



Healthy Opportunities Pilots: *Deeper Dive on Pilot Responsibilities of Frontline Care Managers*

For Discussion: February 25, 2022

Goals for Today's Session

Goals

- Review the roles and responsibilities of CIN care management teams in the Healthy Opportunities Pilots
- Provide CIN care management teams with information on the process for enrolling members in the Healthy Opportunities Pilots and coordinating services that meet member's health and social needs:
 - Identifying Potentially Pilot Eligible Populations
 - Assessing Pilot Eligibility and Services
 - Eligibility Determination & Service Authorization
 - Referral to Authorized Services
 - Reviewing Service Mix and Reassessing Pilot Eligibility

Reminder: What is the Role of Care Management Teams in the Pilots?

A critical component of implementing the Pilots is how care management entities will work to identify and assess individuals for Pilot eligibility and needed services, connect those individuals to Pilot services, and provide ongoing whole person care management.

➤ In the Pilots, care management teams will be located in:

Focus for today



- AMH Tier 3 practices and their affiliated CINs/Other Partners in Pilot regions,



- LHDs located in Pilot regions, and



- PHPs, when a local care management entity is not assigned.

➤ Pilot responsibilities for participating care management teams are integrated into existing care management processes, further supporting the vision of whole-person care.

Pilot Care Management Team Responsibilities

Activity	Identification and Outreach to Pilot Populations	Assessing Pilot Eligibility and Recommending Pilot Services	Eligibility Determination & Service Authorization	Referral to Authorized Services and Tracking	Reviewing Service Mix and Reassessing Pilot Eligibility
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Support identification of potentially Pilot-eligible members (e.g., through regular member interactions and screenings)

1. Assess Pilot eligibility (physical/behavioral and social needs)
2. Recommend Pilot services that are likely to meet member needs
3. Obtain consents
4. Document Pilot eligibility and service recs. in the Pilot eligibility and service assessment (PESA) in NCCARE360

PHP Role: *The PHP reviews the PESA in NCCARE360 to determine eligibility, authorize services and document Pilot enrollment and notifies AMH Tier 3 practice via NCCARE360*

Refer member to authorized Pilot service using NCCARE360 and tracks progress

1. Review service mix every 3 months
2. Reassess for Pilot eligibility every 6 months
3. Recommend additional or discontinued services and disenrollment if needed

Expedited Referral for Pre-Approved Pilot Services
 Care management teams can expedite referral to a limited number and duration of pre-approved Pilot services

Care management teams will also support transitions of care if a member switches health plans

Identifying Potentially Pilot Eligible Populations

No Wrong Door—Entry Points into the Pilots

The Pilots will have a “no wrong door” approach to identifying and enrolling individuals in the Pilots, ensuring that individuals who first show up at various “entry points” can be efficiently identified and assessed for Pilot eligibility and needed services.

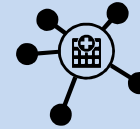
Provider Referral



Referral from Pilot Participating HSO



Referral from Non-Pilot Participating HSO



Self/Family Referral



PHP Identification



Care Management Entity Assessment



Assessing Pilot Eligibility and Recommending Needed Services

Who Qualifies for Pilot Services?

To qualify for pilot services, Medicaid managed care enrollees 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

Meet service specific eligibility criteria, as needed.

Pilot Eligibility and Service Assessment (PESA)

Care management teams will use the standardized tool (PESA) in NCCARE360 to document a member's assessment of Pilot eligibility, service recommendations, and service-specific eligibility criteria. The PESA is not an additional screening tool, but a documentation tool to facilitate the eligibility determination and service authorization process.

- In Pilot regions, care management teams will be responsible for assessing individuals for their Pilot eligibility and recommending Pilot services that will meet their need.
- The PESA will pre-populate a list of all eligibility criteria for pilot enrollment and selected service(s) allowing care management teams to check off applicable eligibility criteria for a member.
- All Pilot enrollees receiving services must have a completed and up-to-date PESA. A member's PESA will be available to and editable by their care management team and PHP.

