Connection Academy Webinar

Healthy Opportunities
Regional Pilot Project
Overview

Wednesday, April 17th

Upcoming Events

<table>
<thead>
<tr>
<th>When</th>
<th>What &amp; Where:</th>
</tr>
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<tbody>
<tr>
<td>April 24th, 900am</td>
<td><strong>Rockingham County Community Health Assessment Advisory Group</strong> at Eden’s City Hall</td>
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<tr>
<td>Listening Sessions</td>
<td><strong>The Partnership for Prosperity</strong></td>
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<tr>
<td>April 24, 130pm</td>
<td>Lloyd Presbyterian Church, 748 N. Chestnut</td>
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<tr>
<td>April 24, 800pm</td>
<td>Open Arms Community of the United Methodist Church, Experiment in Self-Reliance</td>
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<td>April 25, 200pm</td>
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<tr>
<td>May 7th, 12pm</td>
<td><strong>Approaches to Working with Transportation Network Companies (TNC)</strong> via Webinar; to register, please go to:</td>
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<td></td>
<td><a href="https://app.smartsheet.com/b/form/8f049dac92524bdf9d13034f93488cc1e">https://app.smartsheet.com/b/form/8f049dac92524bdf9d13034f93488cc1e</a></td>
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<tr>
<td>June 7th, 800am</td>
<td><strong>Building Healthy Communities through Better Housing</strong> (CHCS Housing &amp; Health Symposium)</td>
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<tr>
<td></td>
<td>UNCG School of Education Building</td>
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<td></td>
<td><a href="https://chcs.uncg.edu/2nd-annual-housing-and-health-symposium">https://chcs.uncg.edu/2nd-annual-housing-and-health-symposium</a></td>
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Highlights from April 11th

Forsyth County FaithAction ID Team

Highlights from April 11th

Opinions Editorials

DON'T FORGET THE FREE WATER AT ALL OF OUR DRINKING FOUNTAINS...

CHARITY CARE
BAD DEBT
MEDICARE/MEDICAID SHORTFALLS
FREE PARKING
PUBLIC RESTROOMS

OFFICE OF HOSPITAL COMMUNITY BENEFITS

4/18/19
Highlights from April 11th

Kevin Barnett spoke briefly about what we need to consider with regard to governing the pilot efforts.

Gary Gunderson encouraged us to act like we’ve already won the pilot ... function the way that most benefits our community, and that

*The application has not yet been written.*

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Recommendaion 6.3: Support Implementation of Medicaid Healthy Opportunities Pilots

a) As part of the Healthy Opportunities pilots, the North Carolina Department of Health and Human Services should implement its plans as stated in the Prepaid Health Plan Request for Proposal and public documents:

i) Require the Lead Pilot Entities to facilitate an Accountable Care Community by convening key local stakeholders (e.g., payers, health care providers, local government agencies, and human services organizations).

ii) Require Prepaid Health Plans to participate in the Lead Pilot Entity-led Accountable Care Communities.

iii) Develop requirements for how Prepaid Health Plans should partner with the pilots to address health-related social needs, as well as mechanisms for accountability.

iv) Develop funding streams for human services organizations participating in the pilots, in partnership with Prepaid Health Plans and other payers, including all potential federal funding streams.

Source: North Carolina Institute of Medicine (NCIOM) ACC Task Force Final Report titled, “Partnering to Improve Health: Developing Accountable Care Communities in North Carolina”
Concerns Exist about Anticipated SDOH Referral Volumes

4 PHP Awards 2/4/19

Managed Medicaid Enrollment

Human Service Organizations

SDOH Screenings and Referrals Are Required within 90 days

Phase 2 - Screenings & Referrals

Phase 2 LAUNCH

Regions 2 & 4 LAUNCH

Nov 2019

Oct–Dec 2019 Open Enrollment Phase 2

July–Sept 2019 Open Enrollment Phase 1

Managed Medicaid Enrollment

4/18/19

Pilot RFPs Released (July 2019)

Pilot RFPs Due (~Sept)

Pilots Awarded (Nov 2019)

Pilots Go-Live (Jan 2020)

Regional SDOH Pilots

Region: Capacity Building

Technical Assistance

Evaluation Efforts

Today

Summer 2019

How do we proceed together?

