

WD4C – Local Pilot Entity (LPE)
(Wake, Durham and Four County –Granville, Vance, Warren and Franklin)

Medicaid Healthy Opportunities Pilot Overview

Presentation prepared by:

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Glossary

- AMH – Advance Medical Home; also referred to Medical Home and or Primary Care Practice
- CBO – Community Based Organization also referred to as an HSO
- CMS – Center for Medicare and Medicaid Services
- DHHS – Department of Health and Human Services
- Domains - 4 SDOH (Food, Housing, Transportation, IPV)
- HOP – Healthy Opportunities Pilot
- HSO – Human Service Organization (CBO or public agency)
- IPV – Inter-Personal Violence
- LPE – Local Pilot Entity
- MM – Medicaid Member
- PHP – Prepaid Health Plan (Insurers)
- SDOH – Social Determinants of Health
- WD4C – Wake, Durham, Four County, a proposed LPE for the 6 county region



State Demonstrations Group

April 25, 2019

Dave Richard
North Carolina Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001

Dear Mr. Richard:

The Centers for Medicare and Medicaid Services (CMS) is issuing technical corrections to the special terms and conditions (STCs) for the North Carolina 1115 demonstration project entitled 'North Carolina Medicaid Reform Demonstration' (11-W00313/4) which was approved on October 24, 2018 under authority of section 1115(a) of the Social Security Act. The technical corrections ensure that the STCs reflect how the state is currently operating its demonstration. These technical corrections include a number of formatting and grammatical changes, clarification of STC references, and the addition of the SUD Implementation Plan protocol.

If you have any questions, please contact your project officer, Ms. Sandra Phelps, at (410) 786-1968 or by email at Sandra.Phelps@cms.hhs.gov.

We look forward to continuing to work with your staff on the administration of the North Carolina Medicaid Reform demonstration.

Sincerely,

/s/

Angela D. Garner
Director
Division of System Reform Demonstration

10/19/2019



Picture credit: <https://mahec.net/>

Health is not just healthcare

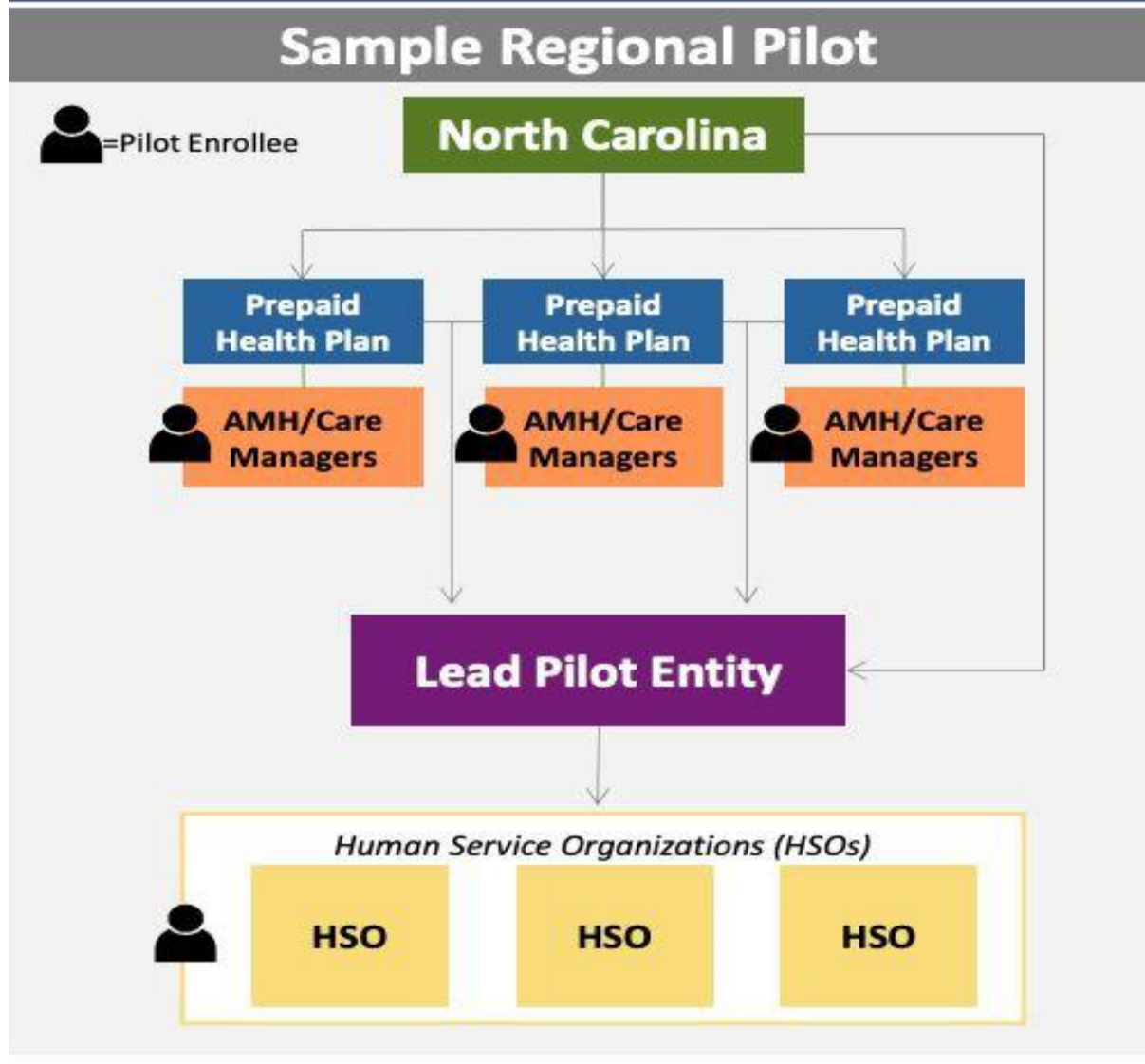
“... given the **compelling body of evidence linking social determinants to health and well-being**, the Department views addressing unmet social needs as central to [its] vision ...”

“[Commenters] cited investments included **supportive housing** (particularly for beneficiaries with complex chronic conditions), and **nutrition and food insecurity interventions** (such as identifying and addressing food deserts).”

“...others recommended [...] health insurance coverage, **utility assistance, transportation, child care, job supports, education support, economic development, legal assistance** ... ”

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

What Entities Are Involved in the Pilots?



- Pilot Entities: Overview**
- Key pilot entities include:
 - Healthy Opportunities Pilot Enrollees
 - North Carolina DHHS
 - Prepaid Health Plans (PHPs)
 - Care Managers (*predominantly located at Tier 3 AMHs and LHDs*)
 - Lead Pilot Entities (LPEs)
 - Human Service Organizations (HSOs)



NCDHHS

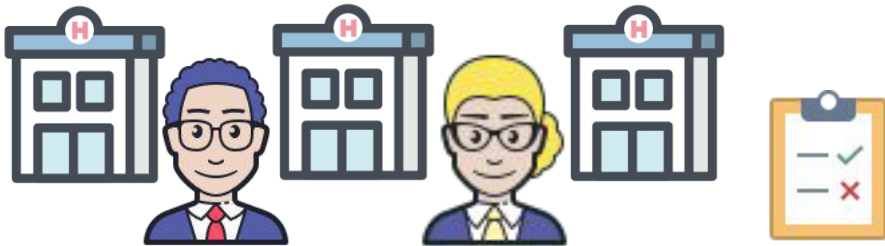
PHP

PHP

PHP

PHP

LPE



10/19/2019

Healthy Opportunities Pilots Key Highlights

Funding – CMS authorized **\$650 million** in Medicaid funding for the pilot over five years, **\$100 million** of which will be available for capacity building.

