

Healthy Opportunities Pilot: LME/MCO, AMH+, CMA Care Manager Training

Assessing Member Eligibility for Participation in the Healthy Opportunities Pilot

November 20, 2023

Presenters

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Reminder: Schedule for HOP Trainings

In the lead up to HOP launch, the Department is hosting live training sessions for care management teams. Care management teams will subsequently complete virtual self-paced trainings that provide a deep dive into HOP services and how to choose appropriate services for members.

HOP Training Topic	Date	
Three live sessions hosted by DHHS staff		
• The Role of Care Management Teams in the Healthy Opportunities Pilot	Monday, October 23 11-11:50 AM ET	
Deeper Dive on HOP Responsibilities of Frontline Care Managers	Monday, November 6 11-11:50 AM ET	
 Assessing Member Eligibility for Participation in the Healthy Opportunities Pilot 	Today's Focus	
Self-paced sessions accessed through online AHEC modules		
 HOP Overview module for Care Managers (<u>Bundle 1</u>) 		
 Diversity, Equity, and Inclusion (DEI) – Cultural Humility (<u>Bundle 1</u>) 		
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 How Care Managers Can Choose Appropriate Food Services (Bundle 2) 	November 20 th .	
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Objectives for Today's Session

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- Care management teams at LME/MCOs, AMH+s, CMAs understand:
 - Eligibility criteria for the Healthy Opportunities Pilot (HOP)
 - How to access virtual self-paced HOP trainings

Recap: Healthy Opportunity Pilot Overview

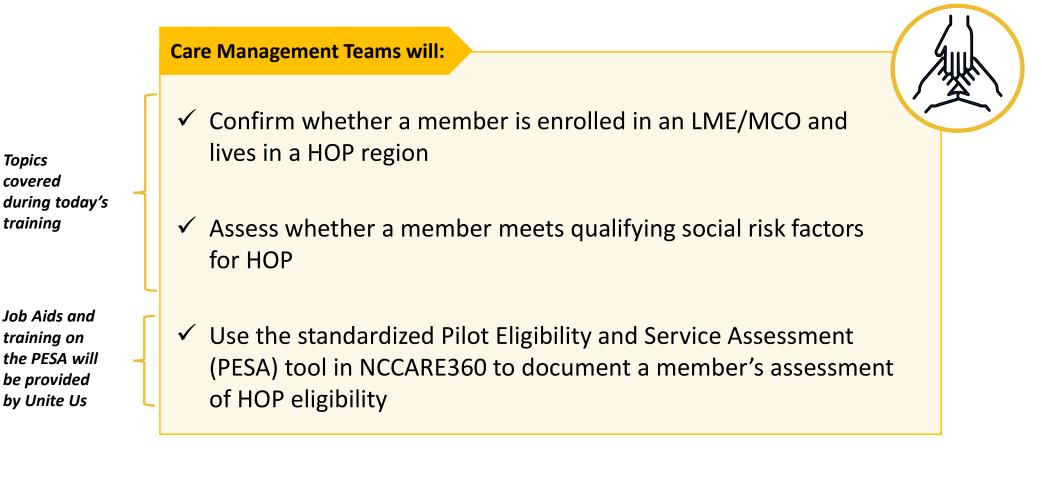
The Healthy Opportunities Pilot (HOP) will test evidence-based, non-medical interventions designed to reduce costs and improve health outcomes for qualifying to Medicaid enrollees.

- HOP launched for the Standard Plan population in 2022. HOP will launch for the following LME/MCO population eligible for Tailored Care Management beginning February 1, 2024:
 - Members engaged in Tailored Care Management,
 - Members eligible for Tailored Care Management who have opted out, and
 - Members not participating in Tailored Care Management because they are receiving ACT/HFW.
- HOP will operate in three "HOP regions" across select counties in the state; 4 LME/MCOs will serve members in HOP regions.
- HOP services will be offered across **four priority domains:** Housing, Food, Transportation, and Interpersonal Violence.
- LME/MCO members eligible for Tailored Care Management are likely eligible to participate in HOP; these members meet the HOP health criteria and must also have a qualifying social risk factor.
- HOP care management will be integrated into existing Tailored Care Management workflows.

