Attachment G: Enhanced Case Management and Other Services Pilot Program Eligibility and Services

Beneficiaries eligible for enhanced case management pilot services (as described in Table 3) are enrolled in a PHP (either in a standard plan, BH I/DD tailored plan, or specialized plan) and must also meet at least one needs-based criteria (as described in Table 1) and at least one risk factor (as described in Table 2).

Eligible Enrollees

Table 1: Needs-Based Criteria

Eligibility Category	Age	Needs-Based Criteria (at least one, per eligibility category)
Adults	22+	• 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 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	• 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	• 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
	0-21	• 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 $<5^{th}$ or $>85^{th}$ %ile for age and gender, developmental delay, cognitive

		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

Table 2: Risk Factors

Risk Factor	Definition
Homelessness and housing insecurity	Homelessness, as defined in 42 C.F.R. § 254b(h)(5)(A), and housing insecurity, as defined based on questions used to establish housing insecurity in the Accountable Health Communities Health Related Screening Tool.[12]
Food insecurity	As defined by the US Department of Agriculture commissioned report on Food Insecurity in America:[13] • 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
Transportation insecurity	Defined based on questions used to establish transportation insecurities in the Accountable Health Communities Health Related Screening Tool.[14]
At risk of, witnessing, or experiencing interpersonal violence	Defined based on questions used to establish interpersonal violence in the Accountable Health Communities Health Related Screening Tool.[15]

[12] The Accountable Health Communities Health-Related Social Needs Screening Tool. Available: https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf

[13] National Research Council. (2006). Food Insecurity and Hunger in the United States: An Assessment of the Measure. Panel to Review the U.S. Department of Agriculture's Measurement of Food Insecurity and Hunger, Gooloo S. Wunderlich and Janet L. Norwood, Editors, Committee on National Statistics, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press. Available: https://www.nap.edu/download/11578

[14] The Accountable Health Communities Health-Related Social Needs Screening Tool. Available: https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf

[15] *Ibid.*

Enhanced Case Management and Other Services Pilot Program Services

Table 3: Enhanced Case Management Pilot and Other Services

Service Sub-Category	Enhanced Case Management and Other Services Pilot Program Services
Housing	
Tenancy Support and Sustaining Services	• Assisting the individual with identifying preferences related to housing (e.g., type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration • Supports to assist the individual in budgeting for housing/living expenses, including financial literacy education on budget basics and locating community based consumer credit counseling bureaus. • Assisting the individual to connect with social services to help with finding housing necessary to support individual in meeting their medical care needs. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan. • Assisting the individual with housing application and selection process, including filling out housing applications and obtaining and submitting appropriate documentation • Assisting the individual to develop a housing support plan based on upon the functional needs assessment, including establishing measurable goal(s) as part of the overall person centered plan • Developing a crisis plan, which must identify prevention and early intervention services if housing is jeopardized • Participating in the person centered plan meetings to assist the individual in determination or with revisions to housing support plan • Assisting the individual to review, update and modify his or her housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers • Assisting the individual to complete reasonable accommodation requests as needed to obtain housing • Supporting individuals in the development of independent living skills, such as skills coaching, financial counseling and anger management • Connecting the individual to education and training on tenants' and landlords' role, rights, and responsibilities • Assisting in reducing risk of eviction by providing services such as services that help the beneficiary improve his or her conflict resolution skills, coaching, role-playing and communication strategies targeted towards resolving disputes with landlords and neighbors; communicate with landlords and neighbors to reduce the risk of eviction; address biopsychosocial behaviors that put housing at risk; and provide ongoing support with activities related to household management • Assessing potential health risks to ensure living environment is not adversely affecting occupants' health