Pilot area – will include two to four regions of the state and is expected to serve approximately **25,000 to 50,000 beneficiaries**, or about 1% to 2% of total Medicaid enrollees in North Carolina.

Eligible beneficiaries – must be enrolled in a managed care plan and must have at least one physical or behavioral health risk factor and at least one social risk factor.

Pilot services – will include evidence-based enhanced case management and other services, which must be approved by CMS, to address enrollee needs related to housing, food, transportation, and interpersonal safety.

Health plans – will manage the pilot budget and, working in close collaboration with care managers will determine enrollee eligibility and authorize the delivery of pilot services.

Lead Pilot Entities (LPEs) – will develop, contract with, and manage the network of human service organizations that will deliver pilot services.

Timeline – The state will release an RFP for LPEs by November 2019 and anticipates beginning to deliver pilot services in late 2020.

Who Qualifies for Pilot Services?

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



At least one Needs-Based Criteria:

Physical/behavioral health condition criteria vary by population:

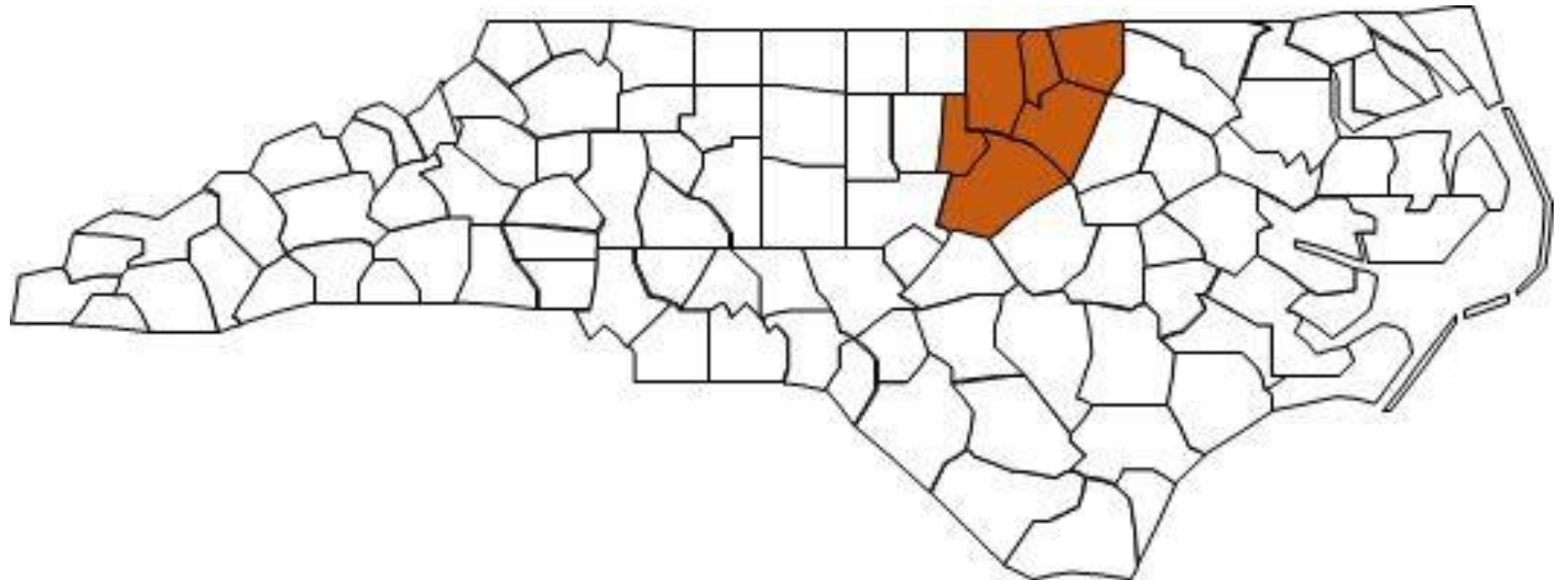
- Adults (e.g., 2 or more chronic conditions)
- Pregnant Women (e.g., multifetal gestation)
- Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)
- Children 0-21 (e.g., Experiencing three or more categories of adverse childhood experiences)



At least one Social Risk Factor:

- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

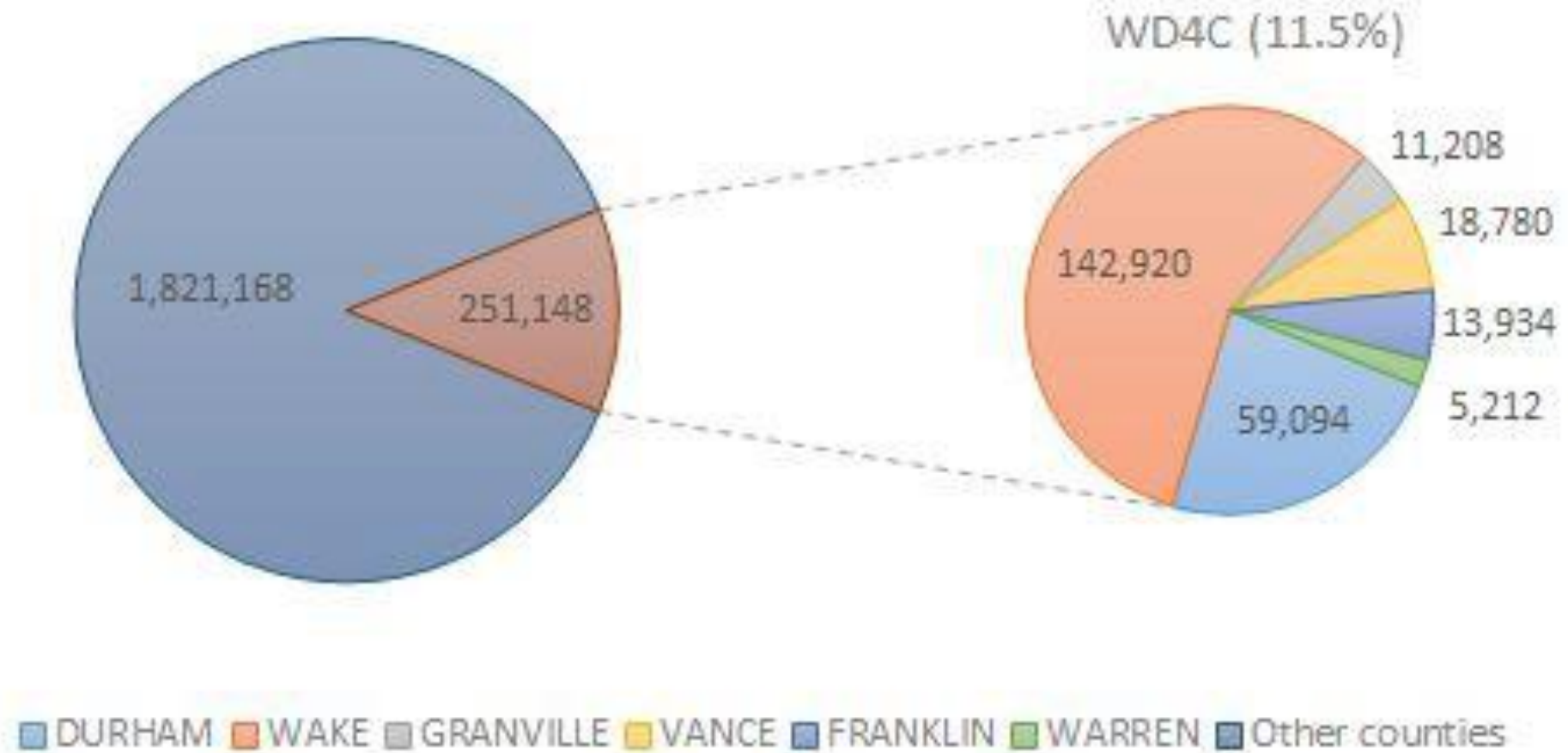
- WD4C plans to apply for designation as one of the Healthy Opportunities Pilot regions
- A successful application will include demonstrating both an understanding of each communities' assets and needs, and prioritization of funding to get the communities ready to be a pilot site.



