



Care Manager/Care Coordinator Job Aid for Healthy Opportunities Pilot Member Consent Form

Overview

This job aid describes how Care Managers (who may be located at a health plan or care management entity) or Care Coordinators (located at a Human Service Organization) should use the North Carolina Department of Health and Human Services' standardized Healthy Opportunities Pilot (HOP) Member Consent Form (Consent Form) to obtain consent from potential HOP enrollees. Before the Care Manager or Care Coordinator can submit an Enrollment Request in NCCARE360, they will need to obtain consent from the Member or the Authorized Representative to participate in the HOP program and have necessary personal health information shared. Member consent must be documented via the Department's standardized Consent Form for NC Medicaid Coverage of Healthy Opportunities Pilot Services ("Consent Form"). The Care Manager/Care Coordinator has two choices:

- (1) they can either walk the member through the entire form, address any questions from the member, and (i) have the Member or their Authorized Representative sign the form or (ii) document consent by completing the Care Manager or Care Coordinator Signature section of the Consent Form (either electronically or in writing, but not by typing in the signature) after obtaining the member's (or their authorized representative's) verbal consent to participate in HOP and have the Member's information shared.
- (2) the Member or their Authorized Representative can read the Consent Form themselves and sign on their own.

Once signed, Care Managers/Care Coordinators will upload the [Consent Form](#) into NCCARE360 and attach it to an Enrollment Request. The standardized Consent Form may also be found on the Pilot Eligibility and Service Assessment (PESA) in NCCARE360.

Information on NCCARE360 (use to answer questions about NCCARE360 from the Member)

NCCARE360 is North Carolina's statewide, electronic closed-loop referral platform that connects individuals to organizations to meet their medical and non-medical needs. NCCARE360 is a public-private partnership between NC DHHS and the Foundation for Health Leadership and Innovation. It is used by health plans, health care providers (such as doctors and hospitals), care managers, Healthy Opportunities Network Leads, and community-based organizations or Human Service Organizations (HSOs). NCCARE360 is used to document HOP eligibility, recommend and authorize HOP services, refer members to HSOs and invoice for HOP services delivered.

Unite Us is one of the partner organizations that makes up NCCARE360 and hosts the NCCARE360 platform. Unite Us describes data use in their [Privacy Policy](#). Only organizations that directly serve individuals will have access to that individual's records that are stored within NCCARE360. The NCCARE360 platform is actively monitored for any evidence of unauthorized activity. Also because Healthy Opportunities is a pilot program, data from NCCARE360 will be sent to the Department and to the UNC Sheps Center for Health Services Research to help evaluate and monitor the Healthy Opportunities program.



Step-by-Step Instructions for Care Manager (or another member of the care management team) or Care Coordinators at HSOs

Please read the following scripts to the Member and take the appropriate actions as outlined in these instructions.

1. Introduction

a. Script to read the Member:

"I think you might be eligible for the Healthy Opportunities Pilot program, which is referred to as "HOP" or the HOP program. It is a program offered by NC Medicaid to connect Medicaid enrollees to non-medical services that are not generally covered by Medicaid but can improve people's health.

If your health plan determines that you are eligible for the HOP program, you may receive extra benefits including food, housing, transportation, interpersonal safety (including services that address violence within the home or community), and toxic stress services (including services that address stress related to abuse or trauma). Your eligibility for, and use of, these services do not have any impact on your ongoing Medicaid eligibility and coverage."

Before I can submit your information to your health plan to see if you are eligible for HOP services, you must first agree to participate. If you qualify, your approved HOP services will be available at no cost to you.

Also, if you decide to participate in the HOP Program, your personal health information will need to be shared with organizations to provide you services. If you agree to have your information shared, community organizations that provide services through the HOP program may also ask for your consent to use or share your personal information.

If you decide not to participate, then I would not refer you for the Medicaid-funded HOP services. Instead, I would try to find other community services to meet your needs, but services offered outside the HOP program are subject to availability, and some non-HOP services may not be covered by NC Medicaid. You may need to pay for those services. I will work with you to try to find services you can afford.

