

Healthy Opportunities Pilots: *Assessing Eligibility for Pilot Services*

For Discussion: March 9, 2022

Goals for Today's Session

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- Provide CIN care management teams with a 'deep dive' into eligibility criteria for the Healthy Opportunities Pilots, including:
 - Review of Pilot physical/behavioral eligibility criteria
 - Review of Pilot qualifying social risk factors
- Provide an overview of the NC SDOH screening questions to assess social risk factors

Today's training will focus on overarching eligibility for the Pilots. Future trainings will cover eligibility criteria that may be specific to each Pilot service.

Pilot Care Manager Training: Plans Moving Forward

The **initial set of trainings** that took place on February 11th, February 25th, and today provide an **overview of the Pilots**. **Future sessions** dig deeper in key areas of Pilot design.

Moving Forward:

The Department will be working closely with NC Area Health Education Centers (NC AHEC) to provide *more detailed* care management trainings on Pilot roles/responsibilities in the weeks and months ahead.



DHHS and AHEC have recently engaged a care management SME with more than a decade's worth of experience providing front-line care management to lead content development for future sessions.



These trainings will also start to engage domain-specific SMEs (e.g., food, housing) to ensure care managers receive more training and support focused on the key domain areas to be addressed in the Pilots. **Please let us know if you have any additional domain experts from your communities you would recommend the Department connecting with!**



Care managers will continue to receive training on NCCARE360 (including Office Hours on [March 16th](#) and [March 18th](#)) in addition to deeper dive content training from SMEs.

Care Management Team Role in Assessing Pilot Eligibility

Care management teams will review whether an enrollee's physical or behavioral health conditions meet Pilot criteria and assess the enrollee's social needs related to Pilot eligibility.

Care Management Teams will:

- ✓ Use the standardized Pilot Eligibility and Service Assessment (PESA) tool in the NCCARE360 platform to document a member's assessment of Pilot eligibility
- ✓ Confirm whether a member is enrolled in managed care and lives in the Pilot region
- ✓ Assess whether a member meets the qualifying physical/behavioral health criteria and social risk factors for the Pilots
- ✓ Have the ability to 'check off' applicable eligibility criteria for a member that will be pre-populated in the PESA



Step 1: Ensuring Member is Enrolled in a Standard Plan and Lives in the Pilot Region

Care managers must 1) Check to make sure the member is enrolled in a Standard Plan (*AmeriHealth, Healthy Blue, United Healthcare, WellCare or Carolina Complete Health*) and 2) Ensure the member's residence of record is in one of the Pilot counties shown below. Pilot eligibility is determined based on whether the member lives in a Pilot region, not on the location of the AMH Tier 3 practice where a member receives care.

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

Reminder: Who Qualifies for Pilot Services?

Individuals must have co-occurring physical/behavioral and social needs in order to receive any Pilot services. Individuals will not receive Pilot services (e.g., food boxes) based on social needs alone. If a member has social needs but isn't eligible for pilot services, the care manager should refer that member to non-pilot services using NCCARE360.

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

Members must also meet service-specific eligibility criteria to receive Pilot services

Deeper Dive: Physical/Behavioral Eligibility Criteria

Overview of Physical/Behavioral Eligibility Criteria by Population

The federal government approved Pilot qualifying physical and behavioral eligibility criteria for each population below.

Adults (Age 21+)



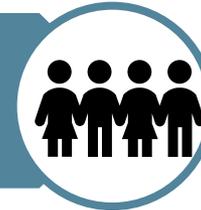
Pregnant Women (Any Age)



Children (Age 0 – 3)



Children (Age 0 – 20)



Physical/Behavioral Eligibility Criteria: Adults Age 21+

Adults (Age 21+) – At least one needed



- **2 or more chronic conditions** - chronic conditions that qualify an individual for Pilot program enrollment include:
 - BMI over 25
 - blindness
 - chronic cardiovascular disease (*e.g. heart disease*)
 - chronic pulmonary disease (*e.g., COPD*)
 - congenital anomalies (*e.g., spina bifida*)
 - chronic disease of the alimentary system (*e.g., celiac disease*)
 - substance use disorder
 - chronic endocrine conditions (*e.g., diabetes*)
 - chronic cognitive conditions (*e.g., dementia*)
 - chronic musculoskeletal conditions (*e.g., arthritis*)
 - chronic mental illness (*e.g., depression or anxiety*)
 - chronic neurological disease (*e.g., ALS*)
 - chronic renal failure
- OR**
- **Repeated incidents of emergency department use** (defined five or more ED visits or hospital admissions in the past year)