Results to date

WD4C Demographics						
	Wake	Durham	Granville	Vance	Franklin	Warren
Area (sq miles)	857	298	537	270	494	444
Total Population Estimate	998576	294618	58341	44508	62989	20324
Males	485068	140813	29722	20766	31235	10196
Females	513508	153805	28619	23742	31754	10128
Median Age	35.6	34.6	41.9	40.5	40.4	46.5
Race/ethnicity (%)						
White	69.3	53.2	64.5	45.2	69.4	40.9
African American	22	39.2	33.3	51.1	27.3	52.5
Hispanic	9.9	13.3	7.5	7.1	7.9	3.9
Average Household Size	2.61	2.37	2.65	2.62	2.59	2.49
Median Income	70620	54093	50317	32733	44272	33913

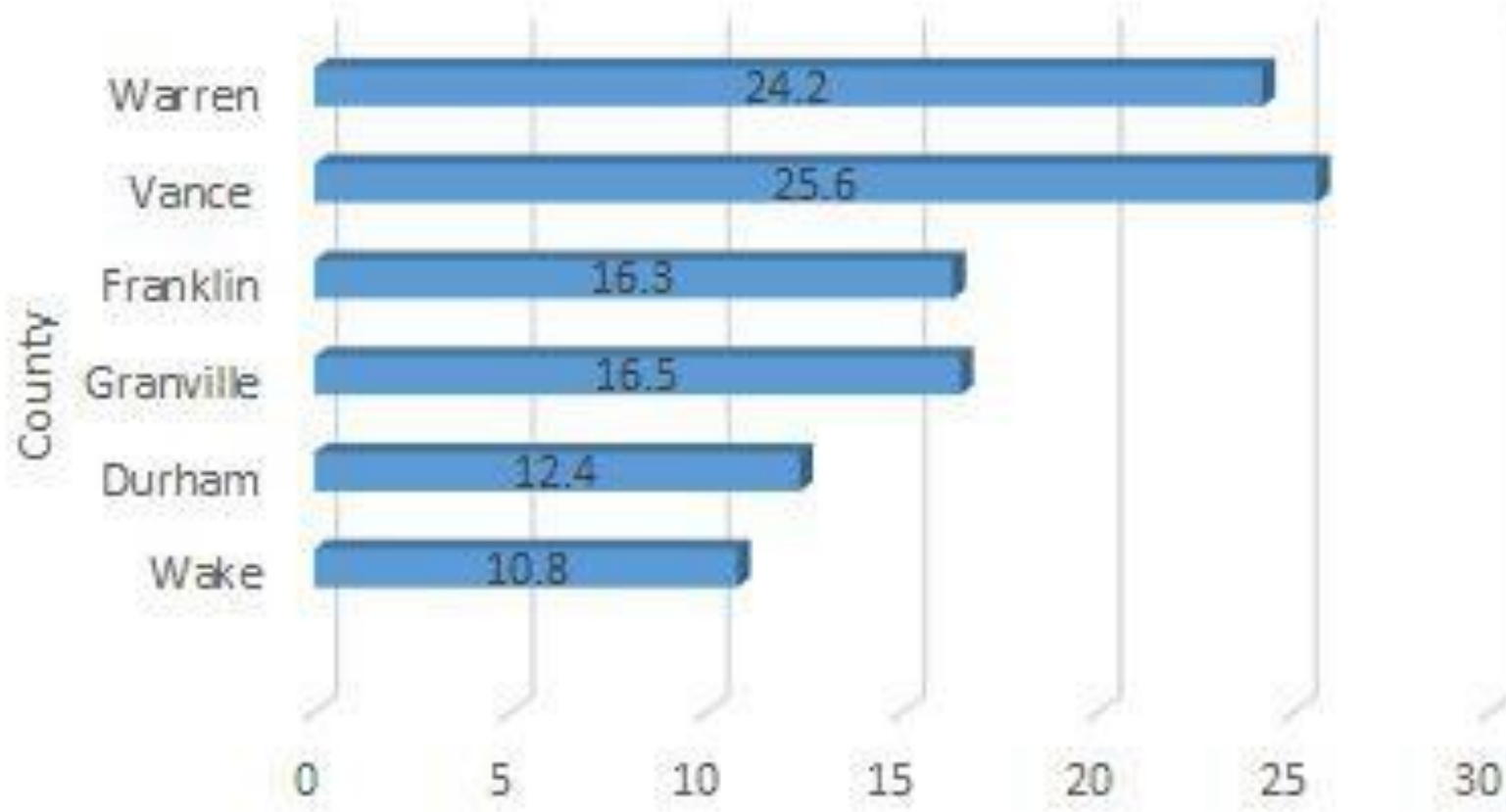
Medicaid enrollment in NC

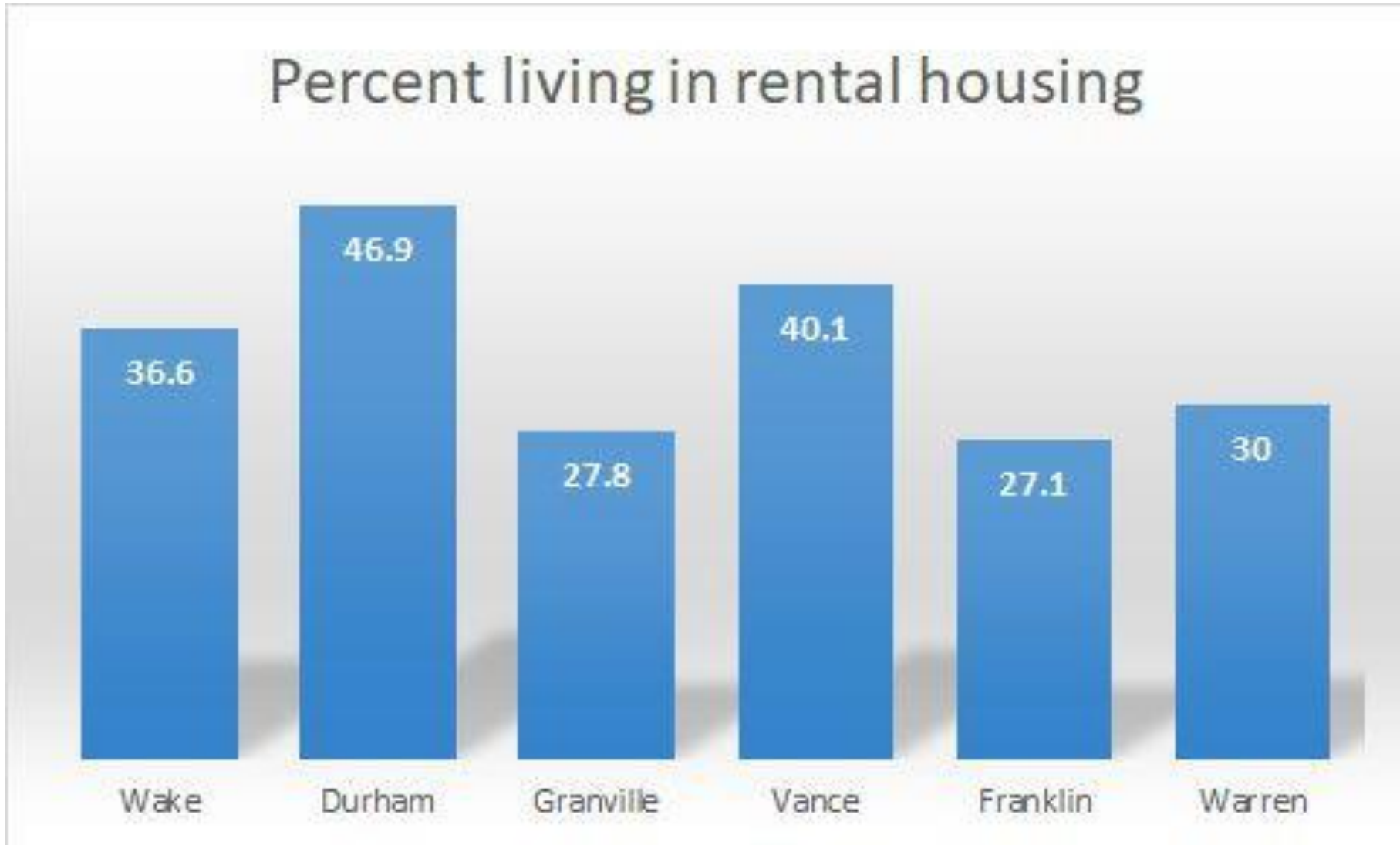


County level health outcomes

	Wake	Durham	Granville	Vance	Franklin	Warren
