Care Management for Social Determinants of Health

Providers can refer members to Passport Health Plan's Case Management team to address needs related to coordination of care, including assessment of Social Determinants of Health (SDOH) related needs.

SDOH are the conditions in which people are born, grow, live, work and age that affect their health. These include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

In order to impact SDOH in the KY Medicaid population, the Department of Medicaid Services issued a Performance Improvement Plan to all the Medicaid Managed Care Organizations (MCOs).

Passport by Molina Interventions:

1. We have added SDOH-enhanced screener questions to the health risk assessment that is included in all new member packets.
2. We added the Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE), an SDOH screener, to our comprehensive needs assessment for all members in Care Management. SDOH domains screened include:
   a. Social connectivity/isolation
   b. Housing
   c. Food Insecurity
   d. Other Financial Problems (e.g., Clothing, Phone, Medication)
   e. Transportation

Find the PRAPARE tool on our website.

Case Management takes a multi-disciplinary approach by including Health Managers, Care Managers, Community Connectors, Housing Specialists, Transition of Care Coaches, Substance Use Disorder (SUD) Navigators and Peer Support Specialists. As needed, the team consults and collaborates with Care Connections APRNs, Medical Directors and our EPSDT Coordinator.

Members in case management at all risk levels receive initial assessment and care planning.

Level I Health Promotion and Wellness for enrollees whose physical or behavioral health conditions are low acuity but have unmet needs which puts them at risk for future health problems and compromises independent living.

Level II Management of Chronic Conditions for enrollees at risk for re-hospitalization, post-transition of care interventions, or with care management needs that warrant triage.

Level III Complex Care Management for enrollees who have experienced a critical event or diagnosis that requires extensive use of resources.

Level IV Intensive needs for enrollees who may require stabilization and/or end-stage diagnoses.

Providers can refer members to Case Management by calling the Provider Contact Center at: (800) 578-0075, by emailing CareManagement_KY@passporthealthplan.com or by submitting this FORM

PASSPORT HEALTH PLAN
BY MOLINA HEALTHCARE

26233FLYMDKYEN
210608