Crucial Conversations need to be ongoing and safe to engage in

Pilot

HSO

Scarcity

Abundance

Source: https://www.ncdhhs.gov/medicaid-transformation

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### Pilot Cash Flow Projections

**Enhanced Case Management and Other Services Pilot Program**

<table>
<thead>
<tr>
<th>Period / Description / Funding</th>
<th># Regional Pilot Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>100,000,000 $</td>
</tr>
<tr>
<td>Pilot Year 1</td>
<td>137,500,000 $</td>
</tr>
<tr>
<td>Pilot Year 2</td>
<td>137,500,000 $</td>
</tr>
<tr>
<td>Pilot Year 3</td>
<td>137,500,000 $</td>
</tr>
<tr>
<td>Pilot Year 4</td>
<td>137,500,000 $</td>
</tr>
<tr>
<td></td>
<td>650,000,000 $</td>
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</table>

### Pilot Enrollment Projections

**Enhanced Case Management and Other Services Pilot Program**

<table>
<thead>
<tr>
<th>Period / Description / Pilot Enrollment</th>
<th>Enrollment</th>
<th># Regional Pilot Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>25,000</td>
<td>6,250</td>
</tr>
<tr>
<td>Pilot Year 1</td>
<td>Incentives for Implementation Measures</td>
<td>6,250</td>
</tr>
<tr>
<td>Pilot Year 2</td>
<td>Incentives for Service Delivery Performance</td>
<td>6,250</td>
</tr>
<tr>
<td>Pilot Year 3</td>
<td>Withholds for Exceeding Resource Outcome Benchmarks</td>
<td>6,250</td>
</tr>
<tr>
<td>Pilot Year 4</td>
<td>Withholds for Exceeding Health &amp; Utilization Outcome Benchmarks</td>
<td>6,250</td>
</tr>
<tr>
<td>Subtotal</td>
<td>25,000</td>
<td>6,250</td>
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</tbody>
</table>
In order to administer $25M of capacity building in one year, we’d have to:

1. Be ready to award $ in January and
2. Build up to > $5M/month grant cash flow!

Administering $25M over two years allows for:

1. A Slower Ramp
2. The LPE to staff for lower max granting levels (~$2M)
What if we get $33M?

Administering $33M over one year would require:

1. Stakeholders to view it as their money and proactively submit funding requests
2. See that January 2020 awards impact their current FY19-20 Budget Cycle

How would you plan to spend the money?

1. Proactively submit funding requests
   - They would need to be submitted to the LPE
   - In November 2019 and shortly after the State’s award decision was announced, funding determinations could be made
   - Technical assistance from the LPE and capacity building funds could thereby flow as early as January 2020

What sort of help do you need to draft a funding request?

2. Leverage FY19-20 Budget Cycles to create business cases
   - Some HSOs could start framing their capacity building requests as part of their FY19-20 budget processes
   - How could $100K, $200K or $500K help your organization get ready for providing Pilot Services that are to begin January 2021

These sort of budget narratives could be helpful to the pilot application.
Questions

https://www.ptrc.org/healthyops

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President/CEO
Safety Net Health
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Appendix

Additional Operational Details Regarding the Pilots
Healthy Opportunities Pilots – One of Many

Creating the Statewide Framework and Infrastructure for Healthy Opportunities

1. Standardized screening for unmet resource needs
2. “Hot Spot” map for Social Determinants
3. Medicaid Managed Care
   Core program elements
   Regional Pilots
4. Statewide Resource Platform
5. Work force e.g. Community Health Workers
6. Aligning enrollment and connecting existing resources

https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities

Getting this right

Joining forces for the good of all:

1. Human Service Organizations, which include
   Community Based Organizations and Social Service Agencies, along with
2. Public Health
3. Healthcare systems, physicians, allied professionals, and the
   larger medical complex
Healthy Opportunities Pilots: Overview

**Sample Regional Pilot**

- North Carolina
  - Prepaid Health Plan
    - Care Managers
  - Prepaid Health Plan
    - Care Managers
  - Prepaid Health Plan
    - Care Managers

**Lead Pilot Entity**

**Human Service Organizations (HSOs)**

- HSO
- HSO
- HSO

**Pilot Overview**

- Pilots will test evidence-based interventions designed to reduce costs and improve health by more intensely addressing housing instability, transportation insecurity, food insecurity, interpersonal violence and toxic stress for eligible Medicaid beneficiaries.

- Key pilot entities include:
  - North Carolina DHHS
  - Prepaid Health Plans
  - Care Managers (predominantly located at Tier 3 AMHs and LHDs)
  - Lead Pilot Entities
  - Human Service Organizations (HSOs)

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Roles of Pilot Entities

**North Carolina’s 1115 waiver provides important flexibility to implement the groundbreaking Healthy Opportunities Pilot program in two to four areas of the state over a five-year period.**

**PHPs’ & Care Managers’ Roles & Responsibilities**

- **PHPs:**
  - Must participate in pilot operating within their region
  - Must work with the LPE and its network of HSOs to implement the program.
  - Must manage a capped amount of funding for pilot services
  - Must make final determinations of pilot eligibility and service authorization.
  - Will have discretion to authorize or deny services for eligible individuals, within guardrails defined by State.