Today's training will focus on qualifying social risk factors for HOP. Virtual self-paced trainings include additional details on eligibility criteria specific to each HOP service.

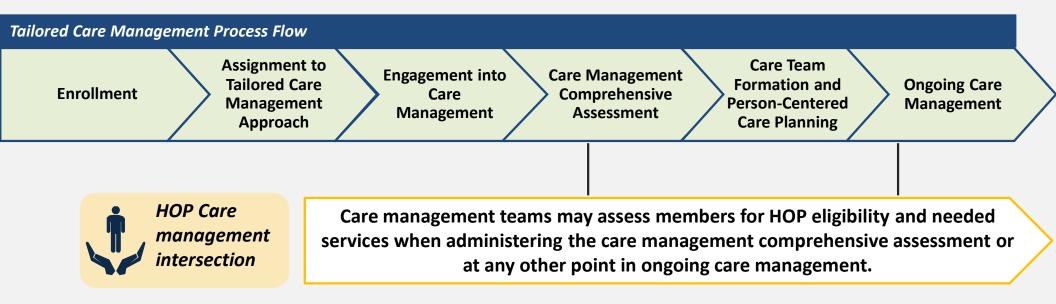
Care Management Team Role in Assessing HOP Eligibility

For individuals who are potentially HOP eligible, care management teams review whether a member meets the qualifying social risk factors for HOP.



Context for Today: Assessing HOP Eligibility & Intersection with Tailored Care Management

Care management teams will leverage their existing interactions with enrollees to collect information needed to assess HOP eligibility and which HOP services are most appropriate.



Overview of HOP Eligibility Criteria

HOP Eligibility Criteria

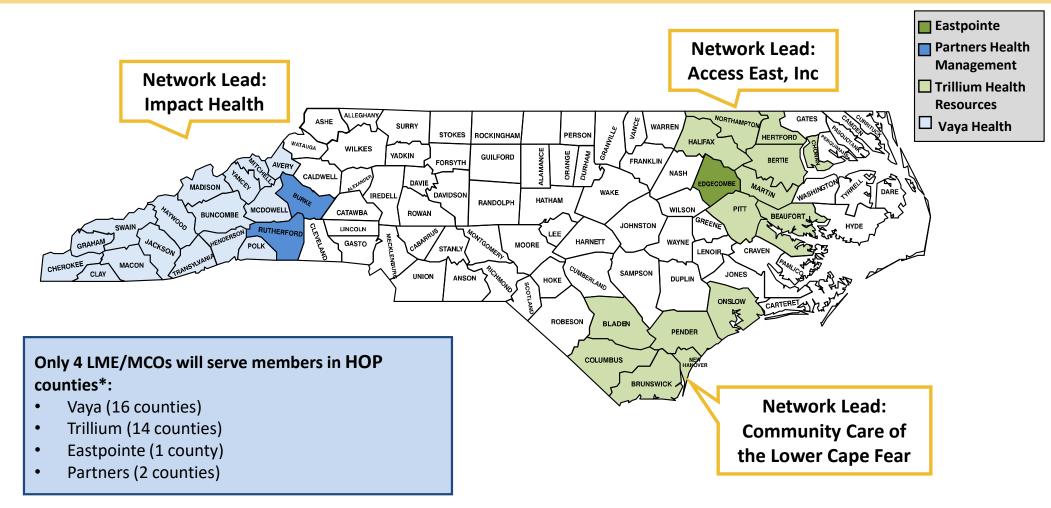
Members in LME/MCOs eligible for Tailored Care Management are likely eligible to participate in HOP due to their overlap with the health eligibility criteria.



Meet service specific eligibility criteria, as needed.

Members Must Be Enrolled in an LME/MCO and Live in A HOP Region

Care management teams must check to make sure the member is enrolled in an LME/MCO serving a HOP region <u>and</u> ensure the member lives in one of the HOP counties shown below.