Health Outcomes ranking in NC	1	12	25	98	35	89
Length of Life ranking in NC	2	6	14	100	35	68
Quality of Life ranking in NC	2	25	41	97	56	94
Poor/fair health (% of adults reporting)	13%	17%	19%	24%	18%	24%
Social & Economic Factors ranking in NC	1	46	23	93	47	92
High school graduation	89%	82%	81%	82%	86%	71%
Children in poverty	12%	24%	17%	38%	24%	33%
Unemployment	3.9%	4.1%	3.9%	6.3%	4.7%	6.9%
Income inequality	4.2	4.9	4.3	5.2	4.6	5.1
Violent crime (number per 100,000)	115	666	293	581	142	211
Physical Environment	79	31	99	55	97	65
Severe housing problems	14%	18%	17%	20%	15%	19%

Percent of persons below federal poverty level (2012-2016)

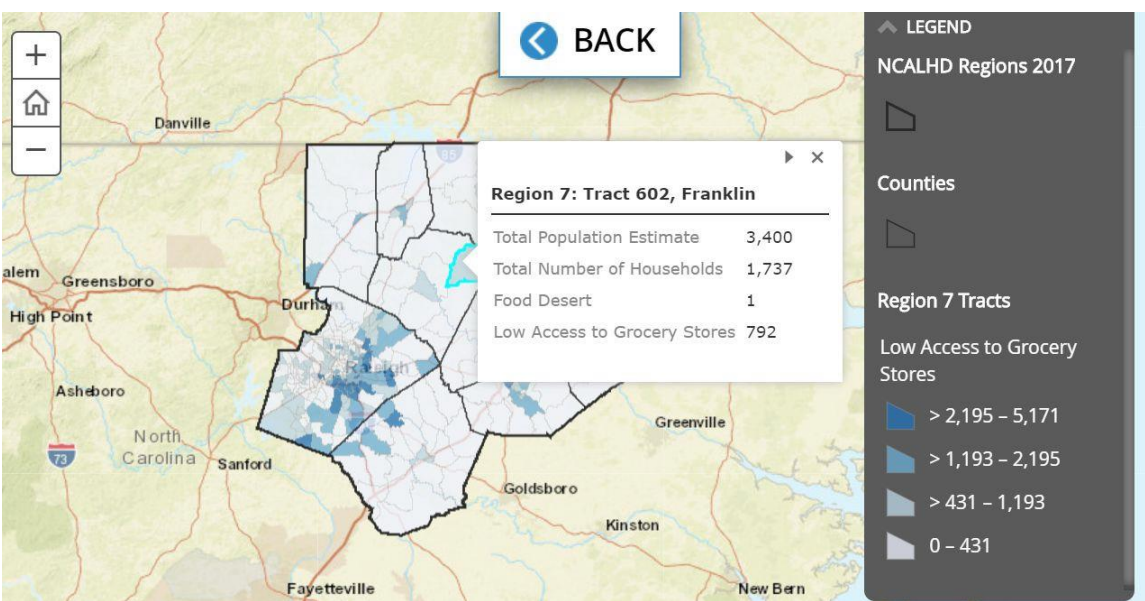
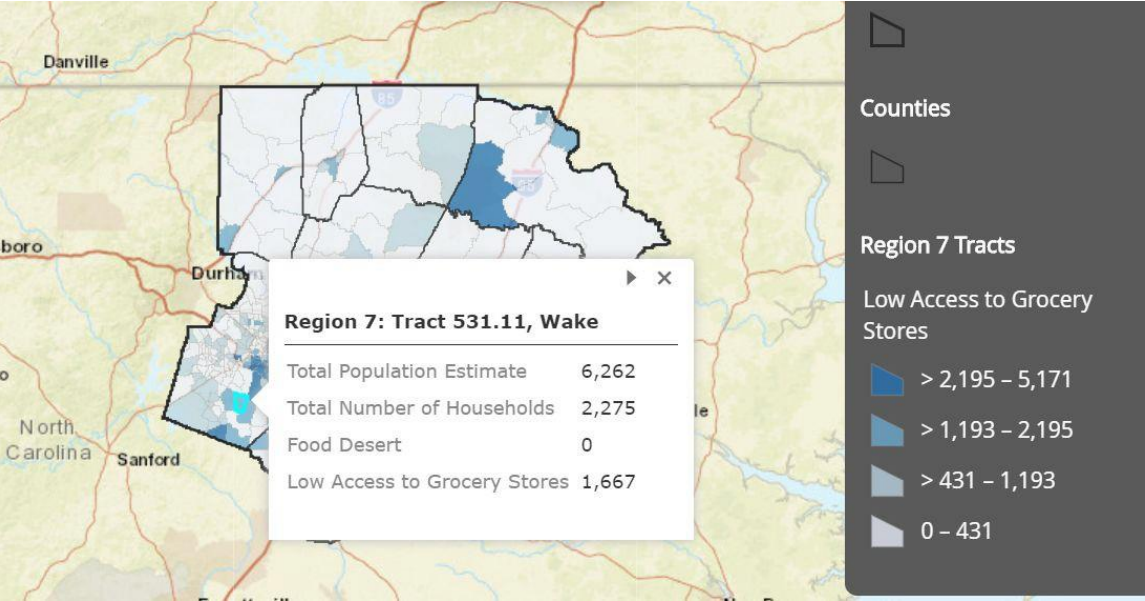




