



# IMPACT HEALTH'S HSO NETWORK APPLICATION INSTRUCTIONS

## BACKGROUND INFORMATION

The North Carolina Department of Health and Human Services' Healthy Opportunities Pilot Program is designed to give payers, providers, and human service organizations (HSOs) the opportunity to work together to improve the health of Western North Carolinians more effectively and efficiently.

As the nation's first comprehensive program to test the effectiveness of non-medical interventions, this program will provide support to individuals who need assistance accessing healthy food, reliable transportation, safe and stable housing, and receiving support after experiences of violence and trauma. Considering that unmet social needs have a direct correlation to health outcomes, this program is designed to reduce costs and improve the health of Medicaid beneficiaries through the implementation of these essential, non-medical services. Serving as the Network Lead for Western North Carolina, Impact Health will support a robust network of HSOs across the region and ensure that the needs of eligible Medicaid members are met.

## IMPACT HEALTH OVERVIEW

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Impact Health will serve as the Network Lead (NL) for WNC, and will oversee, support, and coordinate the work of the participating HSOs, manage the payment process to those HSOs, and ensure the network can respond to the needs of eligible Medicaid Members.

## PILOT AND APPLICATION OVERVIEW

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The Pilot Program has the potential to strengthen social supports, deepen collaboration, and improve health for all of WNC. We encourage you to participate in our application process to become an HSO provider within the WNC network and partner with Impact Health to change the future of healthcare in our region.

### **Helpful Application Tips:**

- Note that this application requests detailed information. There are fields that are marked with two asterisks (\*\*) indicating that they are not mandatory fields and may be answered at a later date. The information requested in the application is intended to give us information on what type of technical assistance each organization may need. It is in no way a disqualifying event if your organization cannot complete the information requested.
- As you are working to complete the application, you can save your progress at any time and return to it.
- Before starting your application, please read the [example contract](#) and FAQ.
- If you have questions or technical difficulties, please contact Devon Malloy at [devon.malloy@sevenya.com](mailto:devon.malloy@sevenya.com).
- Before you begin the application, it will be helpful to gather key documents and information. The following tables outline required information as well as optional information that can be included at a later date.

### **Required Information**

<b>Organization Information - Contact</b>	<ul style="list-style-type: none"><li>• Contact information for main and all satellite locations</li><li>• A list of the counties your organization currently serves</li></ul>
<b>Organization Information - Cultural</b>	<ul style="list-style-type: none"><li>• Cultural competency information including languages spoken</li></ul>
<b>Services Information</b>	<ul style="list-style-type: none"><li>• Service provided and service type<ul style="list-style-type: none"><li>○ # Served 2019</li><li>○ # Served 2020</li><li>○ # Served YTD (2021)</li></ul></li></ul>
<b>Demographic Information</b>	<ul style="list-style-type: none"><li>• List of board of directors members (including positions and length of service)</li></ul>

### **Optional Information**

<b>Organization Information - Staff</b>	<ul style="list-style-type: none"> <li>• Staff resumes for employees who will be delivering pilot-related services</li> </ul>
<b>Organization Information - Cultural</b>	<ul style="list-style-type: none"> <li>• Cultural competency information including equity policies and practices, and documentation of compliance with non-discrimination state and federal laws, regulations, guidelines, and standards</li> </ul>
<b>Financial Information</b>	<ul style="list-style-type: none"> <li>• Most recent annual report and recent strategic planning documents</li> <li>• Recent financial documents including organizational budget (previous 3 years), most recent audited financials, and financial policies and procedures</li> <li>• Compliance documents including most recent IRS Form 990 and business licensing, accreditation, or credentials that you have in order to meet industry standards for applicable Pilot Program services</li> </ul>
<b>Demographic Information</b>	<ul style="list-style-type: none"> <li>• Board of directors roster</li> <li>• Organizational chart</li> </ul>

**Application – General Information Section**

The general information section is designed to help Impact Health understand the service area of your organization, identify an agency contact responsible for leading pilot activities, and gather foundational documents to help us better understand your organization’s mission and activities. For this section you will be asked to provide:

- Organizational contact information for your primary location
- A primary contact for your organization to serve as the Pilot Program Transformation Manager, and a description of how the transformation manager will ensure robust implementation of pilot service by working with organizational leaders and staff.  
*The Transformation Manager must be an executive or other individual with decision-making authority within the organization and Pilot Program who will serve as and is the point of accountability for the success of the agency’s Pilot Program participation.*
- All the counties your organization currently provides services in
- The addresses of any satellite locations and their hours of operation
- Indicate whether your organization would like to be considered for Phase 1 delivery of services, beginning February 1, 2022  
*Saying yes does not commit you to Phase 1 delivery if approved for HSO Network, and replying no will not be held against you in the assessment of your network application.*
- Languages your organization provides services in
- Your organization’s mission statement
- \*\*Provide examples of how your organization uses to data to make programmatic and strategic decisions about your work  
*The Pilot Program is designed to use data to help DHHS understand the impact of providing non-medical care to eligible participants and includes both quality improvement and*

*evaluation activities. Using data to improve services and outcomes is an essential part of the process.*

- List all staff who will provide services and oversight of services related to the pilot
- **\*\*A** description of your agencies staff capacity to meet the pilot services included in the [contract](#).
- For the General Information section please attach the following documents (if available, this information can also be provided at a later date):
  - a. **\*\*Your** organization's most recent annual report
  - b. **\*\*Your** organization's most recent strategic plan
  - c. **\*\*Evaluation** plans and any tools used to track outcomes
  - d. **\*\*Individual** resumes of staff who will provide services, or oversight of services, related to the pilot
  - e. A list of all members on the board of directors, including their position on the board, the length of time they have served on your board

### ***Application – Financial Information Section***

**The financial information section is designed to assist Impact Health in understanding your organization's financial context, the policies and procedures your organization uses to steward its financial health and compliance with state and federal law, as well as your ability to invoice for pilot services. For this section you will be asked to provide:**

- Your total annual operating budgets for the last three years
- Current funding provided to your organization by Dogwood Health Trust (Y/N)
- For the Financial section please attach the following documents (if available):
  - a. **\*\*A** copy of the organizations most recent audit
  - b. **\*\*A** copy of your organizations financial policies
  - c. **\*\*A** copy of your organizational IRS 990 Form

### ***Application – Services Information Section***

**The Services Information section is designed to assist Impact Health in understanding what services your organization currently provides and what services you intend to provide as part of the Pilot Program. In addition, you will be asked to provide information about the population(s) you serve. For this section you will be asked to provide:**

- Changes in your operations, capacity, or service numbers as a result of the COVID-19 pandemic (Y/N) *Description is optional.*
- Indication of what services your organization currently provides, and the total number of Individuals served (unduplicated by service type)
  - a. *The Healthy Opportunities Pilot will focus on five domains of services: Housing, Food, Transportation, Interpersonal Violence/Toxic Stress, and Cross-Domain Services that overlap more than one of these domains. You will be asked to report on services that fall within these domains.*
- **\*\*A** description of how your organization assess potential need for the services you provide

- Indicate whether your organization has Workers Compensation or liability insurance (Y/N)
- Indicate whether your organization has business licensing or accreditation (Y/N)
- A description of priority partners your organization will engage with to ensure the success of the Pilot Program
- For the Services section please attach the following documents (if available):
  - a. \*\*Any business licensing, accreditation, or credentials that you have in order to meet industry standards for applicable Pilot Program services.
  - b. \*\*Copy of worker’s compensation and business liability insurance.