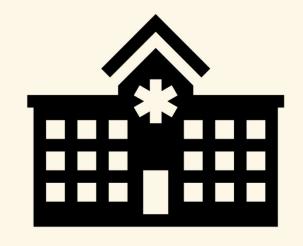


See <u>DHHS Secretarial Directive 2023-001</u>, which through Section 9G.7A.(a20) of Session Law 2023-134 (the legislation), directed the Secretary for the North Carolina Department of Health and Human Services to reduce the number of LME/MCOs to a total of no more than five, and at least four. **10**

Members Residing In Congregate And Institutional Settings

HOP services are generally duplicative of services provided by congregate care and institutional settings (e.g., housing and food). Members residing in these settings do not meet HOP eligibility criteria based on their access to services within the congregate or institutional setting.

- Members residing in the following congregate and institutional settings are not HOP -eligible:
 - o Adult Care Homes
 - o Alternative Family Living Arrangements
 - o Family Care Homes
 - o Group Homes
 - Halfway House
 - Inpatient Psychiatric Hospitals
 - Inpatient/Acute Care Hospitals
 - Long-term Care Hospitals
 - Nursing Facilities
 - Residential Treatment Facility Services*
 - Psychiatric Residential Treatment Facilities (PRTFs)
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID)

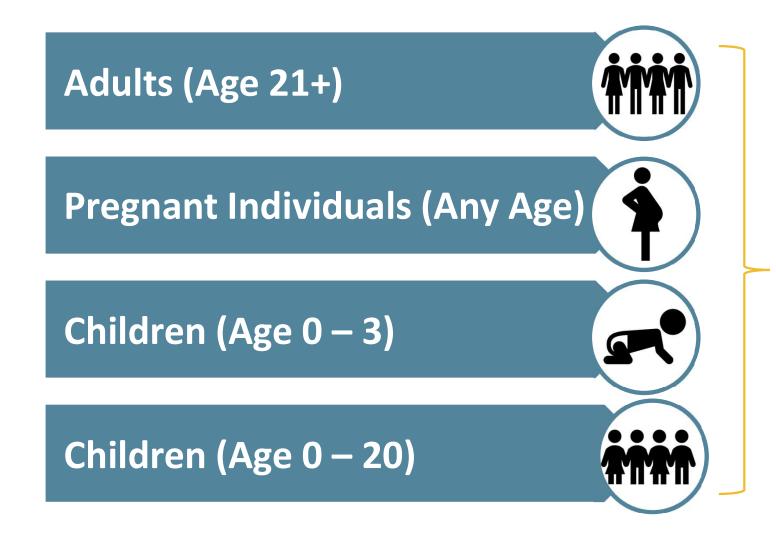


• For members transitioning out of a congregate care or institutional setting and into the community: The member's care manager may assess HOP eligibility and service needs prior to discharge/transition, so long as service delivery starts upon the member's return to the community.

Deep Dive on HOP Eligibility Criteria

Overview of HOP Health Eligibility Criteria

The federal government approved HOP qualifying health eligibility criteria specific to each population shown below.



All individuals who meet the eligibility criteria for Tailored Care Management meet the HOP health criteria.

Overview of HOP Qualifying Social Risk Factors

The federal government approved social risk factors in four priority domains for HOP. Social risk factors are standardized across populations (i.e., adults, pregnant women and children).



Assessing Social Risk Factors for LME/MCO Members

- The Department has developed a "PESA Companion Document" that defines HOP-qualifying social needs (see slides 16 19)
- As part of conducting the Care Management Comprehensive Assessment, care management teams will ask members questions about social needs.
- Care management teams have the option to use the following tools to ask members about their social needs:
 - North Carolina SDOH Screening Questions
 - <u>Accountable Health Communities Health-Related Social Needs Screening</u>
 <u>Tool</u>
- Care management teams may rely on member attestation regarding their social risk factors.