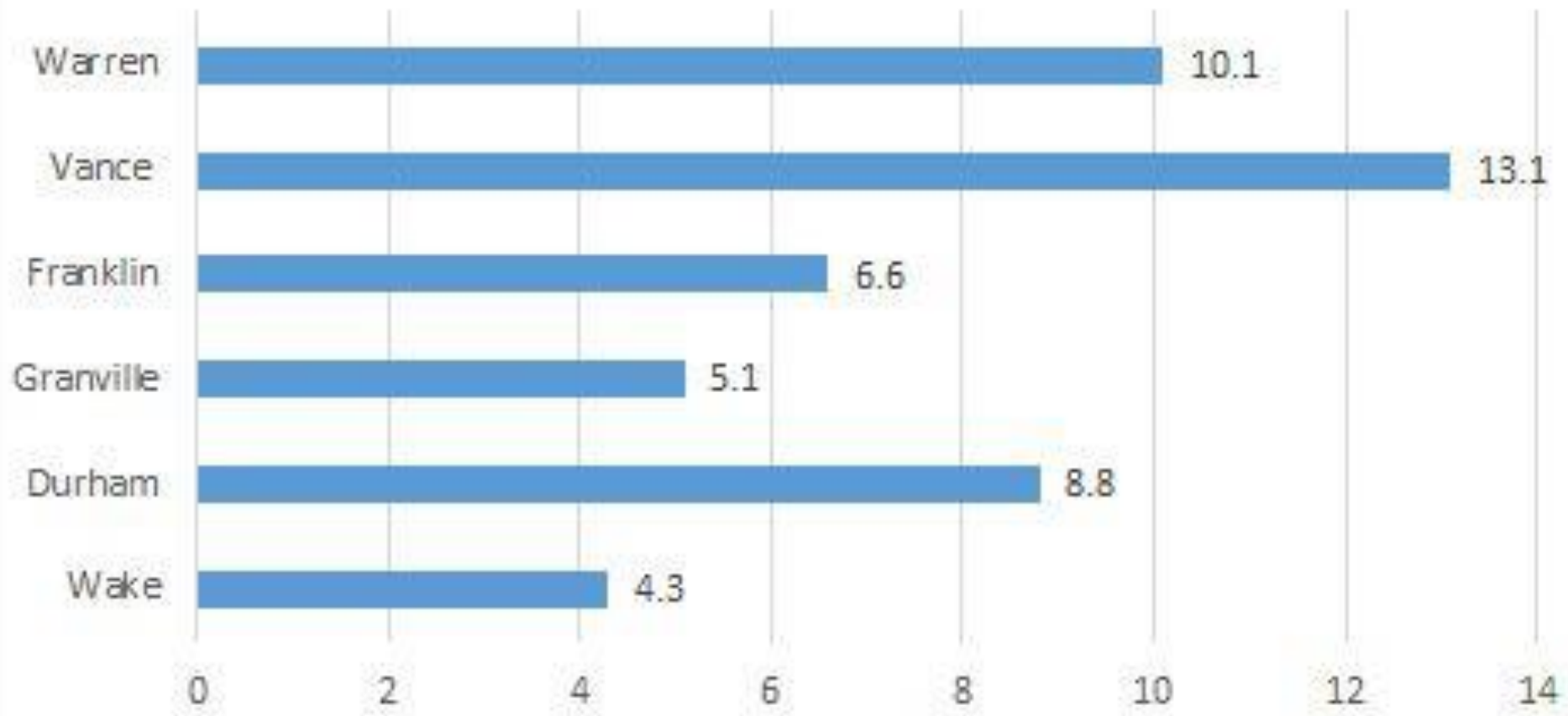
	Wake	Durham	Granville	Vance	Franklin	Warren
Severe housing problems	14%	18%	17%	20%	15%	19%

Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

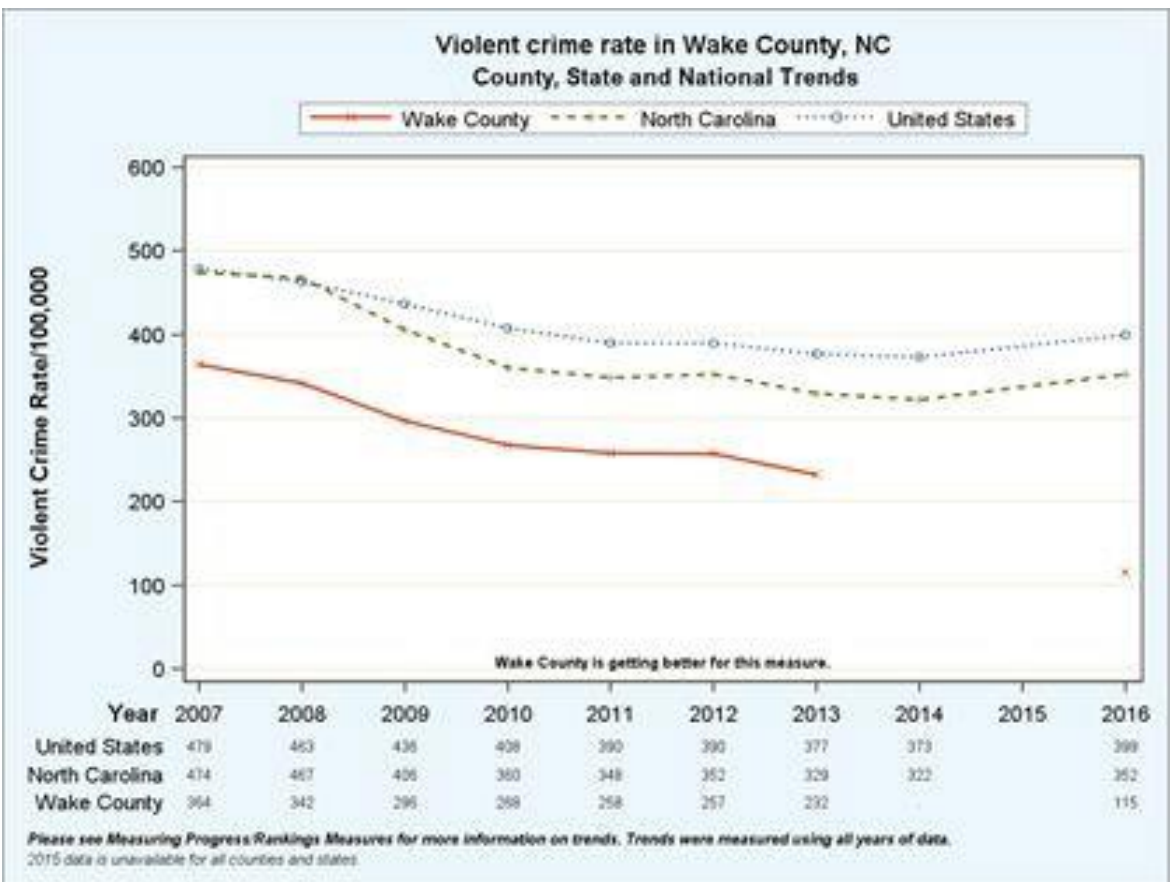
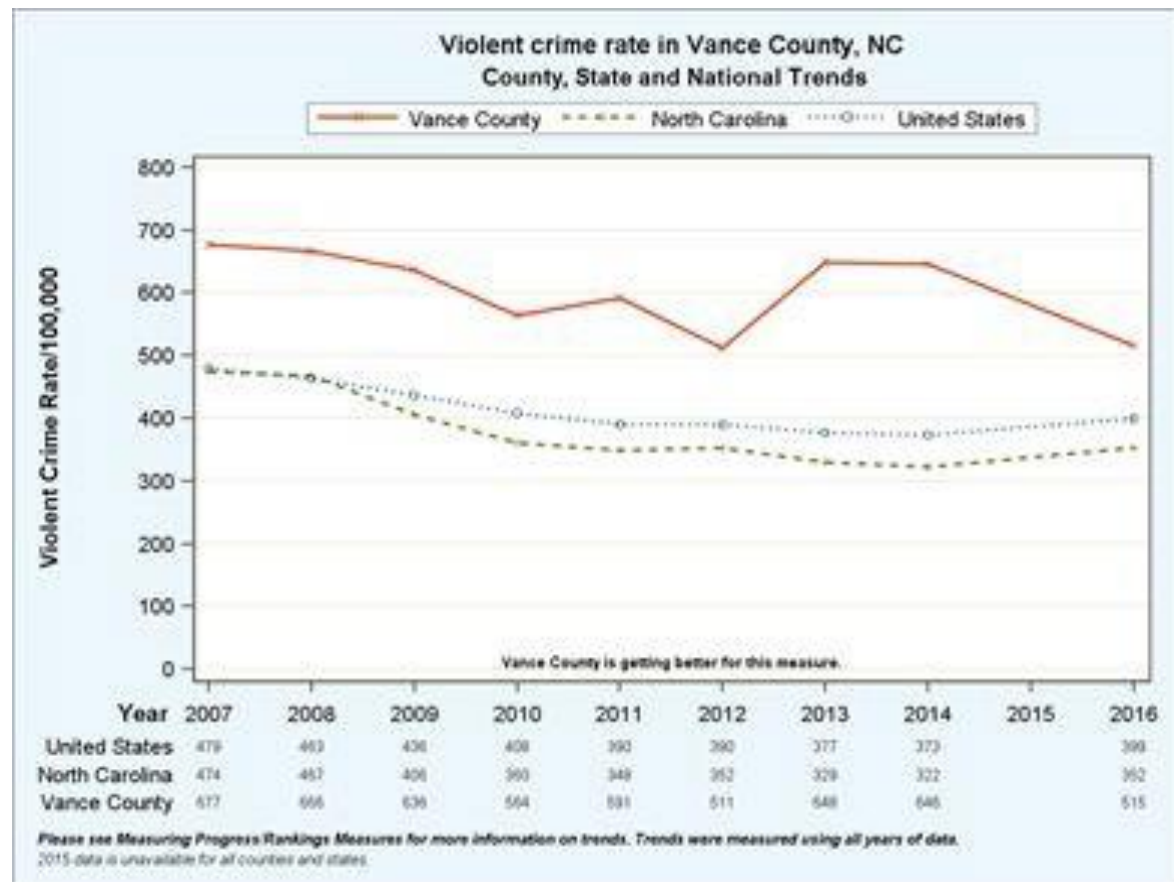
Low access to grocery stores