The PESA will be standardized across all care management entities and will be a dynamic tool for care management teams to assess and document essential information related to Pilot eligibility and recommended services, including:

- Member contact and identifying information;
- Physical and social risk factors supporting Pilot program eligibility;
- Recommended Pilot service(s);
- Service-specific eligibility for recommended services, and necessary documentation;
- Member consent to participate in the Pilots
- Required documentation for specific services (as needed).

Key Takeaways: Assessing Pilot Eligibility and Recommending Services

Care Management Teams will:

- Assess whether a member meets the qualifying criteria to be eligible for the Pilots
- Recommend specific Pilot service(s) that can best address the member's needs (including any minimum eligibility criteria for specific services)
- Obtain electronic, verbal, or written Pilot-related consent
 - If a member does not give consent, care management teams will explain that the member will not be able to receive Pilot services and provide ongoing care management and identify other services to meet their needs
- Use the PESA in NCCARE360 to document information and transmit to the appropriate service authorization team at the PHP



Eligibility Determination & Service Authorization

Eligibility Determination & Service Authorization

PHP administrative/service authorization staff will have the ultimate responsibility for determining eligibility and authorizing Pilot services for members. Care management teams must wait for approval from the PHP before connecting members to recommended services.



Eligibility Determination

- PHPs will review a member's PESA to ensure they meet the qualifying physical/behavioral needs and social risk factors to be eligible for the Pilots
- PHPs are expected to rely on the recommendation of the care management team regarding assessment of Pilot qualifying criteria



Service Authorization

- PHPs will also authorize Pilot services recommended by care management teams
- PHPs will follow DHHS standardized timeframes for authorization of all Pilot services

PHPs will document eligibility determination and service authorization information in the member's PESA and communicate approval/denial to the member's care management team. A member will be considered "enrolled" in the Pilots if they have been authorized for at least one Pilot service.

Expedited Referral to Pre-Approved Pilot Services

To expedite service delivery and reduce touchpoints with the member, PHPs will allow care management teams to refer patients to a select number of high-value, low-cost Pilot services for a 30-days without prior PHP approval. These select Pilot services will be treated by the PHP as “pre-approved” for up to 30 days.



Pre-Approved Pilot Services

- DHHS has designated 7 services as ‘pre-approved’ Pilot services. These services and amounts will be standardized across PHPs:

Food Services

- ✓ Fruit and Vegetable Prescription
- ✓ Healthy Food Box (For Pick-Up)
- ✓ Healthy Food Box (Delivered)
- ✓ Healthy Meal (For Pick-Up)
- ✓ Healthy Meal (Home Delivered)

Transportation Services

- ✓ Reimbursement for Health-Related Public Transportation
- ✓ Reimbursement for Health-Related Private Transportation

- Care management teams must still complete the PESA and transmit it to the PHP to confirm authorization decision beyond the first 30 days.

Food services will be available at Pilot launch on March 15, 2022.

Transportation services will launch on May 1, 2022

Key Takeaways: Eligibility Determination & Service Authorization

Key Takeaways

- PHP administrative/service authorization staff will have the ultimate responsibility for determining eligibility and authorizing Pilot services for members
- Care management teams must wait for authorization before connecting members to recommended services (except in the case of “pre-approved services,” described below)
- Members are only considered enrolled once they have at least one Pilot service authorized
- For select, high-value services, care management teams can refer members directly to an HSO that provides those “pre-approved services”

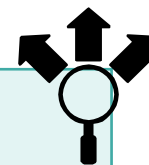
Referral to Authorized Services and Tracking

Key Takeaways: Referral to and Delivery of Pilot Services

Once the care management team receives authorization from the PHP administrative staff, they will refer members to an appropriate HSO using NCCARE360 and track their progress.

