

NC Department of Health and Human Services

Joint DMH/DD/SAS & DHB (NC Medicaid) Update Call **North Carolina Providers**

Healthy Opportunities Pilot Update

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Healthy Opportunities Pilots: Vision and Goals

The Healthy Opportunities Pilots present an unprecedented opportunity to provide selected evidence-based, non-medical interventions to Medicaid enrollees to address social needs within Medicaid managed care.

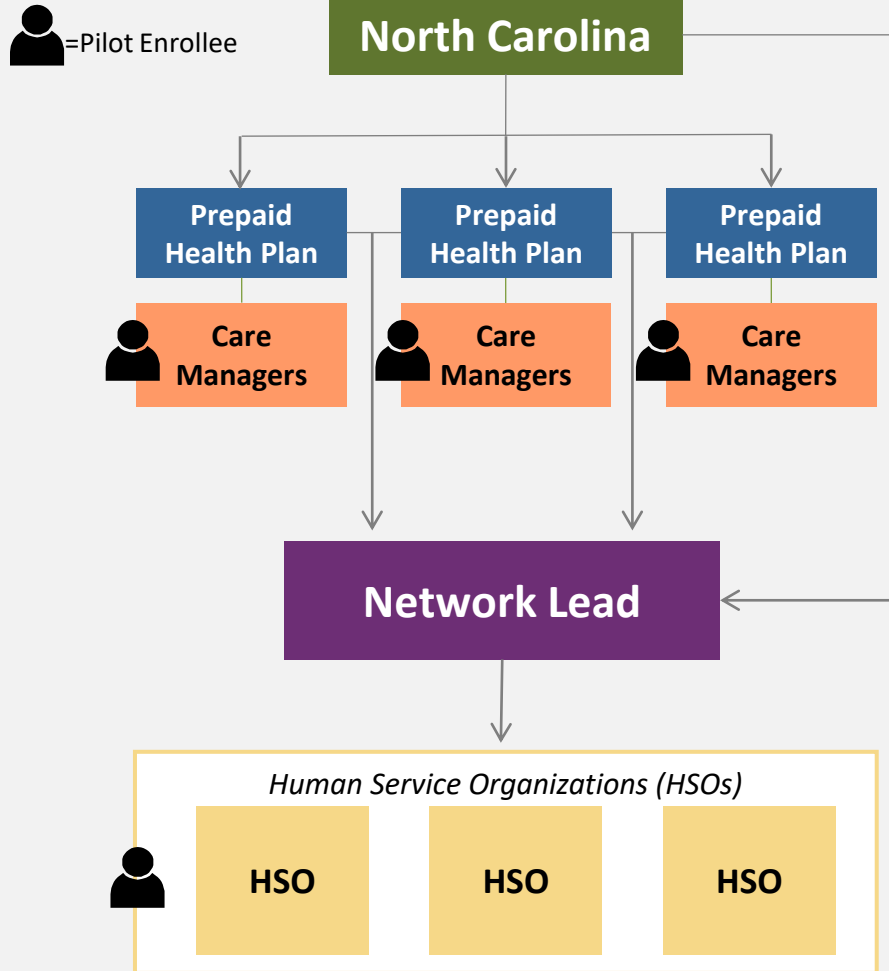
Pilot Goals:

- Integrate **evidence-based, non-medical services into the Medicaid** program to:
 - **Improve health outcomes** for Medicaid members
 - **Promote health equity** in the communities served by the Pilots
 - **Reduce costs** in North Carolina's Medicaid program
- Evaluate and identify which services are highest value and impact for which populations
- Create accountable infrastructure, sustainable partnerships and payment vehicles that support integrating highest value non-medical services into the Medicaid program sustainably at scale.

Access to high-quality medical care is critical, but research shows **up to 80 percent of a person's health** is determined by social and environmental factors and the behaviors that emerge as a result.