Percent of occupied households with no vehicle available



	Wake	Durham	Granville	Vance	Franklin	Warren
Violent crime (number per 100,000)	115	666	293	581	142	211



Healthy Opportunities: Funding for 28 Services



Housing

- Targeted tenancy support and sustaining services
- Housing quality and safety
- One-time payments to secure housing
- Short-term post hospitalization housing

10/19/2019



Food

- Food access and linkage to community services
- Nutrition and cooking classes
- Diabetes prevention
- Healthy food boxes
- Healthy meals
- Medically tailored meals



Transportation

- Linkages to transportation resources
- Payment for transit for:
 - Health care
 - Receiving other HOP services



IPV/Toxic Stress

- IPV case management (legal services, safety planning, resources)
- Community violence intervention services
- Evidence-based parenting classes
- Home visiting services



Other Services

- Holistic high intensity case management
- Medical respite care
- Health-related legal support

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WD4C – Wake, Durham, 4 County

Strategic Framework and Operational Model

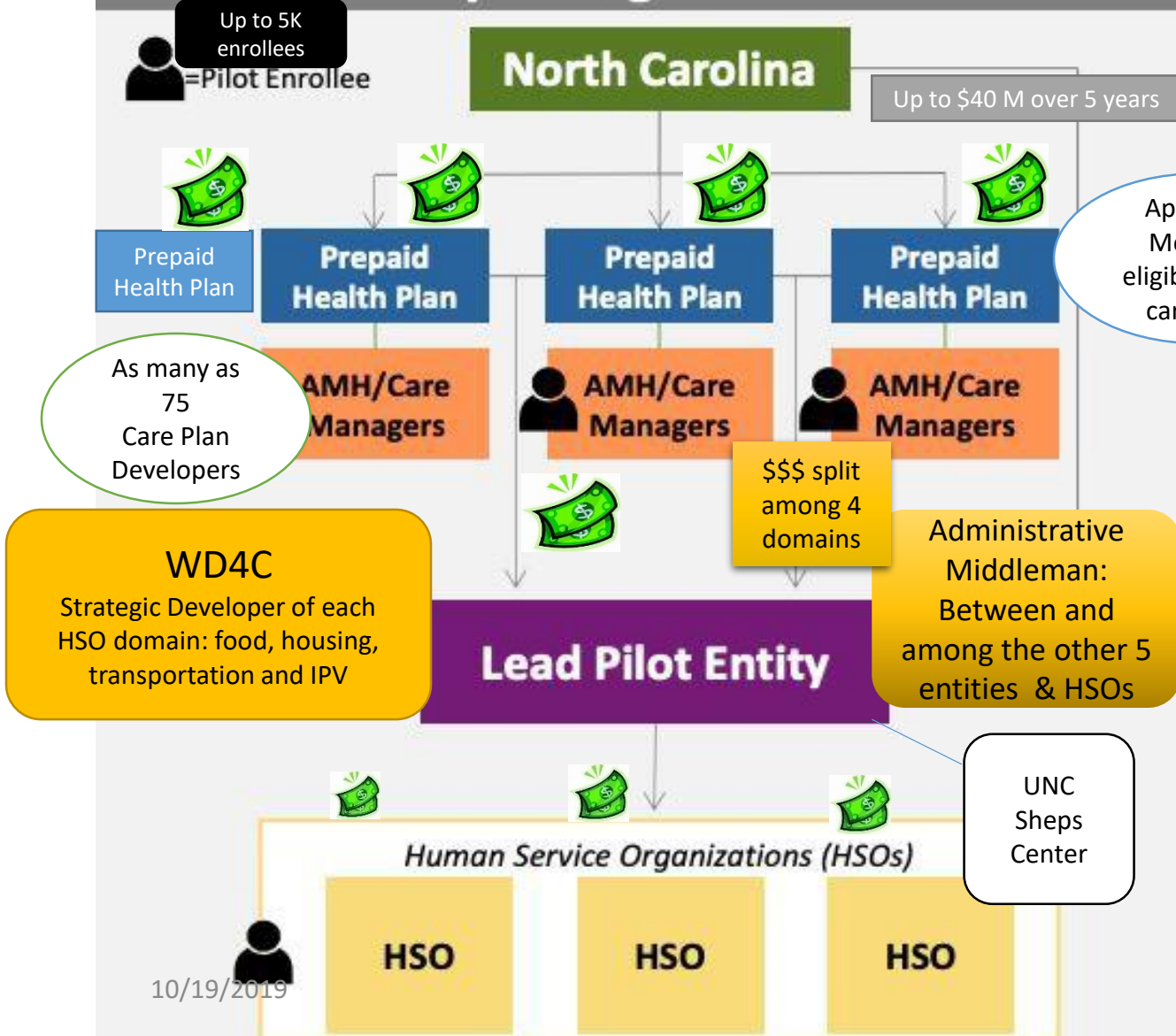
- Frank Lloyd Wright; “*Form before Structure*”
- Alfred Chandler in his book Strategy and Structure
“*Organizational Structure follows strategy*”

LPE Challenges

- Fostering collaboration and Coordination between Medicaid Member, PHP, LPE, and HSO, NEMT
- Multiple layered Money Flow
- Each CBO domain ecosystem is different
- CBO Infrastructure needs vary (e.g. Cost accounting, IT, capacity to expand: $x+1$)
- **Scalability** and sustainability by 2024 without LPE
- Over 75 Care Plan Developers disseminated across region and many primary care practices
- Coordination and communication of Tiers (Low and High Intensity Services) among HSO, Medicaid Member, and Shep Center

What Entities Are Involved in the Pilots?

