



Social Drivers of Health Provider Incentive Program (SDOHPIP) Provider Training

SDOHPIP Objectives and Provider Expectations

SDOHPIP offers incentives to select Medicaid providers with the following objectives:

1. Obtaining a baseline of SDOH needs and Adverse Childhood Experiences risk for our membership, to improve member health outcomes by addressing their SDOH/ACEs needs.
2. Increasing provider awareness and utilization of The Community Resource Link as a resource to refer our members to community organizations that can help them with SDOH/ACEs needs.

Provider Expectations: needs and enter responses in FindHelp:

1. Screen Members for ACEs risk, discuss score and enter responses in FindHelp
2. Submit appropriate Dx Z codes on claims for members who have SDOH/ACEs needs.
3. Refer members with SDOH needs to CBOs, using the FindHelp platform. Obtain Member authorization to share their PHI with CBOs. (We will provide an authorization form if needed.)
4. Outreach to members who have been previously referred to CBOs and update referral status field in The Community Resource Link

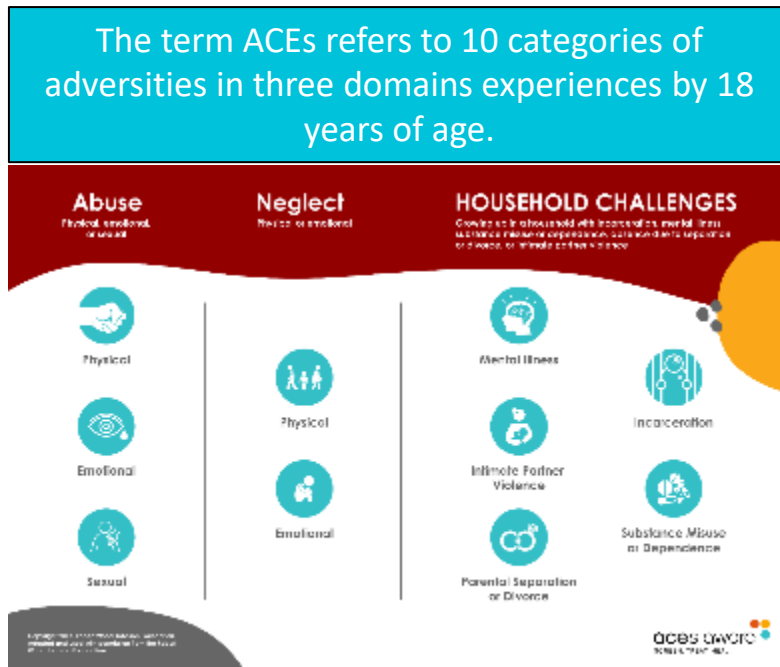
What is SDOH and why is it important?

Per the World Health Organization (WHO), Social Drivers of Health (SDOH) impact approximately 80% of patient health outcomes.



What is ACEs?

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. According to the CDC, ACEs can include violence, abuse, and growing up in a family with mental health or substance abuse problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood.



The life expectancy of individuals with six or more ACEs is 19 years shorter than that of individuals with none.

What is FindHelp?

- FindHelp is a platform for providers to connect patients to CBOs that offer food, health, housing, job training, and education programs to get them through difficult times.
- FindHelp allows users to quickly find and refer patients with diverse needs to hundreds of available programs no matter where they live. Their platform covers every ZIP code in the United States. (Yes, all 43,000 of them.)
- Features include creating referrals electronically, sharing programs and notes with coworkers, closing the loop on referrals, and administering assessments.
- For the SDOHPIP program, FindHelp has created a Simply Healthcare Plans, Inc. (Simply) instance of the platform, called The Community Resource Link, where our Providers can conduct assessments for SDOH and ACEs, refer Members to CBOs, and close the referral loop.