Pilot Entities' Roles & Responsibilities

Sample Regional Pilot



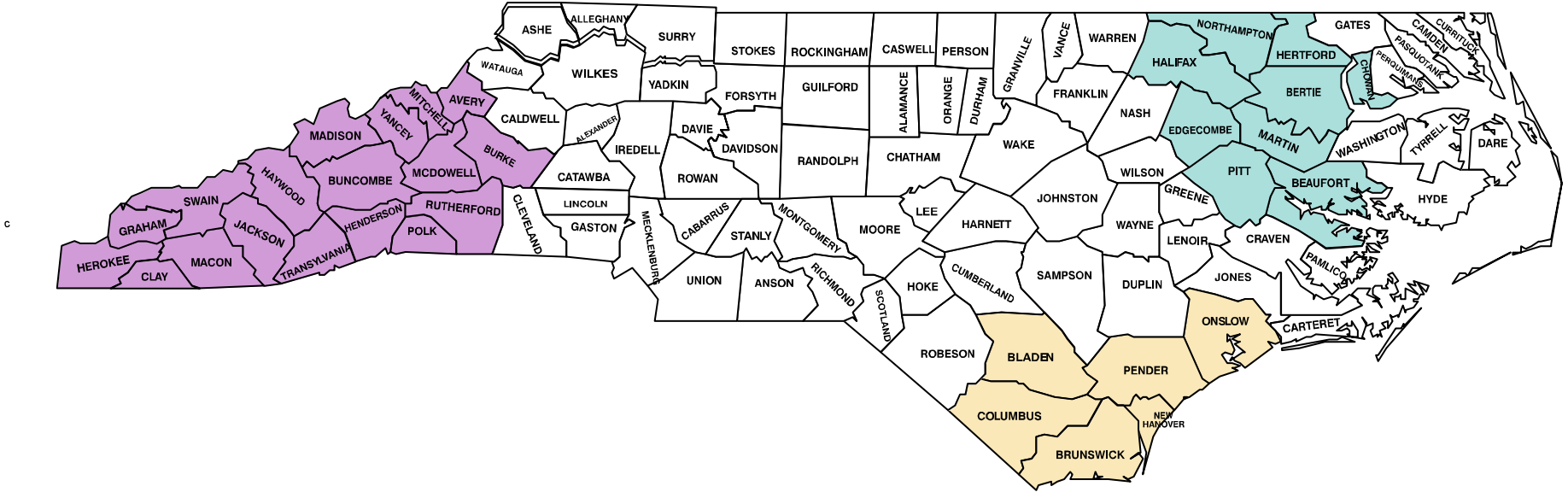
Key Entities' Roles in the Pilots

- **Prepaid Health Plans (PHPs):**
 - Approve which of their enrollees qualify for Pilot services and which services they qualify to receive
 - Ensure the provision of integrated care management to Pilot enrollees
 - Manage a Pilot budget and pay HSOs for delivery of Pilot services to their Pilot enrollees
- **Care Managers:**
 - Frontline Medicaid care management providers located at Tier 3 Advanced Medical Homes, Local Health Departments, and PHPs managing beneficiaries' integrated care
 - Assess beneficiary eligibility for Pilot, identify recommended Pilot services, refer Pilot enrollee to a Pilot HSO, and manage coordination of Pilot services, in addition to managing physical and behavioral health needs
 - Track enrollee progress over time
- **Network Leads:**
 - Develop, manage, and oversee a network of HSOs
 - Receive, track and validate invoices from HSOs and work with PHP to ensure accurate invoices are paid
 - Provide support and technical assistance for HSO network
 - Convene Pilot entities to share best practices
- **Human Service Organizations:**
 - Frontline social service providers that contract with the Network Lead to deliver Pilot services to Pilot members
 - Submit invoices and receive reimbursement for services delivered
 - Support identification of potential Pilot-enrollees by connecting them to their PHP or CM

Healthy Opportunities Pilots Regions

PHPs, Network Leads, Care Management Entities, and HSOs will work with communities in three geographic areas of the state to implement the Pilots.