Sample Regional Pilot

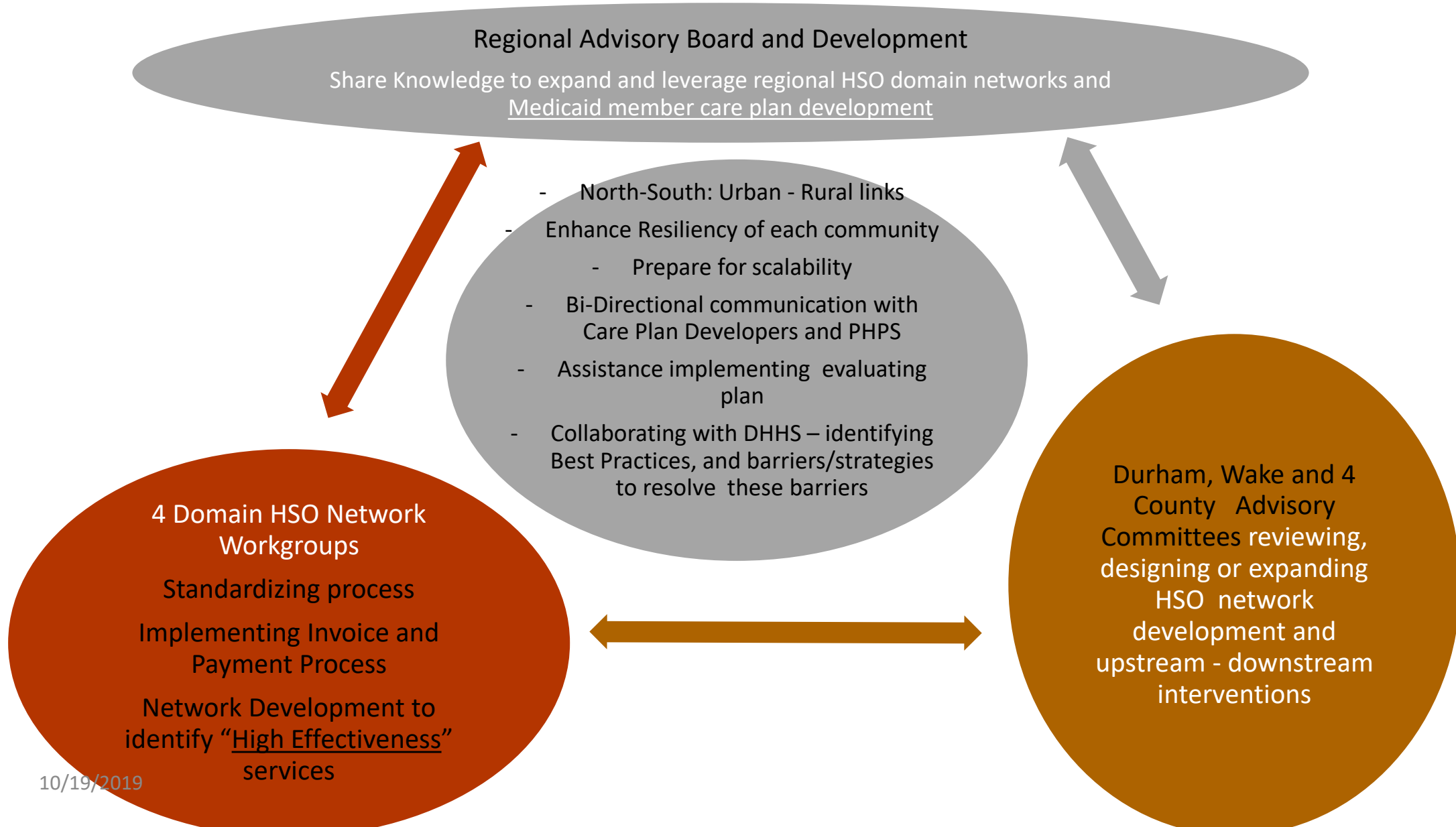


Pilot Entities: Overview

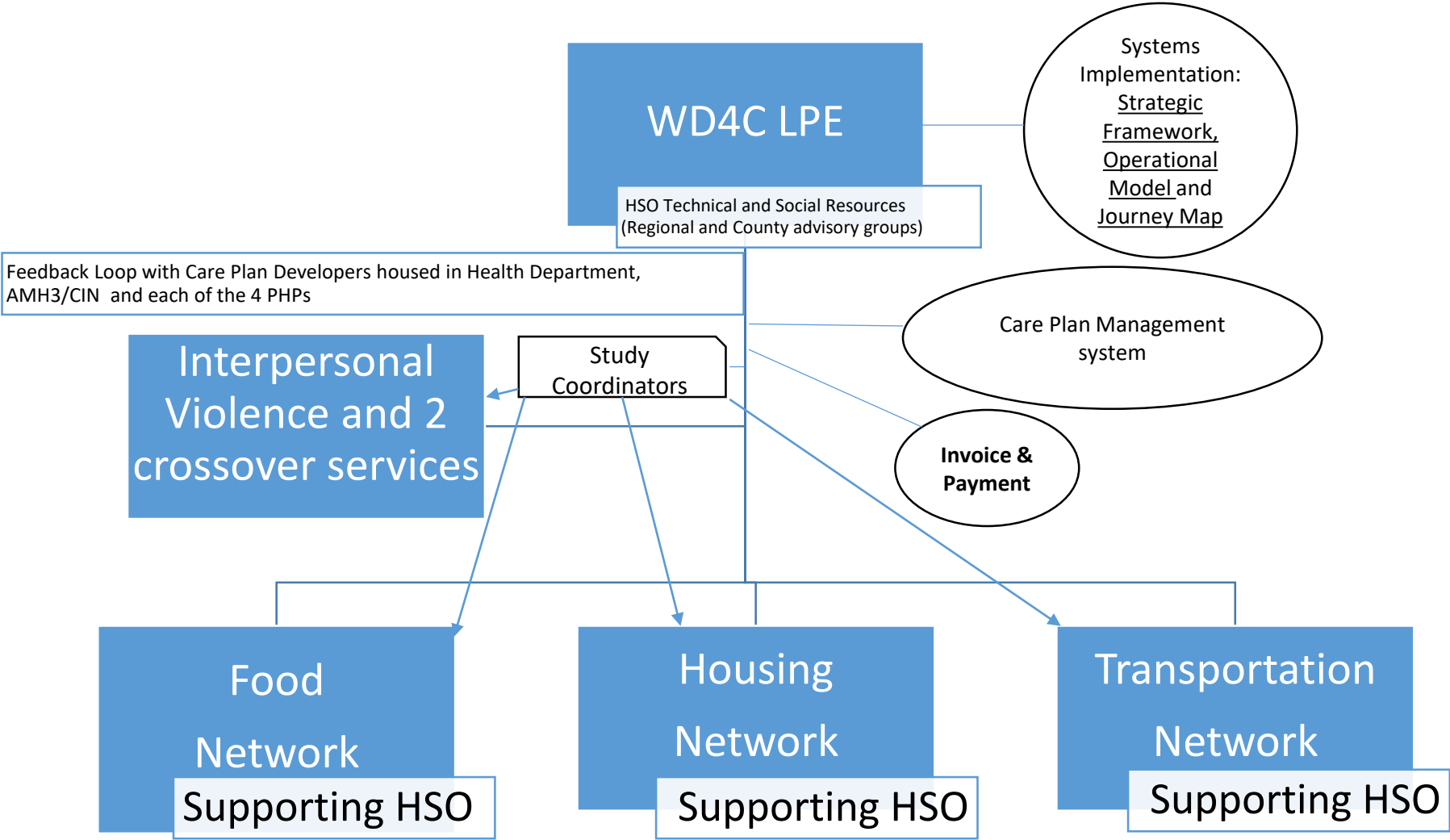
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WD4C Strategic Framework

Vision: Think Regionally Invest Locally harnessing the expertise and experience of local HSOs.