Example Qualifying Scenario

- A 40-year-old adult that has been diagnosed with both diabetes and substance use disorder

Example Non-Qualifying Scenario

- A 40-year-old adult that has been to the emergency department 3 times in the past year

Physical/Behavioral Eligibility Criteria: Pregnant Women

Pregnant Women – At least one needed



- 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

Example Qualifying Scenario

- A pregnant woman that is currently using drugs

Example Non-Qualifying Scenario

- A pregnant woman that had twins 2 years ago

Physical/Behavioral Eligibility Criteria: Children Age 0-3

Children (Age 0 – 3) – At least one needed



- 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

Example Qualifying Scenario

- Child that was born premature at 35 weeks

Example Non-Qualifying Scenario

- Child weighing 6 pounds at birth



Children ages 0-3 can qualify under either child-focused category of physical/behavioral conditions

Physical/Behavioral Eligibility Criteria: Children Age 0-20

Children (Age 0 – 20) – At least one needed



- 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 three or more adverse childhood experiences (ACEs), or traumatic events that occur to a child before the age of 18.
 - AMH Tier 3 practices may use [ACEs screening tools](#) or an “[ACEs Score](#)” to identify ACEs.
 - Examples of ACEs include a child that experiences include: child abuse or neglect, substance abuse in the household, parental violence, or criminal behavior in the household.
- Enrolled in North Carolina’s foster care or kinship placement system

Example Qualifying Scenario

- Child that has been diagnosed with ADHD

Example Non-Qualifying Scenario

- Child with a BMI in the 75th percentile for age and gender



Children ages 0-3 can qualify under either child-focused category of physical/behavioral conditions

Deeper Dive: Social Risk Factors

Overview of Pilot Qualifying Social Risk Factors

The federal government approved social risk factors in four priority domains for the Pilots. Social risk factors are standardized across populations (i.e., adults, pregnant women and children) and can be assessed using North Carolina's Standardized SDOH Screening Questions.

- Homelessness and Housing Insecurity** 
- Food Insecurity** 
- Transportation Insecurity** 
- Interpersonal Safety/Toxic Stress** 

North Carolina's SDOH Screening Questions

In partnership with a diverse set of stakeholders from across the state, DHHS developed a standardized set of SDOH screening questions. Care managers may use this tool to assess whether a member meets Pilot social risk factors, but may need to ask supplementary questions to fully understand a member's social needs. Care management teams may rely on member attestation regarding their social risk factors.

Health Screening

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.

	Yes	No
Food		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
Housing/ Utilities		
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?		
4. Are you worried about losing your housing?		
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
Transportation		
6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
Interpersonal Safety		
7. Do you feel physically or emotionally unsafe where you currently live?		
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
Optional: Immediate Need		
10. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
11. Would you like help with any of the needs that you have identified?		

SDOH Screening Tool

- The SDOH screening tool is available online at the [DHHS website](#)*
- The Department has issued the SDOH screening tool in various languages, including Spanish and other languages
- Some services have additional service-specific eligibility criteria
 - For example, medical respite services are only available for individuals experiencing homelessness, and wouldn't be available for someone who screens as housing insecure (answers NO to question #3 and YES to question #4).

Qualifying Social Risk Factors: Homelessness and Housing Insecurity

Homelessness and Housing Insecurity



Individuals who are **homeless** defined as:

- An individual who lacks housing (without regard to whether the individual is a member of a family), including:
 - An individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and
 - An individual who is a resident in transitional housing.

Individuals who are **housing insecure** including individuals who:

- Within the past 12 months, have ever stayed outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e., couch surfing);
- Are worried about losing their housing; or
- Within the past 12 months have been unable to get utilities (heat, electricity) when it was really needed.