New Provider Login Process



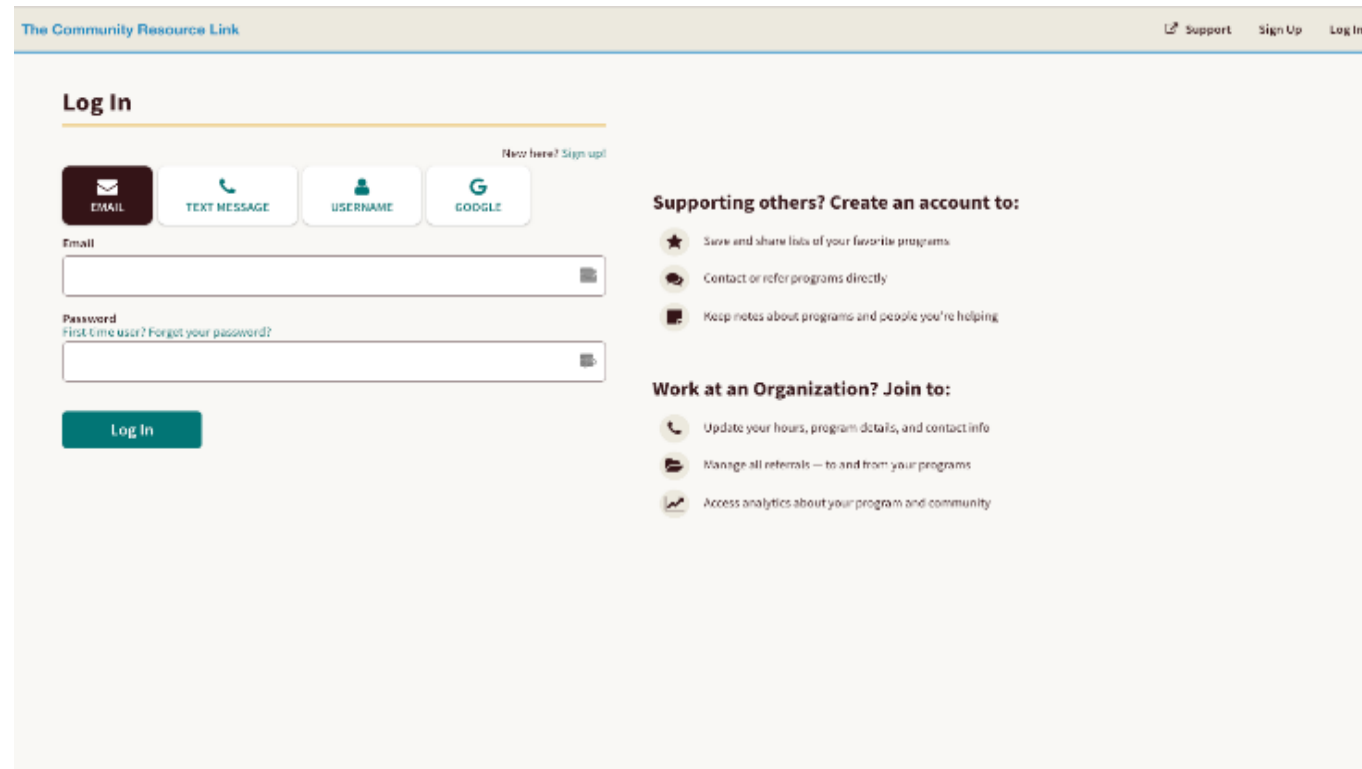
Log in to the Community Resource Link

- **Log in:**

- Use your login information to access the Community Resource Link staff site.
- Use your standard email/password combination!

- **Bookmark it!**

- <https://sdohpip.findhelp.com/login>



The screenshot shows the login page for 'The Community Resource Link'. At the top right, there are links for 'Support', 'Sign Up', and 'Log In'. The main heading is 'Log In'. Below it, there are four login options: 'EMAIL', 'TEXT MESSAGE', 'USERNAME', and 'GOOGLE'. A link 'New here? Sign up!' is located to the right of these options. Below the options are two input fields: 'Email' and 'Password'. The 'Password' field has a link 'First time user? Forget your password?'. A green 'Log In' button is positioned below the password field. To the right of the login form, there are two sections: 'Supporting others? Create an account to:' and 'Work at an Organization? Join to:'. Each section lists benefits with icons: a star for 'Save and share lists of your favorite programs', a speech bubble for 'Contact or refer programs directly', a notepad for 'Keep notes about programs and people you're helping', a phone for 'Update your hours, program details, and contact info', a folder for 'Manage all referrals — to and from your programs', and a bar chart for 'Access analytics about your program and community'.