WD4C Operational Model

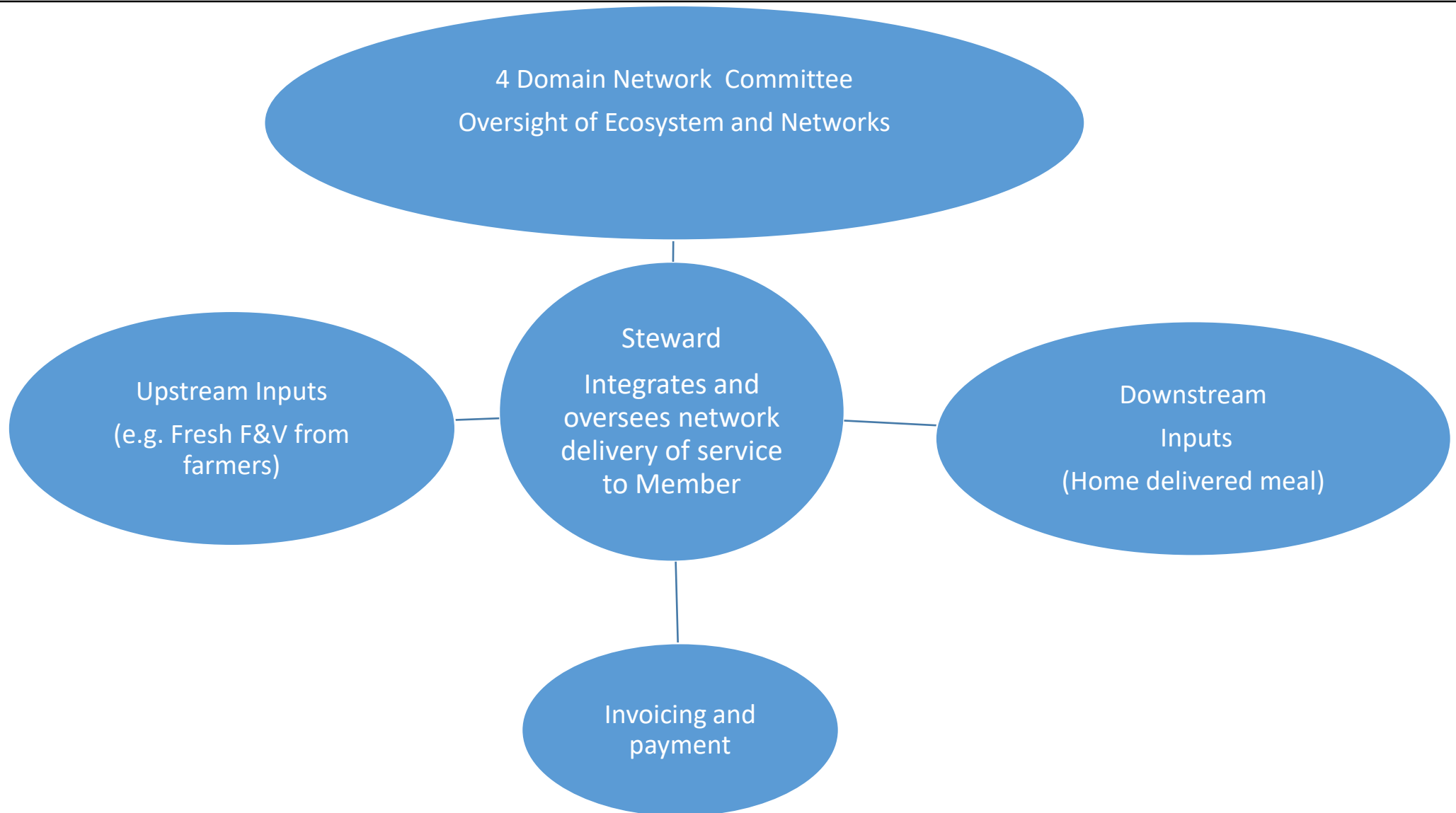




SDOH Network Ecosystem Steward

- Coordinating the components of the ecosystem
- Linking urban and rural Components
- Facilitating communication processes to achieve unity among components.
- Supporting a state of dynamic equilibrium – elements of the ecosystem are integrated, balanced.
- Reimagining the Ecosystem
- Looking for Market Opportunities
- Bridging urban and rural – north south links
- Invoicing Medicaid for components
- Easily scalable

“Pushing decisions down to the CBO’s where the work is being done”, local CBO executive



Food ecosystem

Farm

In every county
Interfaith Food Shuttle

Process/Packaging

Working Landscape
Good Bowls

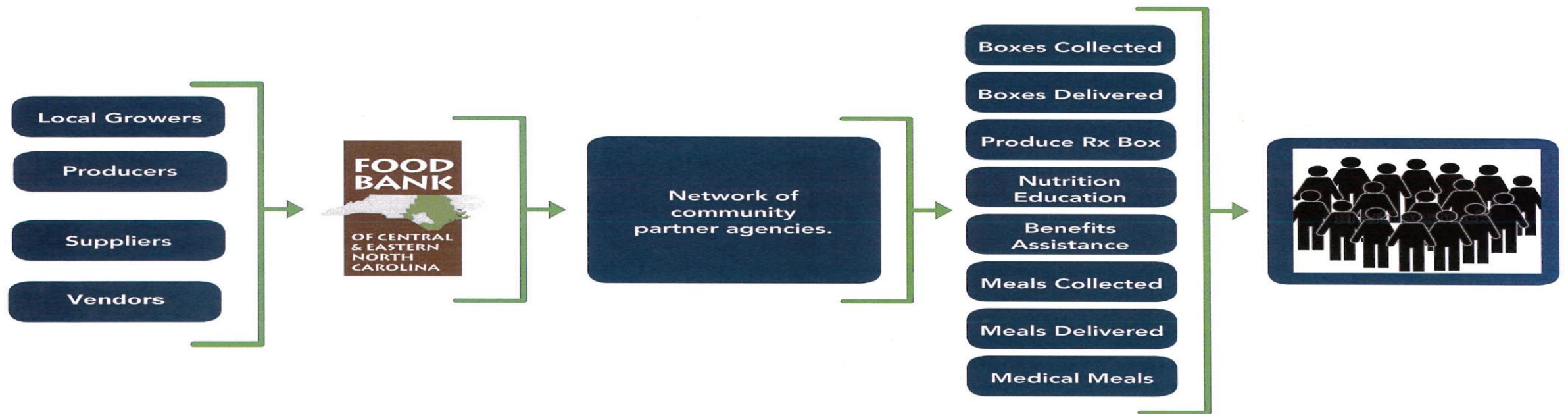
Distribution

Food Bank
Interfaith Food Shuttle

Wholesale or retail

Pantries
Grocery Stores
Home Delivered Meals
Meal site

Food Bank of Central & Eastern North Carolina Supply & Distribution Chain



Resilience: An ecosystem that connects supply and distribution components of the food supply chain within a 60 mile radius of its market place.