Example Qualifying Scenario

- Individual who has been living at a homeless shelter for the past 2 weeks
- Individual that had their electricity shut off due to inability to pay



DHHS SDOH Screening Tool questions generally align with identifying members who are homeless (question 3) and housing insecure (question 4), but are not a 1:1 match. Care managers may need to ask members additional questions to understand their specific needs

Qualifying Social Risk Factors: Food Insecurity

Food Insecurity

Patients who are experiencing **food insecurity**, defined as:

- The disruption of food intake or eating patterns because of lack of money and other resources.

Includes individuals who:

- Report reduced quality, variety, or desirability of diet. There may be little or no indication of reduced food intake. This is considered low food security.
- Report multiple indications of disrupted eating patterns and reduced food intake. This is considered very low food security.
- Report that within the past 12 months they worried that their food would run out before they got money to buy more.
- Report that within the past 12 months the food they bought did just not last and they didn't have money to get more.



Example Qualifying Scenario

- ☑ A parent that has been skipping meals so that they have enough food to feed their children
- ☑ Individual who is unable to purchase fresh fruits and vegetables due to high costs
- ☑ Individual who lives in a “food desert” and who doesn't have access to healthy food options

Qualifying Social Risk Factors: Transportation Insecurity

Transportation Insecurity



Transportation insecurity defined as:

- Patients for whom, within the past 12 months, a lack of transportation has kept them from medical appointments or from doing things needed for daily living.

Example Qualifying Scenario

- ☑ Individual who is unable to get to the grocery store due to lack of transportation
- ☑ Individual who has missed medical appointments due to lack of transportation

Qualifying Social Risk Factors: Interpersonal Safety and Toxic Stress

Interpersonal Safety and Toxic Stress



At risk of, witnessing, or experiencing interpersonal violence defined as:

- Patients who report that they feel physically or emotionally unsafe where they currently live;
- Within the past 12 months have been hit, slapped, kicked or otherwise physically hurt by anyone; or
- Within the past 12 months have been humiliated or emotionally abused by anyone.

Example Qualifying Scenario

- Individual that has been physically or emotionally hurt by another member of their household

Q&A

Appendix

Timelines for Pilot Service Authorization: Housing

Domain	Pilot Service Name*	Timelines for Pilot Service Authorization		
		Pre-Approved; Expedited Referral	3 business days	7 business days or less
Housing Services	Housing Navigation, Support and Sustaining Services		X	
	Inspection for Housing Safety and Quality			X
	Housing Move-In Support			X
	Essential Utility Set-Up		X	
	Home Remediation Services			X
	Home Accessibility and Safety Modifications			X
	Healthy Home Goods			X
	One-Time Payment for Security Deposit and First Month's Rent			X
	Short-Term Post Hospitalization Housing		X	

Timelines for Pilot Service Authorization: Food

Domain	Pilot Service Name	Timelines for Pilot Service Authorization		
		Pre-Approved; Expedited Referral	3 business days	7 business days or less
Food Services	Food and Nutrition Access Case Management Services			X
	Evidence-Based Group Nutrition Classes			X
	Diabetes Prevention Program			X
	Fruit and Vegetable Prescription	X		
	Healthy Food Box (For Pick-Up)	X		
	Healthy Food Box (Delivered)	X		
	Healthy Meal (For Pick-Up)	X		
	Healthy Meal (Home Delivered)	X		
	Medically Tailored Home Delivered Meal			X

Timelines for Pilot Service Authorization: IPV, Transportation and Cross-Cutting

Domain	Pilot Service Name	Timelines for Pilot Service Authorization		
		Pre-Approved; Expedited Referral	3 business days	7 business days or less
IPV Services	IPV Case Management Services			X
	Violence Intervention Services			X
	Evidence-Based Parenting Curriculum			X
	Home Visiting Services			X
	Dyadic Therapy			X
Transportation Services	Reimbursement for Health-Related Public Transportation	X		
	Reimbursement for Health-Related Private Transportation	X		
	Transportation PMPM Add-On for Case Management Services			X
Cross-Cutting Services	Holistic High Intensity Enhanced Case Management			X
	Medical Respite		X	
	Linkages to Health-Related Legal Supports			X