Collaborating With Community Partners to Address Social Drivers of Health: Potential Opportunities within Medicaid Transformation

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North Carolina Medical Society
2021 Annual CPP Meeting/Lifestyle Medicine Summit
September 24, 2021
AMA PRA Category 1 Credit™ – 9.75 hours

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The following presenters have relevant financial disclosures to make: Mike Cowan, MD – Royalties: Southern Spine LLC
Agenda

1. **PART 1: Introduce Legal Aid of North Carolina and our Medical-Legal Partnership (MLP) Program**
   a) Our role in addressing health equity and health disparities
   b) Examples of “legal remedies” to social drivers of health
   c) Our Medical-Legal Partnership Program – Integrating legal advocates within team-based care

2. **PART 2: Share News You Can Use TODAY! Helping Your Patients Access Safety Net Services to Address Social Drivers of Health**
   a) North Carolina Medicaid Ombudsman
   b) NC Navigator Consortium - ACA Marketplace Coverage
   c) Nutrition Assistance
   d) Advance Child Tax Credit
   e) Rental and Utility Assistance, Foreclosure Assistance

3. **PART 3: Describe Opportunities to Address Social Drivers of Health for Medicaid Managed Care Members**
   a) NC DHHS Goal and Vision
   b) Care Management Requirements for All Medicaid Managed Care Members Enrolled in Pre-Paid Health Plans
   c) Additional Care Management Requirements for Priority Populations and High-Need Members
   d) Members Eligible for Healthy Opportunities Pilot Services

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What Drives Health?

Which of these are “social drivers” of health?

As discussed by Kathy Colville earlier this morning, See NCIOM report, Healthy North Carolina 2030 (Jan. 2020)!


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**Health equity** means that everyone has a **fair** and **just opportunity** to be as healthy as possible.

- This requires **removing obstacles to health**, such as **poverty**, **discrimination**, and their **consequences** including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

**Health disparities** are **differences in health or in the key determinants of health**, such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.

- Reducing and ultimately eliminating disparities in health and its determinants of health is how we measure progress toward health equity.

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## Is there a Lawyer in the House? Integrating Access to Legal Remedies in Collaborative Efforts to Address Social Drivers of Health

<table>
<thead>
<tr>
<th>Social Drivers of Health</th>
<th>Examples of How Legal Services Can Help</th>
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</table>
| Safe, Affordable Housing | • Prevent improper and illegal evictions and terminations of housing subsidies  
                            • Ensure that repairs and services are made to unsafe rental homes  
                            • Save homes from foreclosure  
                            • Help homeowners and renters displaced by natural disasters |
| Family Safety and Stability | • Secure protective orders for victims of domestic violence  
                             • Assist victims of domestic violence to retain custody of their children  
                             • Protect seniors from financial exploitation |
| Access to Economic Opportunity | • Provide immigration assistance for victims of domestic violence, sexual assault, human trafficking, and other violence  
                                  • Remove barriers to employment, housing, and other supports for people involved with the justice system  
                                  • Protect farmworkers’ rights to housing and workplace safety, enforce employment contracts  
                                  • Prevent discrimination in employment, housing, and education |
| Food Security, Health Insurance, Access to Other Safety Net Supports | • Appeal improper denial, termination, or reduction of safety net support services  
                                                                            ○ Medicaid  
                                                                            ○ Supplemental Nutrition Assistance Program (SNAP)/Food Stamps  
                                                                            ○ Unemployment Benefits  
                                                                            ○ Disability Income  
                                                                            ○ Veteran’s Benefits  
                                                                            ○ Disaster-Related Services |
| Access to Quality Education | • Help children in public schools get the quality education they deserve  
                                • Enforce special education rights  
                                • Challenge improper school disciplinary actions, including suspensions and expulsions  
                                • Protect children from bullying/harassment  
                                • Help students experiencing academic failure |

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Legal Aid of North Carolina

- Statewide, non-profit law firm
  - We serve all 100 counties
  - ~ 22 local offices
- Mission
  - To provide free legal assistance
  - in civil matters
  - to low-income people
  - in order to ensure equal access to justice and
  - to remove legal barriers to economic opportunity

Madlyn Morreale, Legal Aid of North Carolina, September 24, 2021
Legal Aid of North Carolina: How to Apply for Assistance?

