

Connection Academy Webinar

Healthy Opportunities Regional Pilot Project Overview

Wednesday, April 17th

Upcoming Events

When	What & Where:
April 24 th , 900am	Rockingham County Community Health Assessment Advisory Group at Eden's City Hall
Listening Sessions April 24, 130pm April 24, 800pm April 25, 200pm	The Partnership for Prosperity Lloyd Presbyterian Church, 748 N. Chestnut Open Arms Community of the United Methodist Church, Experiment in Self-Reliance
May 7 th , 12pm	Approaches to Working with Transportation Network Companies (TNC) via Webinar; to register, please go to: https://app.smartsheet.com/b/form/8f049dac92524bdf9d13034f3488cc1e
June 7 th , 800am	Building Healthy Communities through Better Housing (CHCS Housing & Health Symposium) UNCG School of Education Building https://chcs.uncg.edu/2nd-annual-housing-and-health-symposium

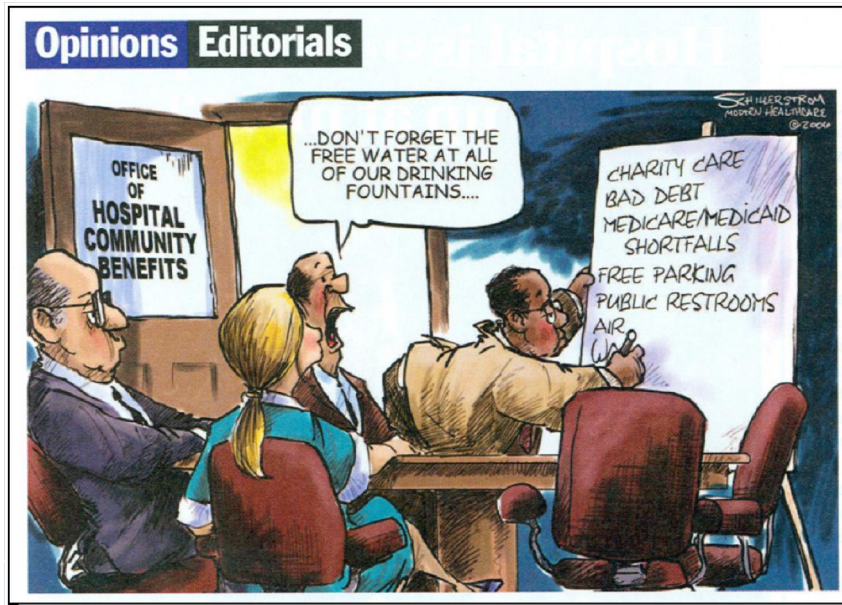
Highlights from April 11th



Forsyth County FaithAction ID Team

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Highlights from April 11th



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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Recommendation 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 to:

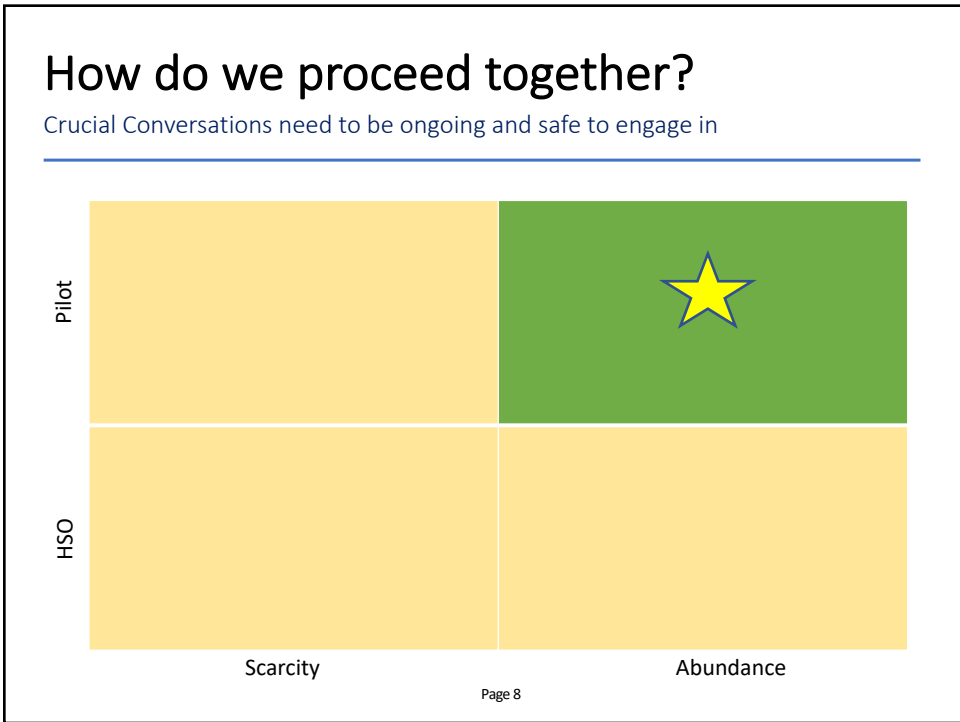
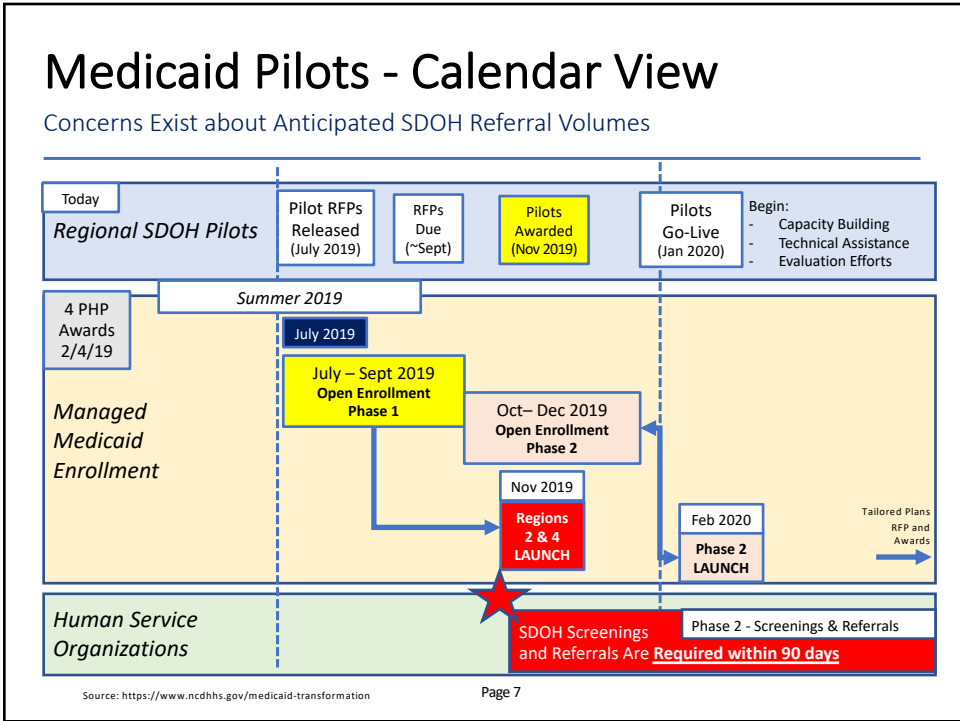
i) Require the Lead Pilot Entities to facilitate an Accountable Care Community by convening key local stakeholders (e.g., payers, health care providers, local government agencies, and human services organizations).

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"



Pilot Cash Flow Projections

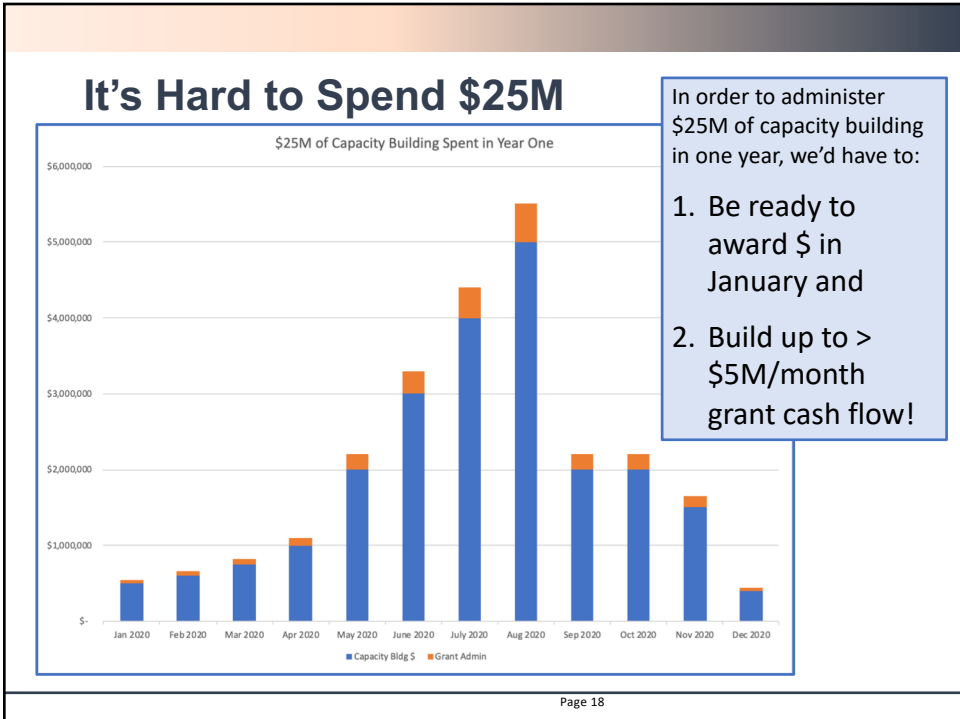
Enhanced Case Management and Other Services Pilot Program

