Public Private Regional Pilots
Part of 1115 Medicaid Waiver

Creating the Statewide Framework and Infrastructure for Healthy Opportunities

- Standardized screening for unmet resource needs
- Multi-faceted approach for preventing the opportunity for health
- "Hot Spot" map for Social Determinants
- Medicaid Managed Care Core program elements
- Aligning enrollment and connecting existing resources
- Work force e.g., Community Health Workers
- Statewide Resource Platform

November 27, 2018 - Working Session
Healthy Opportunities of the Piedmont™

**Process/Time Line**

- **Early 2019:** Request for Information (RFI)
- **Mid 2019:** Request for Proposals (RFP)
  - RFP will determine LPEs/ Pilot Regions
- **Late 2019:** Award LPEs/ Pilot Regions
- **2020:** Full year of capacity building for LPEs and regions
- **January 1, 2021:** Begin Service Delivery
- **October 31, 2024:** End Pilots (at end of 1115 waiver)

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**Lead Pilot Entity**

- LPEs will:
  - Develop, manage, and oversee network of community-based organizations and social service agencies that will provide pilot services
  - Assist care managers with connecting beneficiaries to the right resources
  - Facilitate payments to CBOS and data collection
- LPEs must have:
  - Strong connections to community resources
  - Strong financial and data management abilities
- LPEs will have access to capacity building funding to gain the necessary infrastructure
- NC Resource Platform – NC Care 360 can be part of infrastructure
Lead Pilot Entity: Evaluation of Piedmont Triad Regional Council (PTRC)

PTRC is organized as a voluntary association of local governments, urban and rural, authorized by state law to:
1. Make and implement joint regional decisions;
2. Provide management, planning and technical services to local governments;
3. Identify and solve short and long-term problems best addressed at the regional level;
4. Bring together local elected officials on a regular basis, giving them an opportunity to form working relationships; and
5. Promote regional issues and cooperation among members

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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<tbody>
<tr>
<td>Strong connections to community resources</td>
<td>AAA networks lack Community Based Organizations who serve pregnant women, children and adults 22+</td>
</tr>
<tr>
<td>Strong financial and data management abilities</td>
<td>Payments to CBOs and data collection activities are TBD</td>
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Initial Priority Domains

Food Security  Housing Stability  Transportation  Interpersonal Violence  Employment
Operating Model

Healthy Opportunities of the Piedmont

What regional structures, alliances, and working groups already exist to accelerate our pilot specific efforts along geographic (vertical) and SDOH specific domains (horizontal)?

Forsyth Points of Contact

Healthy Opportunities of the Piedmont

What regional structures, alliances, and working groups already exist to accelerate our pilot specific efforts along geographic (vertical) and SDOH specific domains (horizontal)?
Gilford Points of Contact

Healthy Opportunities of the Piedmont

SDOH Domains
Communities with Shared Interests

Enhanced Case Management
- Food
- Transportation
- Housing
- Interpersonal Violence and Toxic Stress (IV & TS)
- Employment

What regional structures, alliances, and working groups already exist to accelerate our pilot specific efforts along geographic (vertical) and SDOH specific domains (horizontal)?

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Rockingham Points of Contact

Healthy Opportunities of the Piedmont

SDOH Domains
Communities with Shared Interests

Enhanced Case Management
- Food
- Transportation
- Housing
- Interpersonal Violence and Toxic Stress (IV & TS)
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What regional structures, alliances, and working groups already exist to accelerate our pilot specific efforts along geographic (vertical) and SDOH specific domains (horizontal)?

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