1. **Apply Online**
   - [https://www.legalaidnc.org/get-help/apply-online](https://www.legalaidnc.org/get-help/apply-online)

2. **Apply by Phone (Toll-Free #s)**
   - [https://www.legalaidnc.org/get-help/apply-phone](https://www.legalaidnc.org/get-help/apply-phone)

3. **Direct Referrals** from selected community partners
   - Domestic violence agencies
   - Clinics, hospitals, health systems in our Medical-Legal Partnership Program

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Legal Aid of North Carolina: Eligibility and Levels of Assistance

Eligibility Criteria for Clients*

- Income (typically <125% FPL) and assets
- Legal status for most types of services
  - Exceptions
    - Domestic Violence Protective Orders
    - VISA Assistance for Battered Immigrants
    - Human Trafficking

* As established by our federal funding agency, Legal Services Corporation

“Level” or “Dose” of Service**

- Advice and Information
- Brief Service
- Litigation
- Administrative Hearings

** Established for each client
Legal Aid of North Carolina

Areas of Expertise
- Housing
- Domestic Violence
- Public Benefits
- Education
- Consumer Law
- Employment
- Community Economic Development

Examples of Statewide and Regional Projects
- Medical-Legal Partnership Program
- Domestic Violence Prevention Initiative
- Battered Immigrant Project
- Mortgage Foreclosure Project
- Fair Housing Project
- Eviction Diversion
- Senior Law Project
- Veterans’ Law Project
- Outreach and Enrollment for Coverage Under ACA
- Farm Worker Unit, Human Trafficking Project
- Advocates for Children’s Services
- Community Economic Development, Disaster Relief and Recovery

For more information about our services, see https://www.legalaidnc.org/get-help/our-services

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Legal Aid of North Carolina - General Information and Resources

See our website for know-your-rights classes, videos, written materials, other information.

Short “Know Your Rights” videos
www.youtube.com/legalaidnc

Weekly updates on legal issues
Facebook: Legal Aid of North Carolina @LegalAidNC

https://www.legalaidnc.org/get-help/self-help-library

Images are screen shots from our website

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Now That You’ve Asked ....

- Brings together physicians, nurses, social workers, care managers, other health care professionals, attorneys, paralegals, and other community partners
  - To address the social and environmental conditions that influence patient and population health, including:
    - Food, income, and housing insecurity;
    - Substandard housing conditions;
    - Domestic violence; and,
    - Failure to provide children with educational services to which they are entitled.

Cartoon credit: Jack Maypole, MD; available at blogs.ubc.ca/amalgamateinnovators/files/2013/11/anything-else.cartoon.jackmaypole.jpg

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"The WHY": Medical-Legal Partnerships as Collaborative, Team-Based Care

Collaborative, team-based care can improve outcomes for patients/members/clients

- Patient and family-centered solutions
  - Ability to “go wide and deep” to address root causes
  - Some solutions require looking beyond the “presenting issue”
- With limited resources, multiple disciplinary efforts help us focus on what we do best
  - Work “at the top of our licenses”
  - Some things require specialized knowledge/skills
- Value of “integrated service delivery model” vs. “referral source”

Strategic partnerships help us focus on community-level priorities and “impact”

- Use experience and data about locally-defined needs to align resources for most important, “impact” work
- Leverage organizational capacity and assets
  - Experience serving low-income, Medicaid enrollees
  - Long-standing relationships with trusted community partners

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“The HOW”: Focusing on the “P” of Medical-Legal Partnership Work

It’s Not Just About the Direct Referral ... Or Even a Soft Handoff!

Elements of Effective Collaboration

1. Clear alignment with each partners’ mission

2. Recognition of “value added” for each partner – unique/complementary skills, expertise, contributions

3. Commitment, buy-in of leadership and core staff to the collaborative process
   a) Shared goals, priorities, decision-making
   b) Focus on capacity building to carry out essential work
   c) Efficient work-flow processes, e.g. referrals and dedicated intake
   d) Effective communication, protocols for sharing and use of data/information
   e) Tracking outcomes and measuring impact
   f) Identifying operational challenges and seeking solutions - willingness to learn and adapt
   g) Shared responsibility for securing and leveraging resources to build and sustain the work

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PART 2: News You Can Use TODAY! Helping Your Patients Access Safety Net Services to Address Social Drivers of Health

1. North Carolina Medicaid Ombudsman
3. Nutrition Assistance
4. Advance Child Tax Credit
5. Housing Insecurity
   a) Rental and Utility Assistance
   b) Foreclosure Assistance – Coming Soon
NC Medicaid Ombudsman

https://ncmedicaidombudsman.org/

Helps North Carolina Medicaid and NC Health Choice beneficiaries understand the Medicaid program and changes happening as the State moves to NC Medicaid Managed Care.