Member Search Process



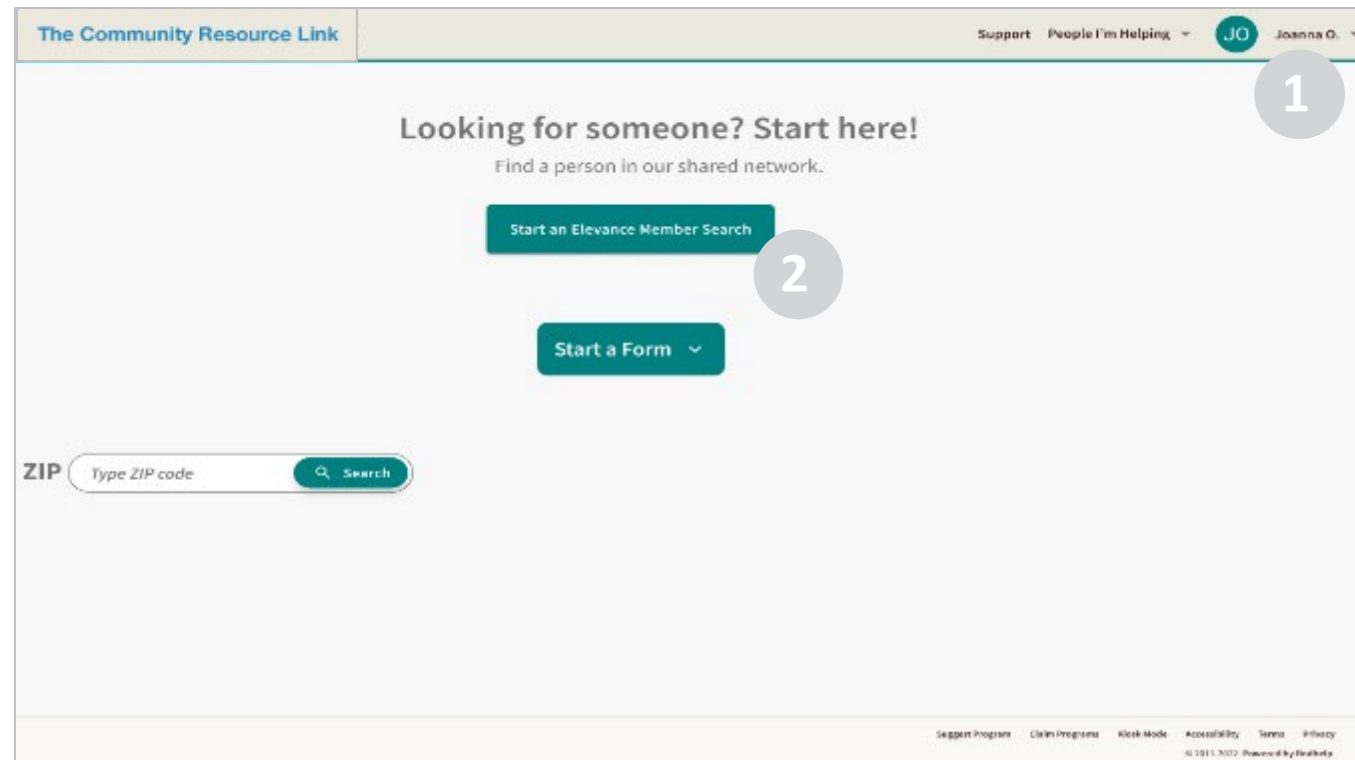
Start a Member Search

1. User Profile:

- Ensure you are logged in; you will see your first name, last initial.

2. Member Search:

- Click Start an Elevance Member Search button to start a search!



Enter Search Information

1. Enter Provider Information:

- Enter Provider NPI (required).
- Enter Provider TIN (required).