### ***Application – Organizational Capacity Information Section***

**The organizational capacity section is intended to assist Impact Health in understanding the current capacity of your organization to provide services under the Pilot Program. Additionally, this section will help Impact Health understand where resources surrounding capacity development may be needed to prepare your organization for participation in the program. For this section you will be asked to provide:**

- A checklist of how your organization currently receives referrals/requests for services, including service wait times and denial of services related to organizational capacity limits
- \*\*How many service requests has your organization had to turn away in the past 12 months
- Indicate whether you expect a large increase in demand for services for Pilot participants from your organization (Y/N)
- Your organization’s potential need for capacity building support, including the need for training, technical assistance, and/or funding
- Potential ability of your organization to expand services and/or hours of service availability and the resources needed to expand (Y/N)

### ***Application – Billing & Technology Information Section***

**The Billing Information section is designed to give Impact Health an understanding of your organizations ability to engage the billing and reporting systems required by the Pilot Program. These systems include [NCCARE360](#) and [NCTracks](#). NCCARE360: The Pilot program will utilize NCCARE360 for referrals, as well as for invoicing requirements of this program. NCTracks: NCTracks is the multi-payor Medicaid Management Information System for the North Carolina Department of Health and Human Services. All contracted HSO’s must enroll as a Medicaid provider into NCTracks and adhere to any guidance issued by the Department or its NCTracks vendor to ensure timely enrollment. For this section you will be asked to provide:**

- Current use of NCCARE360 and NCTracks
- Training received on the use of NCCARE360
- A description of your experience billing Medicaid or private health care payors for services provide.

## ***Application – Demographic Information Section***

**The Demographic Information section is intended to help Impact Health understand the extent to which the makeup of your organization reflects the communities most in need of the services you provide. For this section you will be asked to provide:**

- **\*\*Demographic background for your board of directors, executive leadership, and staff**
- **\*\*Demographic information for your client base**
- **For the Demographic Information section please attach the following documents (if available):**
  - a. **\*\*List of board of directors (including positions and length of service)**
  - b. **\*\*Current Organizational Chart**

## ***Application – Diversity/Equity Information Section***

**The Diversity/Equity section is intended to provide Impact Health with information on your current efforts to advance racial and health equity in WNC. For this section you will be asked to provide:**

- **Indicate whether your organization serves a specific population and provides culturally specific services**
- **Specific disparities – racial, systemic, or others – your organization works to address (Y/N)**
- **A checklist of written non-discrimination policies that comply with state and federal rules that your organization has in place**
- **If you do not have these policies in place, please indicate if you would like assistance**

## ***Application – Attestations***

**The Attestations section outlines contractual elements that will be required during service delivery. We are seeking that if your organization does not have these elements in place, that you intend to work with the Impact Health team to satisfy these requirements. For this section you will be asked to provide:**

- **Agreement that staff will participate in annual cultural competency and diversity, equity & inclusion training provided through Impact Health (Y/N)**
- **Confirmation that your organization is able to meet the above, time, distance, and wait time standards (Y/N)**
- **Agreement to work with Impact Health to meet the Pilot Program's reporting requirements (Y/N)**
- **Agreement to enroll in NCTracks, if not already enrolled (Y/N)**

If you have any questions during the application process, please reach out to our team so that we can assist you in submitting all required materials within a timely manner.

## **HSO APPLICATION REVIEW PROCESS**

Applications will be reviewed by the **Human Service Organizations (HSO) Application Review Committee** (the Committee). The Committee consists of Dogwood Health Trust (DHT) and Impact Health staff members who are responsible for reviewing submitted applications from HSOs that want to join Impact Health’s network. Please note, it will take two days to review applications for completeness and five days to finalize scoring. HSOs will be notified of a final decision within two weeks.

## IMPORTANT DATES & DEADLINES

The following chart outlines information sessions as well as application submission deadlines.

Domains	Application Info Sessions	Last Chance Application Info Sessions	Application Submission Deadline	
FOOD INSECURITIES	October 12 at 9:00 am October 12 at 5:00 pm	October 19 at 9:00 am October 19 at 4:00 pm	October 29, 2021	
TRANSPORTATION	October 13 at 9:00 am October 13 at 5:00 pm	OR	October 29, 2021	
CROSS DOMAIN	October 14 at 9:00 am October 14 at 5:00 pm		October 29, 2021	
HOUSING	October 15 at 9:00 am October 15 at 5:00 pm		October 20 at 9:00 am October 20 at 4:00 pm	October 29, 2021
INTERPERSONAL SAFETY TOXIC STRESS	TBD		TBD	TBD