Offers help if people with Medicaid have trouble getting access to health care, and we connect people to resources like legal aid, social services, housing resources, food assistance and other programs. We provide free, confidential support and education about the rights and responsibilities people have under NC Medicaid.

We are here to:
- **Educate** about NC Medicaid, NC Health Choice, resources available to meet health care needs, rights and responsibilities under NC Medicaid Managed Care.
- **Advocate** to resolve any issues so you can get the care you need.
- **Refer and connect** you to community services to support your health-related needs, including legal aid, social services and other supports for a wide variety of issues.
- **Communicate** to the State regarding issues we learn from your experiences to track them and work toward solutions. This will help ensure that your voice is heard and that you receive access to high quality health care.

Call the Ombudsman when:
- You are not getting the care that you need.
- You have questions about a notice or bill you have received.
- You have already talked with your health care provider or health plan and have not been able to solve the problem.
- You have questions about the complaint or appeal process.
- You can call us at 877-201-3750 from 8 a.m. to 5 p.m., every Monday through Friday except for State holidays.

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NC Medicaid Ombudsman

Download outreach materials for patients and families - FAQs, posters, flyers, etc.
  • https://ncmedicaidombudsman.org/resources

To order printed copies of these materials to distribute or to invite the NC Medicaid Ombudsman staff to make a presentation
  • https://ncmedicaidombudsman.org/for-community-partners OR
  • Send an email to info@ncmedicaidombudsman.org
NC Navigator Consortium – Free Assistance to Help With ACA Coverage

• Open Enrollment Period begins Nov. 1, 2021

• Examples of Life Changes That May Help Someone Qualify for a Special Enrollment Period
  - Get married or divorced
  - Have a child, adopt a child, or place a child for adoption
  - Have a change in income
  - Get health coverage through a job or a program like Medicare or Medicaid
  - Change your place of residence
  - Have a change in disability status
  - Gain or lose a dependent
  - Become pregnant
  - Experience other changes that may affect your income and household size

https://www.NCNavigator.net

Image is screen shot of this web page
SNAP, WIC, and Other Nutrition Assistance Programs

Pandemic Assistance

Getting Food on the Table

As many as 30 million adults and 12 million children may not always have access to nutritious food. The American Rescue Plan provides bold solutions that work toward the goal of ending food insecurity by providing:

- Access to the Pandemic EBT (P-EBT) program available for the duration of the health emergency, including through the summer.
- An extension to the 15 percent increase in SNAP benefits for all participants through Sept. 30, or about $27 per month per person.
- Investments to expand SNAP online purchasing.
- $880 million to deliver expanded access to more fruits and vegetables for moms and babies and investments in innovation to WIC.
- $37 million for senior nutrition through the Commodity Supplemental Food Program.
- $1 billion in nutrition assistance for American Samoa, CNMI, and Puerto Rico.

Through support provided by the American Rescue Plan Act, USDA is increasing support for families struggling to put food on the table.


[Table showing estimated increase in SNAP benefits, FY 2022]

Estimated increase in SNAP benefits, FY 2022

BY STATE, FROM RE-EVALUATED THRIFTY FOOD PLAN

As a result of the Thrifty Food Plan re-evaluation, SNAP-participating households will receive an increase in benefits of, on average, $36 per person—or about $1.20 per day.

Projected Total SNAP Benefits ($millions), FY 2022*

<table>
<thead>
<tr>
<th>State</th>
<th>Under Prior TFP</th>
<th>Under Re-Evaluated TFP</th>
<th>Difference</th>
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<tr>
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<td>$198</td>
<td>$43</td>
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<tr>
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</tr>
<tr>
<td>North Carolina</td>
<td>$4,329</td>
<td>$5,508</td>
<td>$1,179</td>
</tr>
</tbody>
</table>

https://www.fns.usda.gov/TFP/state_table; Image taken from this website

https://www.fns.usda.gov/coronavirus; Image taken from this website

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SNAP, WIC, and Other Nutrition Assistance Programs

State Nutrition Action Coalition (SNAC) Guide and Materials about NC Food and Nutrition Resource Programs


Images are screen shots from this web page

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Advance Child Tax Credit Payments

• Since July 15, 2021, parents can begin receiving monthly Child Tax Credit payments.