- Highlights**
- DHHS awarded **three Network Lead contracts** in May 2021 (one Network Lead per pilot region).
 - Pilot regions cover 33 (of North Carolina's 100) counties. All 3 regions consist of predominantly **rural areas**.
 - Once fully operational, the Pilots will serve an **estimated 13,000-20,000 individuals per month** (4-6% of Medicaid enrollees in Pilot regions)

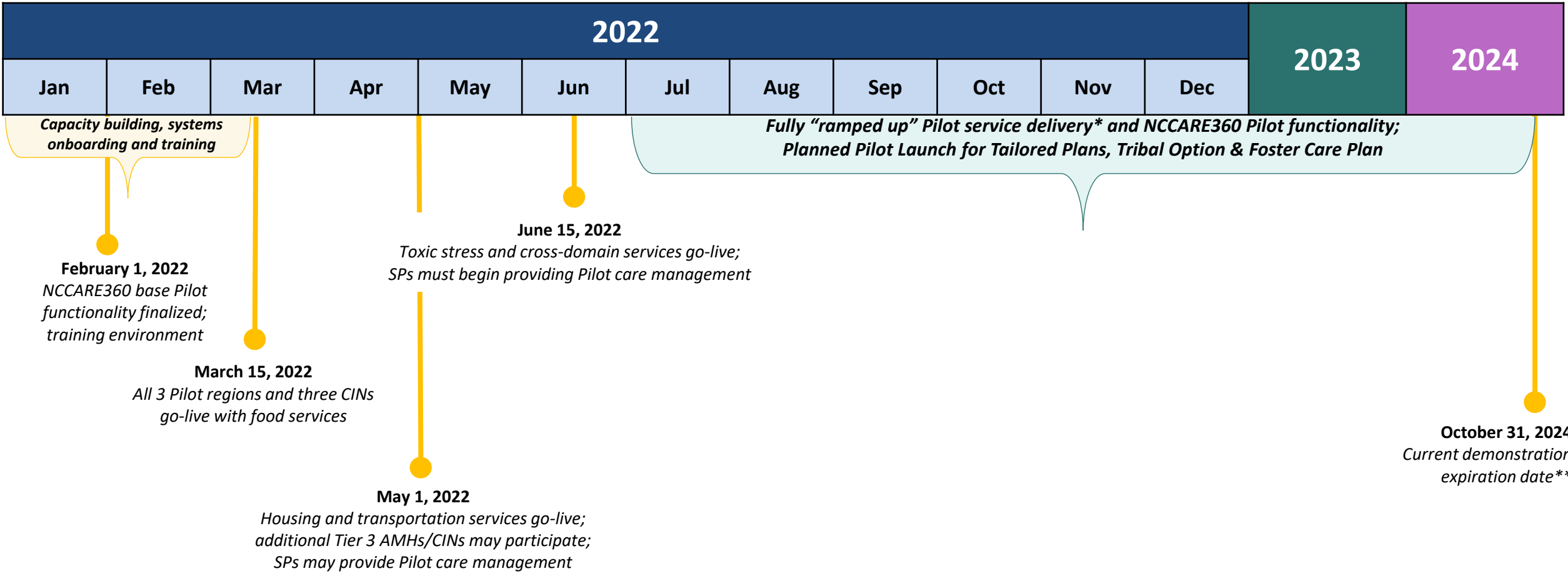


Awarded Healthy Opportunities Network Leads

- 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**
Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

Timeline for Pilot Launch

In December 2021, DHHS announced the Pilots' phased launch between March 15 and June 15, 2022.



*Timing for launch of interpersonal violence services and other sensitive services is TBD
 **Negotiations underway to extend demonstration period to June 30, 2026

Where We Are Today: Key Implementation Activities

Cross-Cutting Priority: Increase accountability on health equity as part of Pilot design and implementation.
DHHS working with stakeholders to understand and address feedback.



Developing Pilot Technology Systems

- Onboarding, testing, and training of NCCARE360 and NCTracks (MMIS)
- Development of encounters technology, data analytics systems, Pilot claims functionality



Engaging with Key Stakeholders

- Engagement with Standard Plans, CINs, Network Leads, and HSOs on Pilot implementation
- Engagement with Coalition Against Domestic Violence and Legal Aid of NC on interpersonal violence and other sensitive services
- Engaging with stakeholders on health equity in pilots



Conducting Operational Readiness

- Finalizing contracting, training, readiness reviews, setting up payments, etc.
- Preparing for Tailored Plan, Tribal Option, and Foster Care Plan implementation of Pilots



Monitoring and Evaluation

- Implementing data transfer capabilities; designing dashboards and reports; requesting 1115 waiver extension to June 30, 2026 from CMS
- Monitoring equity of HSO networks, HSO network size and availability of services; adequate member enrollment