The Healthy Opportunities Pilot Member Consent Form, that I will discuss with you [or provide to you], explains what information will be shared and with whom, and what you can do to cancel if you change your mind about participating in the HOP program. You can either review it on your own and sign the document, or I can walk you through the form and answer any questions that you may have. After we have reviewed the form and you have decided to participate in the program, you can sign the form or provide me with your verbal consent to participate and have your information shared. If you choose to provide me with your verbal consent, I will document your consent on the form."

b. Ask if the Member has any questions on the information, you just provided.



- c. **If Member chooses to review the consent form on their own and sign**, you (the Care Manager or Care Coordinator) should provide the Member with the form. The Member may sign the document in-person or electronically and return the form to you. Please upload the consent form into NCCARE360 and attach it to an Enrollment Request for the Member.
- d. **If Member chooses to have you (the Care Manager or Care Coordinator) walk through the document**, read the following: *“I am going to read you the Consent Form for participation in the Healthy Opportunities Pilot. If you have any questions about the form, you may interrupt me at any time. Do you consent to my reading and documenting the information you provide on this form?”*
 - i. **If Member responds “Yes,”** please proceed to Section I, Member Information
 - ii. **If Member responds “No,”** then offer ways for the Member to review the consent form and sign the form.

If the Member does not wish to participate in HOP, then explain to the Member that Medicaid cannot pay for HOP services without the Member’s consent. Instead, refer the Member to other, non-HOP services to try to meet the Member’s needs. Please explain that the Member may be required to pay for these services out of pocket but that you will work with the member to try to ensure that they receive services they can afford.

2. Section I. Member Information

- a. **If you are completing this form over the phone or virtually:**
 - i. When caller indicates they are an Authorized Representative:
 - **Step 1:** Verify if the caller is already on file as an authorized representative for the member. If unable to verify prior designation, obtain documentation that the caller is authorized to act on the Member’s behalf regarding health decisions.
 - **Step 2:** Have the caller confirm the member’s full name, date of birth, and at least one other piece of identifying information (e.g., Medicaid ID number or home address).
 - ii. When caller is the Member:

Step 1: Have the member confirm their full name, date of birth, and at least one other piece of identifying information (e.g., Medicaid ID number or home address).
- b. **Write the member’s First Name, Last Name, Medicaid ID Number, and Date of Birth in Section I. Member Information.**



3. Section III. Information Sharing

a. Read the following language from the consent form to the Member:

“If you are eligible for HOP, the organizations listed in this form will need to share some of your personal health information to make sure you can receive HOP services. The purpose of this form is to obtain your consent to participate in HOP and to allow the North Carolina Department of Health and Human Services (“the Department”) and these organizations providing HOP services to send and receive your personal health information as specified in this form.

What Information Will Be Shared?

Your personal health information that may be shared includes: name, Medicaid ID number, date of birth, address, contact information, HOP service eligibility criteria, HOP service authorization number, recommended and/or authorized HOP services, and other personal information. Only the minimum information necessary will be shared with HOP organizations to perform program functions identified in this form.

[OPTIONAL: Examples of information related to HOP eligibility or to obtaining coverage for HOP services may include information related to your current housing situation, current job status, mental health history, family history, current income, history of interpersonal violence or abuse, and other factors that are related to services provided by the Healthy Opportunities Pilot program.]

What Organizations Will Receive My Information and How will it be Used?

The HOP organizations listed below will access and share your personal health information. Under the terms of the HOP program, HOP organizations will share only the minimum personal health information required to fulfill their responsibilities.

- Your care management/care coordination team to determine your eligibility, recommend HOP services and provide care management;*
- Your Health Plan to authorize your eligibility for HOP and pay for HOP services;*
- Participating community organizations that deliver HOP services to you and may help determine your eligibility for HOP;*
- The Healthy Opportunities Network Lead to assist with invoicing for HOP services and to audit the organizations providing HOP services;*
- The Department to administer and audit the HOP program;*
- The UNC Cecil G. Sheps Center for Health Services Research to evaluate the HOP program; and Organizations within the NCCARE360 network for the purpose of coordinating and providing HOP services, subject to NCCARE360’s privacy and security requirements.”*

b. Ask if the member has any questions about the information, you just provided.