• From July to December 2021, families earning under $150,000/year will get payments of up to:
  • $300/month per child (age 0 – 5) and
  • $250 per child (age 6 – 17)

• Receipt of the Child Tax Credit does not change eligibility for SNAP, Medicaid, and other public benefit programs that are determined by income.

• Low-income parents who do not file taxes will not receive it unless they sign up at IRS.gov.
  • If families want to start receiving monthly payments NOW, they must either file taxes or enroll on the IRS “non-filer” portal before October 15, 2021.
  • Otherwise they will have to wait to receive the credit when they file their taxes in 2022.
Children in families with mixed immigration status – in which the children are U.S. citizens, but the parents are not – are eligible to receive the tax credits.

- Parents will use their taxpayer ID number (TIN) to confirm their enrollment.
- The child must have a social security number to qualify.

For more information:
- Go to NC Child’s website: https://ncchild.org/ctc-non-filers/
- Watch and share Legal Aid of North Carolina’s Facebook live video:
  - Provides a step-by-step walkthrough for parents and caregivers on eligibility and how to apply.
  - Recording available on Facebook: https://fb.me/e/1jnxq48ai and YouTube: https://youtu.be/FA0lZPJ_GYE
- NC Justice Center’s website: https://www.ncjustice.org/publications/the-child-tax-credit-an-important-lifeline-for-families/
  - Posters are available in English and Spanish.

Download a printable IRS Flyer on the Child Tax Credit:
Rent and Utility Assistance Available for Low Income Renters

Housing Opportunities and Prevention of Evictions Program (HOPE) – Serves 88 Counties

- Provides rent and utility assistance to low-income renters experiencing financial hardship due to the economic impacts of COVID-19.
- Will pay landlords of eligible applicants up to 12 months of rent, which may include up to nine months of past due rent.
- Once a tenant applies for assistance, a check may be issued to a landlord in as little as 14 days.
- Immigrants are eligible for benefits regardless of current legal status
  - Applying for or receiving rental relief money has no impact on an immigrant’s green card process.

HOPE Call Center: (888) 927-5467, 8am-5pm Monday-Friday

12 NC counties are managing local pandemic-related rent and utility assistance programs

www.rebuild.nc.gov/hope-program/find

For additional information about the eviction moratorium, see www.legalaidnc.org/get-help/self-help-library/housing/cdc-eviction-moratorium
Assistance for Homeowners


Image is screen shot of this web page

HOMEOWNER ASSISTANCE FUND STARTS SOON

Sign up NOW to get an alert when the application opens

August 12, 2021

Are you a homeowner who has suffered hardships because of the COVID-19 pandemic? Are you having trouble making your house payments or paying other housing expenses?

Help is on the way! North Carolina's Homeowner Assistance Fund is scheduled to start this fall. Don't miss it!

Sign up NOW to get an alert when the application opens (click the button below).

The fund will help eligible North Carolina homeowners pay for:

- Mortgage payments
- Homeowner insurance
- Flood insurance
- Mortgage Insurance
- Homeowners Association (HOA) fees
- Unpaid property taxes

To learn more, visit the Homeowner Assistance Fund page on the NC Housing Finance Agency's website.

If you have an open case with Legal Aid of North Carolina, contact your attorney for help signing up. If you sign up yourself, please contact your attorney to let them know.

The information above is based on a summary of the fund on the website of the North Carolina Housing Finance Agency, the organization that will administer the fund. Details of the fund may change between now and when it starts in the fall.

Are you a renter? Learn about the NC HOPE Program and other rental-assistance programs at hope.nc.gov.

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PART 3: Describe Opportunities to Address Social Drivers of Health for Medicaid Managed Care Members

1. NC DHHS Goal and Vision

2. Care Management Requirements for All Medicaid Managed Care Members Enrolled in Pre-Paid Health Plans

3. Additional Care Management Requirements for Priority Populations and High-Need Members

4. Members Eligible for Healthy Opportunities Pilot Services (selected regions)
NC DHHS Secretary Mandy Cohen: The State’s goal is to reframe and redefine the system from “buying healthcare” to “buying health.”