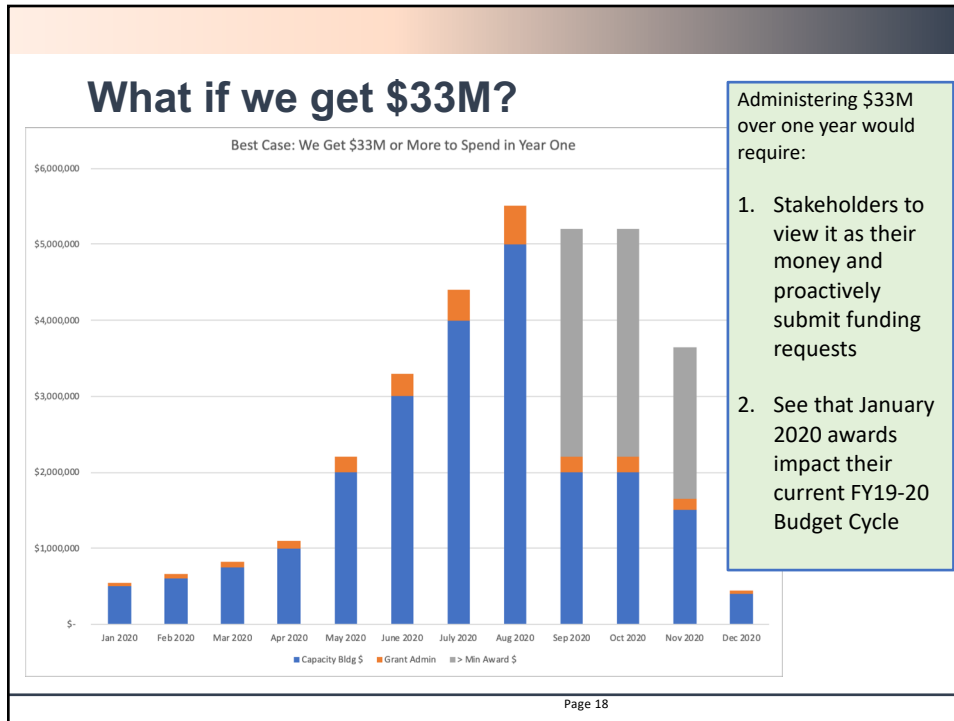
Period / Description / Funding				# Regional Pilot Awards		
				4	3	2
Capacity Building	January 1, 2020 - December 31, 2020 Full Year of Capacity Building	Capacity Building	\$ 100,000,000	\$ 25,000,000	\$ 33,333,333	\$ 50,000,000
Pilot Year 1	January 1, 2021 Begin Service Delivery	Incentives for Implementation Measures	\$ 137,500,000	\$ 34,375,000	\$ 45,833,333	\$ 68,750,000
Pilot Year 2	Months 13-24	Incentives for Service Delivery Performance	\$ 137,500,000	\$ 34,375,000	\$ 45,833,333	\$ 68,750,000
Pilot Year 3	Months 25-36	Withholds for Exceeding Resource Outcome Benchmarks	\$ 137,500,000	\$ 34,375,000	\$ 45,833,333	\$ 68,750,000
Pilot Year 4	Months 37+ through October 31, 2024 (end of the authorized demonstration period)	Withholds for Exceeding Health & Utilization Outcome Benchmarks	\$ 137,500,000	\$ 34,375,000	\$ 45,833,333	\$ 68,750,000
Subtotal			\$ 650,000,000	\$ 162,500,000	\$ 216,666,667	\$ 325,000,000

Pilot Enrollment Projections

Enhanced Case Management and Other Services Pilot Program

Period / Description / Pilot Enrollment			Enrollment Minimum 25,000	# Regional Pilot Awards						Enrollment Maximum 50,000
				4		3		2		
				Min	Max	Min	Max	Min	Max	
Pilot Year 1	January 1, 2021 Begin Service Delivery	Incentives for Implementation Measures	6,250	1,563	3,125	2,083	4,167	3,125	6,250	12,500
Pilot Year 2	Months 13-24	Incentives for Service Delivery Performance	6,250	1,563	3,125	2,083	4,167	3,125	6,250	12,500
Pilot Year 3	Months 25-36	Withholds for Exceeding Resource Outcome Benchmarks	6,250	1,563	3,125	2,083	4,167	3,125	6,250	12,500
Pilot Year 4	Months 37+ through October 31, 2024 (end of the authorized demonstration period)	Withholds for Exceeding Health & Utilization Outcome Benchmarks	6,250	1,563	3,125	2,083	4,167	3,125	6,250	12,500
Subtotal			25,000	6,250	12,500	8,333	16,667	12,500	25,000	50,000





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.

