Integrating Social Determinants of Health into Medicaid Transformation

Food insecurities, housing instability, unmet transportation needs and interpersonal violence all have an impact on a person's health and well-being and ultimately will impact the cost and success of the health care they receive. NC DHHS has outlined its plans to address social determinants of health (SDOH) within the new Medicaid program. The concept paper on the topic has been released, and feedback is due by April 27th.

At the heart of the plan is a standardized screening tool that all Prepaid Health Plans (PHPs) will be required to use as part of their care management activities. The screening tool will have a few simple yes or no questions and will cover the 4 SDOH domains noted above. The state envisions that eventually, not only PHPs, but providers as well, will utilize the SDOH screening tool. The workflow for the PHP will be to incorporate screening questions into the Care Needs Screening Instrument – each PHP can vary the elements of the instrument to encompass other chronic and acute conditions (including behavioral, SUD, and primary health concerns). At least 2 attempts will be required per enrollee to complete the screening. Results are shared with the primary care provider; PHP will define high unmet resource needs including the SDOH and will use this information to determine the need for care management. The PHP will be required to address unmet SDOH resource needs by understanding community resources, providing in person assistance to secure health services; by having a housing specialist on staff or contract to secure housing and providing access to medical-legal partnership for legal issues affecting the individual's health.

Between now and mid-2019, the state will field test the SDOH questions and further refine the document and questions as needed.

NC Resource Database and Social Services Integration Platform
Once SDOH needs are identified, resources will be needed to find support and care. The state is working to create a NC Resource Platform for providers, care managers, and community health workers and for public access that will be used to connect to community resources to meet an individual's unmet needs. According to the concept paper, the program will also support patient referrals, offer a feedback loop between community organizations and providers, track utilization, need, and the timeliness of service. Other features to enhance its effectiveness will include interface with electronic health records, interface with local community and agency resource directories and to connectivity across community providers.

In addition to connecting individuals to resources, the resource platform will be used to identify where resource gaps exist in the state and where additional resources may be targeted to meet those needs.

All NC DHHS concept papers can be viewed on their website.