2. Enter Member Information:

- Enter member ID (required).
 - **Subscriber or Medicaid ID**
- Enter State (required).

3. Click the Search button:

- You cannot search until completing the required fields.
- Once the Search button is active, click Search.

The screenshot shows a web interface for 'The Community Resource Link' with a user profile 'JO Joanna O.'. The main section is titled 'Member Search' and contains two columns of input fields. The first column, labeled 'Provider Information', has a callout '1' and contains fields for 'NPI*' (53453452324) and 'TIN*' (88-1234123412). Below these is the name 'Dr. Bob' and a checkbox for 'Auto fill next time (my NPI and TIN do not change)'. The second column, labeled 'Member Information', has a callout '2' and contains fields for 'Member ID*' and 'State*'. A 'Search' button is located below the Member ID field. A callout '3' points to the 'Search' button. A teal callout box with a pointer to the 'Auto fill' checkbox contains the text: 'Note: You can choose to have the NPI and TIN autofill for you next time, if you select this checkbox.' A dark brown notification bar at the bottom right says: 'Please verify this information, it may be used for both auditing and reimbursement purposes.' A 'Return to Home' button is also visible.

Verify Member Results

1. Verify Search Results:

- Confirm the results are the member you searched for.

2. Click the Continue Care button:

- You must access the member profile from Continue Care.
- Click the Continue Care button to get to the member profile.
- On the member profile, you can start an Assessment.

This workflow must be followed in order to be incentivized.

Member Search

Provider Information:		Member Information:	
NPI*	TIN*	Member ID*	State*
9876543210	98-1234567	981234567	TX

Auto-fill next time (my NPI and TIN do not change)

[Return to Home](#) [Search](#)

1 Result **1**

Jose Roberto Peralta [Continue Care](#) **2**

Plan Type Medicare	DOB 07/28/1956	Street 123 Street Name
Plan WA FIMC PHYSICAL AND BH (RAC 1201) (ABP) - King	Gender Male	City Austin
Member ID 12345678	Phone (951) 352-8719	State Texas
Group ID WAMCD000	Email jose.peralta@example.com	ZIP 45689

Completing an Assessment



Starting a Member Assessment

From the member's profile

1. Scroll to the **Forms** section
2. Click **START A Form**
3. Select the assessment type in the dropdown menu (ACE is only in specific markets).

People I'm Helping / Mike Patient

Flag Archive

Personal Info

Mike Patient
Name

kmcghee+mikepatient@findhelp.com
Email Address

(777) 777-7777
Phone Number

EDIT PERSONAL INFO

Assignment

ASSIGN TO ME

1 **Forms**

CMS A-IC HRSN

PRAPARL

ACE

Community Food

VIEW

START A FORM **2**

Goals ADD GOAL

Mike has no goals added yet.

Navigation History

You haven't referred Mike to any programs yet!

Referrals and Notes START A REFERRAL ADD NOTE

No referrals or notes found for Mike.

Inbound Referrals

Community Food Pantry
by Bertha Engagement

Status: Primary Service:
Not updated

ADD NOTE

3/07/24 Status set to 'not updated'
Katie McGhee

3/07/24 Referred by Katie M (Connecting the Dots)

Employment Training Services
by Bertha Engagement

SDOH Member Assessments

- There are two assessment options to choose from when screening for SDOH needs: the PRAPARE (Protocol for Responding to and Assessing the Patients' Assets, Risks, and Experiences) and The CMS Accountable Health Communities Health-Related Social Needs (CMS AHC HRSN)
- The surveyor does not need to be a clinical person to conduct the assessment and it can be completed as a self-assessment by the Member.

PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Family and home

1. What is your housing situation today?

<input type="checkbox"/>	I have housing
<input type="checkbox"/>	I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
<input type="checkbox"/>	I choose not to answer this question

2. Are you worried about losing your housing?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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Accountable Health Communities Health-Related Social Needs Screening Tool Core Questions

If someone chooses the underlined answers, he/she may have an unmet health-related social need.

Living situation

1. **What is your living situation today?**

I have a steady place to live.