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Questions

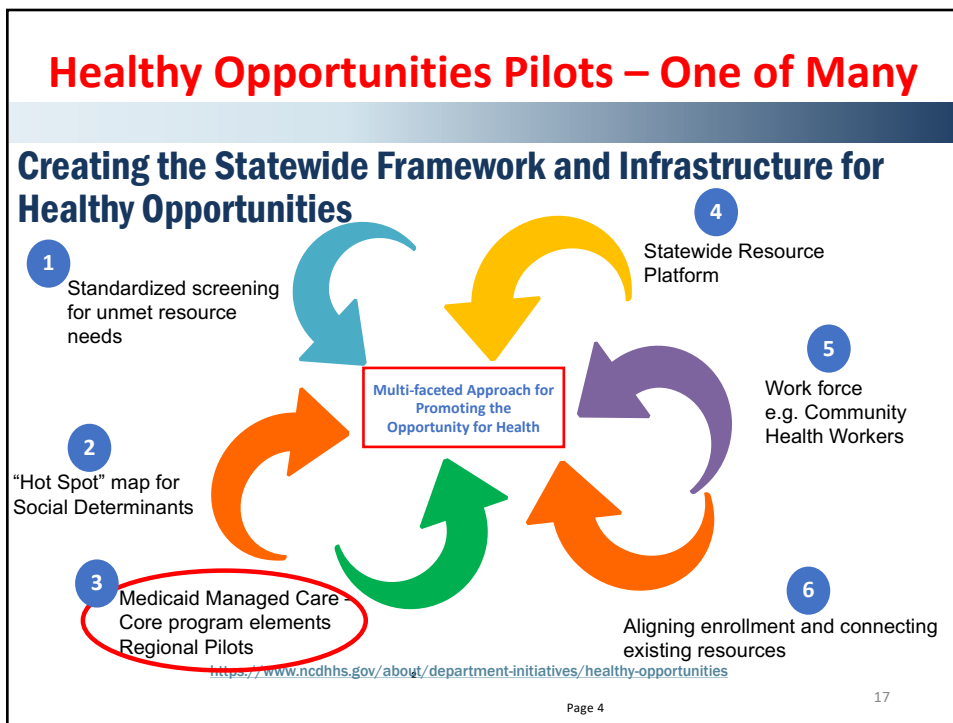
<https://www.ptrc.org/healthyops>


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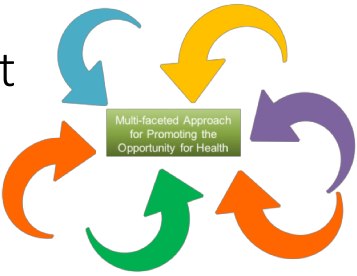
Appendix

Additional Operational Details Regarding the Pilots





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

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Healthy Opportunities Pilots: Overview

Sample Regional Pilot

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graph TD
    NC[North Carolina] --> PH1[Prepaid Health Plan  
Care Managers]
    NC --> PH2[Prepaid Health Plan  
Care Managers]
    NC --> PH3[Prepaid Health Plan  
Care Managers]
    PH1 --> LPE[Lead Pilot Entity]
    PH2 --> LPE
    PH3 --> LPE
    NC --> LPE
    LPE --> HSOs[Human Service Organizations (HSOs)]
    HSOs --- HSO1[HSO]
    HSOs --- HSO2[HSO]
    HSOs --- HSO3[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**

- 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.

*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.

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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.

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Overview of Eligibility For Pilot Services

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



At least one Needs-Based Criteria:

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.

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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	 Food	 Transportation	 Interpersonal Violence
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Linkages to existing public transit • Payment for transit to support access to pilot services, including: <ul style="list-style-type: none"> • Public transit • Taxis, in areas with limited public transit infrastructure 	<ul style="list-style-type: none"> • 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:

Payment Type	Description	Likely Services for Payment Type
Fee-for-service	A rate set prior to service delivery for a discrete service. May include a base rate and adjustments for region, acuity, etc.	Services whose cost may be reasonably calculated in advanced (e.g. medically tailored meals; consultation with specialized social worker)
Cost-based reimbursement	A payment for actual billed cost of services. May include guardrails such as maximums per beneficiary per type of service.	Services whose prices are set by a contractor (e.g. 1 st month's rent and security deposit; extermination of mold remediation services)
Bundled Payment	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.	<ul style="list-style-type: none"> - Services provided as part of a longitudinal relationship - Services that meaningfully address a need when provided in complimentary package