4. Capturing Member Consent

a. Read the following script to the Member:

“By signing this form, you are agreeing that you understand the following information about the Healthy Opportunities Pilot (HOP):

- 1. You have the right to refuse to participate in the HOP program and the right to refuse sharing of your personal information. If you do not consent to participate in HOP and to have your personal health information shared, you will not receive services covered by HOP. I (your care manager/care coordinator) will work with you to try to find other community services to meet your needs, but services offered outside of HOP are subject to availability. Some non-HOP services may not be covered by NC Medicaid, and you may need to pay for those services. I will work with you to try to find services you can afford.*
- 2. If you choose not to participate in HOP or revoke this consent, you will have the option to request to participate in HOP again, at any time, if you are still eligible to receive services.*
- 3. At any time, you may revoke your consent to participate in HOP and/or to have your information shared by contacting your health plan or care manager. If you revoke your consent, no additional information about you will be shared and you will no longer be able to have HOP services paid by Medicaid. However, you understand that disclosures made consistent with and in reliance on your prior consent cannot be revoked and that such information will still be used for permissible purposes for which this disclosure was made, such as for payment, auditing, or evaluation.*
- 4. Revoking consent to participate in HOP will not affect your rights under your Health Plan to receive treatment, services, or benefits outside of the HOP program. Unless revoked, this consent will end on December 31, 2026.*
- 5. Once you consent to share your personal health information, it may no longer be protected by privacy and confidentiality laws and may be redisclosed by the recipient. For example, a HOP organization may share your information with another organization for business purposes, such as in relation to an audit or accounting or compliance responsibilities.”*

By signing this form, you are voluntarily consenting to participate in the Healthy Opportunities Pilot (HOP) Program, if you qualify, and to have your information shared as described in this form. You are also consenting to have information about the HOP services you receive stored and exchanged within NCCARE360, for the purposes outlined in this consent form. Further, by signing this form, you also confirm that you have read this form, or that it has been read to you, and you understand that a copy of this signed consent will be put in NCCARE360 and you can request a copy for yourself.”

b. Ask if the member has any questions about the information you just provided.



- c. **Inform the member that they can access information regarding the HOP program on their health plan's website**, and that they will either receive information from their Health Plan about their Rights and Responsibilities under the HOP Program, or they can access an electronic copy of the Form.

5. Signature

- a. **If the Member or their Authorized Representative (e.g., parent, guardian) is completing this form in person or electronically**, please have the Member or their Authorized Representative:
 - i. Print (write or type) the name of the person signing in the box marked "Name of Person Signing (Member/Authorized Representative)." (Please remember that the Member's name is listed above in Section I. of the Consent Form).
 - ii. Sign in the box marked "Member/Authorized Representative Signature." Signature can be completed in hard copy or electronically (such as through DocuSign) but cannot be typed.
 - iii. Print (write or type) the relationship of the person signing to the member in the box marked "Relationship of Person Signing to Member" (e.g., self, parent, guardian).
 - iv. Print (write or type) the date of signature in the box marked "Date."

- b. **If the form is being completed and consent obtained telephonically or virtually by the Care Manager/Care Coordinator**, after reading the entire form to the Member, the Care Manager/Care Coordinator should complete the information in the section marked "Care Manager or Coordinator Signature." By signing, you (the care manager/care coordinator) are agreeing to the language in this section.
 - i. Print (write or type) the name of the Care Manager/Care Coordinator completing the form.
 - ii. Print (write or type) the date that the Care Manager/Care Coordinator read and discussed the information provided in the form with the member or the member's authorized representative.
 - iii. Print (write or type) the date and time that the member or authorized representative provided verbal consent.
 - iv. Sign the Care Manager/Care Coordinator's name in the box marked "Care Manager or Care Coordinator Signature." Signature can be completed in hard copy or electronically (such as through DocuSign), but cannot be typed.
 - v. Print (write or type) the date that the Care Manager/Care Coordinator signed the form.
 - vi. Print (write or type) the name of the individual that provided the Care Manager/Care Coordinator with verbal consent.
 - vii. Print (write or type) the relationship of the individual that provided the Care Manager/Care Coordinator with verbal consent on behalf of to the Member.



6. Consent Form Submission

- a. Once the consent form is complete**, upload and attach the completed consent form to the Enrollment Request in NCCARE360 and send the Enrollment Request to the member's PHP.