Qualifying Social Risk Factors: Homelessness and Housing Insecurity

Homelessness and Housing Insecurity



The member meets the social risk factor criteria for housing if they attest to one or more of the following:

- Member is at risk of losing their housing (e.g., is at risk of being evicted, has insufficient resources to attain or maintain stable housing, is living in an overcrowded environment, spending the bulk of household resources on housing, has moved frequently because of economic reasons, etc.) or is currently homeless
- Member has stayed outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (e.g., couch surfing) in the last 12 months
- Member has been unable to get utilities such as water, electricity, heat, gas, etc.
- Member's home is unsafe and or adversely affecting their health (e.g., mold or pests are present; ramps or grip bars are not present, but are necessary to safely live in the home)

Qualifying Social Risk Factors: Food Insecurity

Food Insecurity

The member meets the social risk factor criteria for food if they attest to one or more of the following:

- Member does not have access to sufficient food/food of adequate quality
- Member is experiencing reduced food quality, variety, reduced food intake and/or disrupted eating patterns (e.g., parents with enough food to feed their children but who do not have enough food themselves)
- Member is worried their food will run out and they will be unable to get more

As described in the Pilot Eligibility Service Assessment (PESA) Companion document

Qualifying Social Risk Factors: Transportation Insecurity

Transportation Insecurity

The member meets the social risk factor criteria for transportation if they attest to the following:

 Member indicates that lack of transportation has kept member from essential activities of daily living (e.g., going to the grocery store, work, childcare, school, etc.)

As described in the Pilot Eligibility Service Assessment (PESA) Companion document

Qualifying Social Risk Factors: Interpersonal Safety and Toxic Stress

Interpersonal Safety and Toxic Stress

The member meets the social risk factor criteria for interpersonal violence and toxic stress if they attest to one or more of the following:

- Member feels physically or emotionally unsafe where they currently live
- Member has been hit, slapped, kicked, physically hurt by anyone, been humiliated or emotionally abused by anyone in last 12 months.
- Member reports experiencing adverse childhood experiences, parental stress, difficulty coping with parenting challenges, child behavioral or health issues, or other factors that contribute to and/or exacerbate toxic stress

As described in the Pilot Eligibility Service Assessment (PESA) Companion document

Service-Specific Eligibility Criteria

- HOP services may have service-specific eligibility criteria.
- For example, a member must be moving into housing/apartment unit due to one or more of the following reasons to be eligible for the HOP Housing Move-In Support service:
 - Transitioning from homelessness or shelter to stable housing;
 - Addressing the sequelae of an abusive relationship;
 - Evicted or at risk of eviction from current housing;
 - Current housing is deemed unhealthy, unsafe or uninhabitable by a certified inspector;
 - Displaced from prior residence due to occurrence of a natural disaster.

HOP Fee Schedule (link)

Updated Healthy Opportunities Pilots Fee Schedule March 2023

In March 2022, the Healthy Opportunities Pilot Fee Schedule that was originally posted in December 2019 was updated to reflect recent data on wages, inflation, employee-related expenses and updates to rates for similar services offered by other Department programs. In March 2023, DHHS implemented additional updates to Pilot housing services to streamline enrollment in and delivery of these services. The Fee Schedule may continue to be updated in the future based on DHHS experience implementing the Pilots and any feedback from CMS.

** This version of the Healthy Opportunities Pilot Fee Schedule is not part of the Prepaid Health Plan-Network Lead and Network Lead-Human Service Organization model contracts. This version is meant to provide guidance outside of the model contracts by incorporating information about frequency, duration, setting, and minimum eligibility criteria for each service, where applicable. **

	Healthy Opportunit	ies Pilots Fee Schedule
Service Name	Unit Of Service/Payment	Rate or Cap
Housing		
Housing Navigation, Support and Sustaining Services	РМРМ	\$400.26
Inspection for Housing Safety and Quality	Cost-Based Reimbursement Up to A Cap	Up to \$250 per inspection
Housing Move-In Support	Cost-Based Reimbursement Up to A Cap	 1 BR: Up to \$900 per month 2 BR: Up to \$1,050 per month 3 BR: Up to \$1,150 per month 4 BR: Up to \$1,200 per month 5+ BR: Up to \$1,250 per month
Essential Utility Set-Up ¹	Cost-Based Reimbursement Up to A Cap	 Up to \$500 for utility deposits, and Up to \$500 for reinstatement utility payment, and Up to \$500 for utility arrears
Home Remediation Services	Cost-Based Reimbursement Up to A Cap	Up to \$5,000 per year ²

Care management teams can reference the HOP Fee Schedule for full HOP service definitions and service-specific eligiblity criteria.

