https://impacthealth.org/healthy-opportunities/>

Email: d.greenlee-jones@impacthealth.org

Q&A

Appendix

Healthy Opportunities Pilots Fee Schedule: Overview

North Carolina conducted a rigorous, data-driven, and transparent year-long process to develop the Pilot Service Fee Schedule, informed by feedback from local and national experts and North Carolina constituents.