Care Management Teams will:

- Use NCCARE360 to refer members to authorized Pilot services within two business days of receiving notice from the PHP
- Communicate to the member an HSO will be reaching out to them to deliver authorized Pilot services
- Use NCCARE360 to monitor that HSOs accept the referral and initiate the service
- Update the enrollee's care plan when an HSO accepts the referral
- Coordinate with HSOs to help assess to what extent Pilot services are meeting their needs



Review Service Mix and Reassess Pilot Eligibility

Overview of Service Mix Review and Eligibility Reassessment

As required by the federal government, care management teams must 1) assess enrollees every 3 months to ensure Pilot services are meeting their needs and 2) reassess enrollees every 6 months for continued Pilot eligibility.

Definitions

- 1. Assessment of Pilot Service Mix (every 3 months):** Assessment of the Pilot services the enrollee is receiving to determine if they are meeting the enrollee's needs. If the current mix of services is not meeting the enrollee's needs, care management teams will recommend modified services.
- 2. Reassessment of Pilot Eligibility (every 6 months):** Reassess the enrollee's eligibility for Pilot services based on the qualifying criteria (physical/behavioral health criteria and social risk factor) in addition to service mix.

Care management team check-ins with enrollees at the 3-month and 6-month interval after enrollment are **minimum requirements**. Care management teams are expected to conduct regular check-ins with members at frequencies that best meet their needs.

Discontinuation of Pilot Services and Pilot Disenrollment

Care management teams may identify instances where Pilot services should be discontinued or when members must be disenrolled from the Pilots.

Definitions

Discontinuation: One or more of an enrollee's Pilot services is discontinued because they are no longer required, available or the enrollee is no longer eligible to receive a previously authorized service. Examples include:

- Current Pilot service(s) are not meeting the needs of the member
- Member has met their Care Plan goals and no longer requires the Pilot service
- Member no longer meets the service-specific qualifying criteria

Disenrollment: An enrollee is disenrolled from the Pilots because they are no longer eligible to participate. Examples of potential scenarios for disenrollment from the Pilots include:

- Member is no longer enrolled in Managed Care
- Member moved out of a Pilot region
- Member wishes to opt out of the Pilots

Key Takeaways: Conducting 3- and 6-Month Pilot Reassessments

Care management teams will play an essential role in conducting and documenting the results of 3- and 6-month Pilot reassessments.

Care Management Teams will:

- Schedule, prepare for, and conduct a 3-month service mix assessment and 6-month eligibility reassessment (in-person, via telephone or via video)
 - **Service Mix Review:** Ask questions to determine if current services are meeting member needs, if new/modified services are required, or if services should be **discontinued**
 - **Eligibility Reassessment:** In addition to service mix review, ask questions to confirm the member's eligibility in the Pilots, or if they should be **disenrolled**
- Document and transmit outcomes of the 3-month and 6-month assessment in the member's PESA and transmit it to the PHP
- Communicate any changes to the member, update the member's care plan, and generate new referrals via NCCAREA360, as required

Q&A

Appendix

Healthy Opportunities Pilots: Qualifying Physical/ Behavioral Health Criteria

Population	Age	Physical/Behavioral Health-Based Criteria
Adults	22+	<ul style="list-style-type: none"> 2 or more chronic conditions. Chronic conditions that qualify an individual for Pilot program 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 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.
Pregnant Women	N/A	<ul style="list-style-type: none"> 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
Children	0-3	<ul style="list-style-type: none"> 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
	0-21	<ul style="list-style-type: none"> 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 %ile 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 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 in North Carolina's foster care or kinship placement system

Healthy Opportunities Pilots: Social Risk Factors

Risk Factor	Definition
Homelessness and Housing Insecurity	<ul style="list-style-type: none"> • <u>Individuals who are homeless: defined as an individual who lacks housing, 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.</u> • 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.
Food Insecurity	<p>Patients who are experiencing food insecurity—defined as the disruption of food intake or eating patterns because of lack of money and other resources—including those who:</p> <ul style="list-style-type: none"> • 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.
Transportation Insecurity	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.
At risk of, witnessing, or experiencing interpersonal violence	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.

NC DHHS Healthy Opportunities Standardized Screening Questions. Available: <https://www.ncdhhs.gov/screening-tool-english-providers-final/download>

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