Contact Information

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Provider Resources

- NC Medicaid Ombudsman
Call **877-201-3750** or visit ncmedicaidombudsman.org Monday – Friday 8 a.m. to 5 p.m.
- Provider Ombudsman
Call **919-527-6666** or visit Medicaid.ProviderOmbudsman@dhhs.nc.gov
- NC Medicaid Help Center
 - Internal Team
 - Knowledge Center medicaid.ncdhhs.gov/helpcenter
 - Member Harm Process
- Health Plan Oversight
- Communication & Engagement with Stakeholders
- Provider Claims & Payment Supports
- Request to Move Process & Forms
 - <https://ncmedicaidplans.gov/submit-forms-online>
- Back Porch Chat
 - <https://public.3.basecamp.com/p/Pn8C41JMakRUDIHAAta1xdhB6>



Questions & Answers



Have a question, send it to us. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services is working to centralize questions so we can ensure your questions are answered in a timely manner by the appropriate subject matter experts.

Comments, questions and feedback are welcome at:

- BHIDD.HelpCenter@dhhs.nc.gov
- Medicaid.Transformation@dhhs.nc.gov
- www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse-services

Requests for presentations or to provide feedback:

Medicaid.NCEngagement@dhhs.nc.gov

Appendix

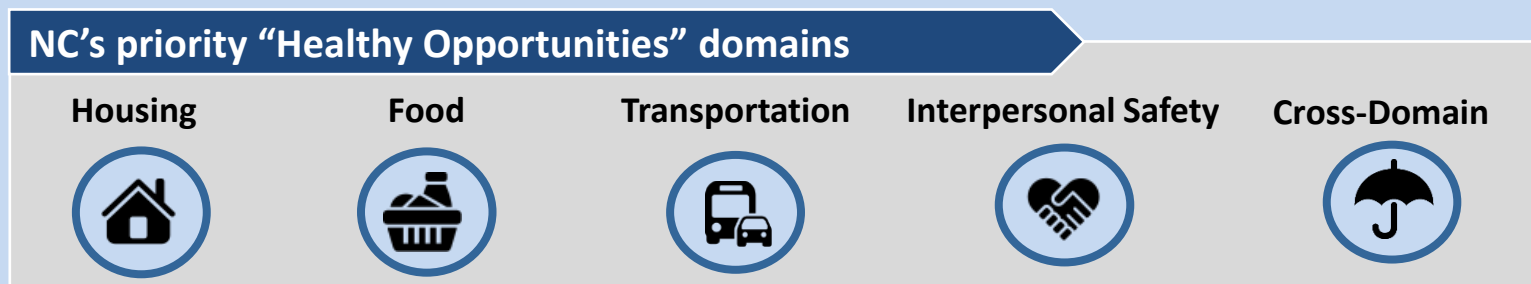
Healthy Opportunities Pilots: Overview

Through NC's 1115 Medicaid transformation waiver, CMS authorized up to **\$650 million** in state and federal Medicaid funding to establish and operate regional Healthy Opportunities Pilots.

Pilot funds will be used to:

- Pay for **evidence-based, federally-approved, non-medical Pilot services**
 - DHHS' Pilot [fee schedule](#) defines and prices 29 services
- Establish infrastructure to bridge health and human services providers through **capacity building** in first two years (for Network Leads (NLs) and their community-based human service organizations (HSOs) (up to \$100M))
- Provide **value-based payments** that incent Pilot entities to perform optimally. Pay Pilot entities for **administrative and care management responsibilities** that integrate drivers of health into members' care plans

The Department and UNC Sheps have developed a CMS-approved [SMART design](#) to provide rapid-cycle feedback during the life of the Pilots, concluding in a summative evaluation.



Tailored Plan Healthy Opportunities Implementation

- **Tailored Plan HO County Overlap**
 - **Alliance Health:** No HO Overlap
 - **Eastpointe:** Edgecombe
 - **Partners Health Management:** Burke, Rutherford
 - **Sandhills Center:** No HO Overlap
 - **Trillium Health Resources:** Beaufort, Bertie, Chowan, Halifax, Hertford, Martin, Northampton, Pitt, Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender
 - **Vaya Health:** Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Yancey

Pilot Eligibility: Physical/Behavioral Health Criteria

Medicaid members must meet at least one physical/behavioral health criteria and one social risk factor to be eligible for the Pilot program.