North Carolina’s Vision for Medicaid Transformation

“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”

Priority Domains for All Healthy Opportunities Initiatives

- Housing
- Food
- Transportation
- Interpersonal Violence

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Image from NC DHHS, NC Medicaid Transformation Update, Michael Leighs, January 8, 2021

Image from NC DHHS, Healthy Opportunities Webinar: Focus on Human Services Organizations, August 31, 2021

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Prepaid Health Plans (PHPs) must have “robust system” of local care management

- Services performed at site of care, in the home, or in the community with face-to-face interaction wherever possible
- PHPs responsible for oversight of local care management, but can delegate primary responsibility to “Advanced Medical Home Tier 3” practices

For ALL Members, PHPs MUST:

1. **Conduct “Care Needs Screening”** to identify unmet health-related resource needs
   - Must use standardized screening tool to identify unmet health-related resource needs (see next slide)
   - Must undertake “best effort” to complete screening within 90 days of enrollment
   - Must attempt at least annually for individuals not engaged in care management

2. **Provide general care coordination**, including linking members to community resources and social support providers to address those needs
   - Use NCCARE360 to track connections and outcomes through “closed loop” referral capacity (stay tuned for next presenters!)

3. **Share results of care needs screening** with member’s PCP/AMH or any other designated care management entity who may be serving the member within 7 calendar days of screening or assignment to new PCP/AMH, whichever is earlier

4. Provide **transitional care management**

5. Participate in **prevention and population health management programs**

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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 your needs, but we will try and help as much as we can.

Food
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more? (Y/N)
2. Within the past 12 months, did the food you bought just not last and you didn’t have money to get more? (Y/N)

Housing
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)? (Y/N)
4. Are you worried about losing your housing? (Y/N)
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed? (Y/N)

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? (Y/N)

Interpersonal Safety
7. Do you feel physically and emotionally unsafe where you currently live? (Y/N)
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone? (Y/N)
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone? (Y/N)

Optional: Immediate Needs
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. (Y/N)
11. Would you like help with any of the needs that you identified? (Y/N)

https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/screening-questions
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A PHP shall perform a Comprehensive Assessment to determine a member’s care management needs for every member who is:

1) Identified through Care Needs Screening and/or risk stratification as being within priority population, including those at risk of requiring LTSS (see definition on next slide); or

2) Referred to the PHP for care management by a provider, Member (self-referral), family member, or other person or entity, including social services

PHPs must undertake “best effort” to complete the Comprehensive Assessment within 30 days of either of two events

PHPs shall share the results of the Comprehensive Assessment with the member, member’s PCP/AMH or any other designated care management entity who may be serving the member within 14 calendar days of completion
Additional Care Management Requirements to Address Social Drivers of Health

• PHPs shall use the findings of the Comprehensive Assessment to develop a Care Plan for each High-Needs Member

• [To] ensure that the care management approach includes help for Members in addressing unmet resource needs, the PHP shall, at a minimum:
  1. Use NCCARE360 to identify and connect members to community-based resources;
  2. Provide in-person assistance to help with applications for SNAP, TANF, Child Care subsidies, and Low Income Energy Assistance Program;
  3. Have on staff or by contract a housing specialist to assist homeless individuals secure housing;
  4. Provide access to Medical-Legal partnerships for legal issues adversely affecting health, subject to availability and capacity of Medical-Legal assistance providers;
  5. Provide every high-need Member with a designated care manager;
  6. Establish a multi-disciplinary care team for each high-need Member that consists of, where applicable depending on the member’s needs
     ▪ The Member, Caretaker(s)/legal guardians, AMH/PCP, Behavioral health provider(s), specialists, nutritionists, pharmacists and pharmacy techs, and community health workers

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Pilot funds will be used to:

- Cover the cost of federally-approved Pilot services
  - NC DHHS has developed service definitions and a fee schedule to reimburse entities that deliver these non-clinical services
  - The fee schedule will promote value and increasingly link payment to outcomes
- Support capacity building to establish “Healthy Opportunity Network Leads” (formerly “Lead Pilot Entities”) and strengthen the ability of human service organizations (HSOs) to deliver Pilot services
  - NC DHHS procured three Network Leads with deep roots in their community to facilitate collaboration across the healthcare and human service providers through building partnerships.

Through NC’s 1115 waiver, CMS authorized up to $650 million in Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid members.

NC’s priority “Healthy Opportunities” domains

- Housing
- Food
- Transportation
- Interpersonal Safety
Where in North Carolina Will the Pilots Operate?