	• Providing services that will assist the individual with moving into stable housing, including arranging the move, assessing the unit's and individual's readiness for move-in, and providing assistance (excluding financial assistance) in obtaining furniture and commodities. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • Providing funding related to utility set-up and moving costs provided that such funding is not available through any other program. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
Housing Quality and Safety Improvement Services	• Repairs or remediation for issues such as mold or pest infestation if repair or remediation provides a cost-effective method of addressing occupant's health condition, as documented by a health care professional, and remediation is not covered under any other provision such as tenancy law. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • Modifications to improve accessibility of housing (e.g., ramps, rails) and safety (e.g., grip bars in bathtubs) when necessary to ensure occupant's health and modification is not covered under any other provision such as the Americans with Disabilities Act.
Legal Assistance	• Assistance with connecting the enrollee to expert community resources to address legal issues impacting housing and thereby adversely impacting health, such as assistance with breaking a lease due to unhealthy living conditions. This pilot service does not include legal representation or payment for legal representation.
Securing House Payments	• Provide a one-time payment for security deposit and first month's rent provided that such finding is not available through any other program. This payment may only be made once for each enrollee during the life of the demonstration, except for state determined extraordinary circumstances such as a natural disaster. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
Short-Term Post-Hospitalization	• Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual's imminent homelessness provided that such a service is not available under any other programs. Temporary housing may not be in a congregate setting. To the extent temporary housing services are available under other programs, this service could cover connecting the individual to such program and helping them secure housing through that program.

Food	
Food Support Services	• Assist the enrollee with applications for SNAP and WIC • Assist the enrollee with identifying and accessing school based food programs • Assist the enrollee with locating and referring enrollees to food banks or community-based summer and after-school food programs • Nutrition counseling and education, including on healthy meal preparation • Providing funding for meal and food support from food banks or other community based food programs, including funding for the preparation, accessibility to, and food for medical condition specific "healthy food boxes," provided that such supports are not available through any other program. Meal and food support services must be provided according to the enrollee's care plan and must not constitute a "full nutritional regimen" (three meals per day per person).
Meal Delivery Services	• Providing funding for targeted nutritious food or meal delivery services for individuals with medical or medically-related special dietary needs provided such funding cannot be obtained through any other source. Meals provided as part of this service must be provided according to the enrollee's care plan and must not constitute a "full nutritional regimen" (3 meals per day, per person).
Transportation	
Non-emergency health-related transportation	• Transportation services to social services that promote community engagement. • Providing educational assistance in gaining access to public or mass transit, including access locations, pilot services available via public transportation, and how to purchase transportation passes. • Providing payment for public transportation (i.e., bus passes or mass transit vouchers) to support the enrollee's ability to access pilot services and other community-based and social services, in accordance with the individual's care plan. • Providing account credits for cost-effective private forms of transportation (taxi, ridesharing) in areas without access to public transit. Pilot transportation services must be offered in accordance with an enrollee's care plan, and transportation services will not replace non-emergency medical transportation as required under 42 CFR 431.53. Whenever possible, the enrollee will utilize family, neighbors, friends, or community agencies to provide transportation services.
Interpersonal Violence (IPV)/Toxic Stress	
Interpersonal Violence-Related Transportation	• Transportation services to/from IPV service providers for enrollees transitioning out of a traumatic situation.
IPV and Parenting	• Assistance with linkages to community-based social service and mental health agencies with IPV expertise.

Support Resources	• Assistance with linking to high quality child care and after-school programs. • Assistance with linkages to programs that increase adults' capacity to participate in community engagement activities. • Providing navigational services focusing on identifying and improving existing factors posing a risk to the safety and health of victims transitioning out of traumatic situations (i.e., obtaining a new phone number, updating mailing addresses, securing immediate shelter and longer-term housing, school arrangements to minimize disruption of school schedule, connecting enrollees to medical-legal partnerships to address overlap between healthcare and legal needs).
Legal Assistance	• Assistance with directing the beneficiary to available legal services within the legal system for interpersonal violence related issues, such as securing a Domestic Violence Protection Order. This pilot service does not include legal representation or payment for legal representation.
Child-Parent Support	• Evidence-based parenting support programs (i.e., Triple P – Positive Parenting Program, the Incredible Years, and Circle of Security International). • Evidence-based home visiting services by licensed practitioners to promote enhanced health outcomes, whole person care and community integration. • Dyadic therapy treatment for children and adolescents at risk for or with an attachment disorder, or as a diagnostic tool to determine an attachment disorder.