Eligibility Category	Age	Physical/Behavioral Health Criteria (at least one, per eligibility category)
Adults	21+	<ul style="list-style-type: none"> 2 or more chronic conditions. Chronic conditions that qualify an individual for pilot 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
	0-20	<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 85th %ile for age and gender, developmental delay, cognitive 67 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

Pilot Eligibility: Social Risk Factors

Medicaid members must meet at least one physical/behavioral health criteria and one social risk factor to be eligible for the Pilot program.

Risk Factor	Definition
Homelessness and housing insecurity	Homelessness, as defined in U.S. Department of Health and Human Services 42 CFR § 254(h)(5)(A), and housing insecurity, as defined based on questions used to establish housing insecurity in the NC Healthy Opportunities Screening Tool.
Food insecure	<p>As defined by the US Department of Agriculture commissioned report on Food Insecurity in America:</p> <ul style="list-style-type: none"> • Low Food Security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake. • Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake <p>Or as defined based on questions used to establish food insecurity in the NC Healthy Opportunities Screening Tool.</p>
Transportation insecure	Defined based on questions used to establish transportation insecurities in the NC Healthy Opportunities Screening Tool.
At risk of, witnessing or experiencing interpersonal violence	Defined based on questions used to establish interpersonal violence in the NC Healthy Opportunities Screening Tool.

Pilot-Service Specific Eligibility Criteria (Examples)

Individuals determined eligible for the Pilot program must also meet eligibility requirements for specific Pilot services, which are documented in the Pilot Service Fee Schedule.

Service	Minimum Eligibility Criteria
Housing Navigation, Support, and Sustaining Services	<ul style="list-style-type: none"> • Enrollee is assessed to be currently experiencing homelessness, are at risk of homelessness and those whose quality/safety of housing are adversely affecting their health. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services. Individuals with cooccurring housing and IPV-related needs should receive the Holistic High Intensity Case Management service. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Medically Tailored Home Delivered Meals	<ul style="list-style-type: none"> • Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. • Eligible disease states include but are not limited to obesity, failure to thrive, slowed/faltering growth pattern, gestational diabetes, pre-eclampsia, HIV/AIDS, kidney disease, diabetes/pre-diabetes, and heart failure. • If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> ○ Be enrolled in SNAP and/or WIC, or ○ Have submitted a SNAP and/or WIC application within the last 2 months, or ○ Have been determined ineligible for SNAP and/or WIC within the past 12 months • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.

Pilot Payment Stream Definitions

Payment Stream	Definition
Capacity Building	These funds, available to LPEs and HSOs in the first two years of an LPE’s contract with DHHS, will be used to develop infrastructure, hire and train staff, and carry out other activities that will be necessary to execute Pilot responsibilities.
LPE Administrative Payments	LPEs will receive Pilot funding, via the PHPs, to support ongoing operational and administrative Pilot-related activities during the service delivery period.
PHP Administrative Payments	Like LPEs, PHPs will receive Pilot funding to support operational and administrative Pilot-related activities, including eligibility determinations and service authorization, during the service delivery period.
Care Management Payments	During the service delivery period, local care management entities, such as advanced medical homes (AMHs), local health departments (LHDs) and care management agencies will receive funding, via the PHPs, for Pilot care management.
HSO Service Delivery Payments	HSOs will receive payment, via the PHPs, for the delivery of authorized Pilot services to Pilot participants in accordance with the fee schedule developed by DHHS (see Addendum #7 of the LPE Request For Proposal). These payment rates include the HSO’s costs for delivering the services, as well as the HSO’s related administrative costs.
Value-Based Payments	Payments to PHPs and LPEs will increasingly be linked to operational ability, enrollees’ health outcomes and health care costs through various VBP arrangements over the course of the demonstration, through incentive payments, withholds, and shared savings.

Pilot Service Fee Schedule Overview

The Pilot Service Fee Schedule includes 29 services.
The Pilot DHHS divided Pilot services into three payment types.