- PHPs will leverage care managers predominantly at Tier 3 AMHs and LHDs to:
  - Help identify need for pilot services and assess eligibility based on State-developed eligibility criteria
  - Manage pilot services authorization with PHP
  - Work with LPE to refer beneficiaries to and coordinate with HSOs
  - Assess and reassess need for pilot services on an ongoing basis

**LPEs’ & HSOs’ Roles & Responsibilities**

- **LPEs:**
  - North Carolina will procure through a competitive bid **Lead Pilot Entities** (LPEs), that will:
    - Develop, manage, provide technical assistance to and oversee the network of community-based organization and social service agencies
    - Convene pilot and community entities to support communication, relationship-building and sharing best practices

- **Human services organizations (HSOs)** that contract with the LPE:
  - Will deliver cost-effective, evidence-based interventions addressing housing instability, transportation insecurity, food insecurity, interpersonal violence and toxic stress.
  - Must be determined qualified to participate in the pilot by the LPE
  - Will be paid by the LPE.

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*For more information on the Healthy Opportunities Pilots, please see the Pilot Fact Sheet.

**All entities must participate in data collection and reporting activities to support evaluation and oversight efforts.**
Lead Pilot Entity Role

Lead Pilot Entities (LPEs) will serve as the essential connection between PHPs and HSOs. Two to four LPEs will be selected by DHHS in 2019 through a competitive bidding process.

Key LPE Roles & Responsibilities include:

- **Developing an HSO Network**: Recruiting, training, managing and overseeing the network of organizations that deliver pilot services within its pilot area.
- **Advising Care Management Teams**: Advising care managers during care plan development on availability of services and capacity of in-network HSOs.
- **Paying HSOs and Providing Financial/ Quality/ Performance Oversight**: Receiving payment from PHPs and, in turn, paying HSOs for services rendered.
- **Convening Key Pilot Stakeholders**: Convening key pilot entities and other stakeholders to promote communication and coordination across partners.
- **Providing Technical Assistance**: Providing technical assistance and expertise to HSOs to ensure their successful participation in the pilot.
- **Collecting and Submitting Data**: Collecting and submitting data for evaluation and program oversight.

Overview of Eligibility For Pilot Services

To be eligible for pilot services, Medicaid managed care enrollees must have:

**At least one Needs-Based Criterion:**

Physical/behavioral health condition criteria vary by population:

- Adults (e.g., 2 or more chronic conditions)
- Pregnant Women (e.g., multifetal gestation)
- Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)
- Children 0-21 (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

*See appendix for full list of eligibility criteria.*
Overview of Approved Pilot Services

North Carolina’s 1115 waiver specifies services that can be covered by the Pilot. Pilots will not be required to offer all approved services.

**Housing**
- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month’s rent and security deposit)
- Short-term post-hospitalization housing

**Food**
- Linkages to community-based food services (e.g., SNAP/WIC application support, food bank referrals)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery

**Transportation**
- Linkages to existing public transit
- Payment for transit to support access to pilot services, including:
  - Public transit
  - Taxis, in areas with limited public transit infrastructure

**Interpersonal Violence**
- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services

*See appendix for full list of approved pilot services.*

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**Defining and Pricing Pilot Services**

- **Fee schedule**
  - RFI to inform fee schedule
- **Types of service reimbursements:**

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Description</th>
<th>Likely Services for Payment Type</th>
</tr>
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<tbody>
<tr>
<td>Fee-for-service</td>
<td>A rate set prior to service delivery for a discrete service. May include a base rate and adjustments for region, acuity, etc.</td>
<td>Services whose cost may be reasonably calculated in advance (e.g. medically tailored meals; consultation with specialized social worker)</td>
</tr>
<tr>
<td>Cost-based reimbursement</td>
<td>A payment for actual bulled cost of services. May include guardrails such as maximums per beneficiary per type of service.</td>
<td>Services whose prices are set by a contractor (e.g. 1st month’s rent and security deposit; extermination of mold remediation services)</td>
</tr>
<tr>
<td>Bundled Payment</td>
<td>A rate set prior to service delivery for an estimated bundle of services that may be delivered in a variety of ways depending on beneficiary needs.</td>
<td>Services provided as part of a longitudinal relationship - Services that meaningfully address a need when provided in complimentary package</td>
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