Network Leads and Their 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 (Dogwood Health Trust)**
  - Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

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*Slide from NC DHHS, Healthy Opportunities Webinar: Focus on Human Services Organizations, August 31, 2021; available at https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots*
CMS-Approved Healthy Opportunities Pilot Services

**Housing**
- Housing navigation, support and sustaining services
- Inspection for housing safety and quality
- Housing Move-In Support
- Essential Utility Set-Up
- Home Remediation Services
- Home Accessibility and Safety Modifications
- Healthy Home Goods
- One-Time Payment for Security Deposit and First Month’s Rent
- Short-Term Post Hospitalization Housing

**Food**
- Food and Nutrition Access Case Management Services
- Evidence-Based Group Nutrition Class
- Diabetes Prevention Program
- Fruit and Vegetable Prescription
- Healthy Food Boxes (for pick-up or home delivered)
- Healthy Meals (for pick-up or home delivered)
- Medically Tailored Home Delivered Meal
CMS-Approved Healthy Opportunities Pilot Services

**Transportation**
- Reimbursement for Health-Related Public Transportation
- Reimbursement for Health-Related Private Transportation
- Transportation Per Member Per Month Add-On for Case Management Services

**Interpersonal Safety**
- IPV Case Management Services
- Violence Intervention Services
- Evidence-Based Parenting Curriculum
- Home Visiting Services
- Dyadic Therapy

**Cross-Domain Services**
- Holistic High Intensity Enhanced Case Management
- Medical Respite
- Linkages to Health-Related Legal Supports

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Who is Eligible to Receive Pilot Services?

Individuals must have co-occurring physical/behavioral and social needs in order to receive Pilot services. Individuals will not receive Pilot services (e.g., food boxes) based on social needs alone.

To qualify for pilot services, Medicaid managed care enrollees in Standard Plans and Behavioral Health I/DD Tailored Plans must live in a Pilot Region and have:

- **At least one Physical/Behavioral Health Criteria:**
  - 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

**Pilot services also have minimum eligibility criteria and other restrictions.** For example, the “Housing Move-In Support Service” is only available for enrollees who are receiving concurrent housing case management and moving for a qualifying reason, such as transitioning from homelessness to stable housing.
Healthy Opportunities Pilots Fee Schedule: Sample Service Definition

HSOs must deliver authorized Pilot services to enrolled Members in accordance with the service definitions in the Pilot Fee Schedule.

- Service definitions provide additional detail on each Pilot service, including:
  - Service description,
  - Anticipated frequency,
  - Duration,
  - Setting of service delivery, and,
  - Minimum eligibility criteria for receiving the service.

- The service definitions are final as approved by CMS and not subject to change prior to the initial service delivery period.

- The full fee schedule is available here:
  [https://www.manatt.com/Manatt/media/Documents/Articles/N C-Pilot-Service-Fee-Schedule_Final-for-Webpage.pdf](https://www.manatt.com/Manatt/media/Documents/Articles/N C-Pilot-Service-Fee-Schedule_Final-for-Webpage.pdf)
No Wrong Door: Entry Points into the Pilots

The Pilots will utilize a “no wrong door” approach to identifying and enrolling individuals in the Pilots, aiming to ensure that individuals who first show up at various “entry points” can effectively be assessed for Pilot eligibility.

Provider Referral  Referral from Pilot Participating HSO  Referral from Non-Pilot Participating HSO
Self/Family Referral  PHP Identification  Care Manager Assessment

Members at all entry points will be connected to their care manager.

PHPs must ensure there are multiple mechanisms for providers, HSOs and members/families to refer Medicaid enrollees to their PHP.
## Key Learning Objectives
- **Evaluate the effectiveness** of select, evidence-based, non-medical interventions and the role of the Network Lead in improving health outcomes and reducing healthcare costs for high-risk members.
- **Leverage evaluation findings** to embed cost-effective interventions that improve health outcomes into the Medicaid program statewide to promote sustainability.
- **Support the sustainability** of delivering non-medical services identified as effective through the evaluation, including by strengthening the capabilities of HSOs and partnerships with healthcare payers and providers.

## Hypotheses Tested
- **Network Leads will enable effective delivery of Pilot services**
- The Pilot program will increase rates of Medicaid enrollees **screened** for social risk factors and **connected to** services that address these risk factors.
- **The Pilot program will improve the qualifying social risk factors, health outcomes, healthcare utilization, and healthcare costs of participants** (overall and by sub-populations).

## Evaluation Phases
- **Rapid cycle assessments**: To gain “real-time” insights on whether Pilots are operating as intended, if services are having their intended effects, and what mid-course adjustments need to be made to improve delivery of effective services.
- **Summative Evaluation**: To assess the global impact of the Pilots, learn which interventions are effective for specific populations, and plan for incorporation into the Medicaid program.
Questions, Comments, Conversations to Continue?