Per Member Per Month (PMPM)

Single, distinct payment per member or case, payable each month a person is enrolled with a provider
(5 services)

Examples:

- Housing Navigation, Support, and Sustaining Services
- IPV Case Management Services

Fee For Service

Single, distinct payment for a discrete good or based on a defined length of time
(13 services)

Examples:

- Healthy Food Box
- Evidence-Based Parenting Curriculum

Cost-Based Reimbursement Up To A Cap

Payment of the actual cost of a specified good or service up to a set maximum
(11 services)

Examples:

- Healthy Home Goods
- Short-Term Post Hospitalization Housing

Pilot Service Fee Schedule (1 of 3)

The Pilots represent the first time Medicaid funding will systematically pay for health-related social services for a broad subset of Medicaid enrollees. The CMS-approved fee schedule, based on the Department’s 1115 waiver, defines and prices Pilot services. All Pilots will adhere to the fee schedule’s rates in their payment practices.

	Service Name	Fee Schedule Rate
Housing Services	Housing Navigation, Support and Sustaining Services	\$400.26 PMPM
	Inspection for Housing Safety and Quality	Up to \$250 per inspection*
	Housing Move-In Support	1-5+ BR: Up to \$900- \$1,250 per month*
	Essential Utility Set-Up	Up to \$500 for utility deposits, arrears or reinstatement*
	Home Remediation Services	Up to \$5,000 per year*
	Home Accessibility and Safety Modifications	Up to \$10,000 per lifetime of waiver demonstration*
	Healthy Home Goods	Up to \$2,500 per year*
	One-Time Payment for Security Deposit and First Month’s Rent	<ul style="list-style-type: none"> • First Month’s Rent: Up to 110% Fair Market Rent (FMR)* • Security deposit: Up to 110% FMR x2*
	Short-Term Post Hospitalization Housing	<ul style="list-style-type: none"> • First Month’s Rent: Up to 110% Fair Market Rent (FMR)* • Security deposit: Up to 110% FMR x2*

* Indicates cost-based reimbursement up to the fee schedule cap

The [Pilot Service Fee Schedule](#) provides more detail on each Pilot service, including a service description, anticipated frequency and duration, setting of service delivery, and minimum eligibility criteria to be approved for the service.

Pilot Service Fee Schedule (2 of 3)

	Service Name	Fee Schedule Rate
Food Services	Food and Nutrition Access Case Management Services	15-minute interaction: \$13.27
	Evidence-Based Group Nutrition Class	One class: \$22.80
	Diabetes Prevention Program	Phase 1: \$275.83 <ul style="list-style-type: none"> • Completion of 4 classes: \$27.38 • Completion of 4 additional classes (8 total): \$54.77 • Completion of 4 additional classes (12 total): \$68.46 • Completion of 4 additional classes (16 total): \$125.22 Phase 2: \$103.44 <ul style="list-style-type: none"> • Completion of 3 classes: \$31.02 • Completion of 3 additional classes (6 total): \$72.42
	Fruit and Vegetable Prescription	Up to \$210 per month*
	Healthy Food Box (For Pick-Up)	Small box: \$89.29 Large box: \$142.86
	Healthy Food Box (Delivered)	Small box: \$96.79 Large box: \$150.36
	Healthy Meal (For Pick-Up)	\$7.00 per meal
	Healthy Meal (Home Delivered)	\$7.60 per meal
	Medically Tailored Home Delivered Meal	\$7.80 per meal

* Indicates cost-based reimbursement up to the fee schedule cap

Pilot Service Fee Schedule (3 of 3)

	Service Name	Fee Schedule Rate
Interpersonal Violence (IPV) Services	IPV Case Management Services	\$221.96 PMPM
	Violence Intervention Services	\$168.94 PMPM
	Evidence-Based Parenting Curriculum	One class: \$22.60
	Home Visiting Services	One home visit: \$67.89
	Dyadic Therapy	\$68.25 per occurrence
Transportation Services	Reimbursement for Health-Related Public Transportation	Up to \$102 per month*
	Reimbursement for Health-Related Private Transportation	Up to \$267 per month*
	Transportation PMPM Add-On for Case Management Services	\$71.30 PMPM
Cross-Domain Services	Holistic High Intensity Enhanced Case Management	\$501.41 PMPM
	Medical Respite	\$206.98 per diem
	Linkages to Health-Related Legal Supports	15-minute interaction: \$25.30

* Indicates cost-based reimbursement up to the fee schedule cap