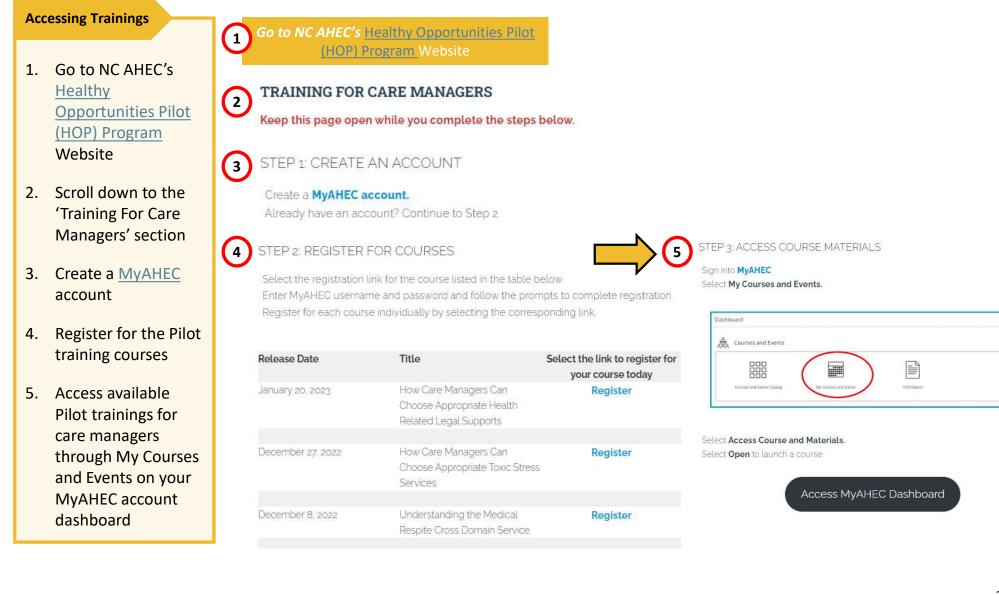
Next Steps

Self-Paced Virtual HOP Trainings

Care management teams must complete virtual self-paced trainings offered through AHEC that provide a deep dive into HOP services and how to choose appropriate services for members.

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Accessing Self-Paced HOP Trainings Through AHEC



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NCCARE360 Training Through Unite Us

The Department's vendor Unite Us will provide training on NCCARE360 to care management teams beginning December 2023. Trainings will cover HOP-related functionality in NCCARE360 and include Job Aids that provide step-by-step instructions on the HOP care management workflow.

NCCARE360 Job Aid Topics for Care Management Teams

- Eligibility and Enrollment
- PESA
- Authorization for HOP Services
- Referrals for Passthrough Services
- Disenrollment
- Transition of Care
- No Wrong Door Processes

HOP "Office Hours"

The Department will schedule a new monthly "HOP Office Hours" meeting series with LME/MCOs, AMH+s, and CMAs participating in HOP. This will be time for the Department to share any Pilot programmatic updates and for care management entities to raise any Pilot-related questions.

Audience

• Administrative staff from HOP-participating LME/MCOs, AMH+s, and CMAs

Objectives

- Create forum for the Department to present key HOP updates to care management entities
- Provide a pathway for care management entities to raise HOP-related questions to the Department

Content

- HOP policy/programmatic updates and best practices
- Discuss questions raised by care management entities offline
- Live Q&A for care management entities

Q&A