I have a place to live today, but I am worried about losing it in the future.

I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park).

2. **Think about the place you live. Do you have problems with any of the following? (Choose all that apply.)**

Pests such as bugs, ants, or mice

Mold

Lead paint or pipes

Lack of heat

Oven or stove not working

Smoke detectors missing or not working

Water leaks

None of the above

ACEs Screeners

- Simply will allow **clinical providers to utilize one of the ACEs Screeners** to assess for adverse childhood experiences.
- There are multiple versions of the ACEs Screeners configured in The Community Resource link for the Provider to choose from, and all of them come in both the De-identified and Identified versions:
 - ACEs for adults
 - Pediatric ACEs and Related Life-events Screener (PEARLS) child tool, for ages 0 to 11:
 - Note: PEARLS has a Part 1 (ACEs questions) and a Part 2 (related life-events questions).
 - PEARLS adolescent tool, for ages 12 to 19
 - PEARLS for adolescent self-report, for ages 12 to 19
- **De-identified screening:** Respondents count the number of ACEs categories on the screening tool and indicate only the total score — without identifying which ACE(s) they or their child experienced.
- **Identified screening:** Respondents count the number of ACEs categories on the screening tool and indicate which ACE(s) they or their child have experienced.
- ACEs Screener for adults can be completed once per lifetime, per Provider.
- All PEARLS screeners for kids can be completed once per year, per Provider.

Adverse Childhood Experience Questionnaire for Adults
California Surgeon General's Clinical Advisory Committee

aces aware
SCREEN. TREAT. HEAL.

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	<input type="checkbox"/>
Did you lose a parent through divorce, abandonment, death, or other reason?	<input type="checkbox"/>
Did you live with anyone who was depressed, mentally ill, or attempted suicide?	<input type="checkbox"/>

Pediatric ACEs and Related Life Events Screener (PEARLS)
CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues? (for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)

This is an example of assessment questions

Fields with asterisks are mandatory.

PRAPARE Assessment

English
Select your language

This form will help us identify your needs so that we can connect you with community and social service programs in addition to the health services you get. You should answer the questions in your own way, there are no right or wrong answers.

Zip Code *
If you don't have a stable home, use any zipcode in your city.

First Name *

Last Name *

Phone Number *
(555) 555-5555

Search Results

Assessment responses are mapped to relevant social care categories and sub-categories in a personalized search.

The screenshot displays a search interface with a blue header. At the top left, there is a search bar labeled "Zip or keyword or program name" with a magnifying glass icon and a "Select Language" dropdown menu. To the right of the search bar, the text reads "Find (and refer your patients to) programs related to food, health, housing, job training, and more." Below the search bar is a horizontal navigation bar with icons and labels for various categories: FOOD (apple icon), HOUSING (house icon, highlighted with a yellow border), GOODS (lamp icon), TRANSIT (train icon), HEALTH (heart icon, highlighted with a yellow border), MONEY (dollar bill icon, highlighted with a yellow border), CARE (person icon), EDUCATION (book icon), WORK (briefcase icon), and LEGAL (scales icon). Below the navigation bar, the main content area features a light gray background with the text "Based on what you told us, we found some programs that may help." and "Type a search term, or pick a category". To the right of this text, there is a white box containing the text "The Community Resource Link". Two curved arrows point from the central text area towards the highlighted categories in the navigation bar.

Email Sent to Member

The member you completed the assessment for will receive an email with a link to the same set of personalized search results.

Hi there,

Thank you for taking the time to fill out a form on The Community Resource Link for Providers.

We created [a custom search](#), so you can browse programs that might serve your needs

Note: this is an automatic message, which is unable to receive replies. If you need emergency help, please call 911.

A photograph showing two women outdoors, both wearing face masks and gloves. They are focused on a large, full brown paper bag. The woman on the left has long dark hair and is wearing a patterned face mask and blue gloves. The woman on the right has short dark hair, glasses, and a light blue surgical mask, and is wearing white gloves. They appear to be in a community setting, possibly a food bank or a distribution point, with trees and a blurred background. A teal-colored rounded rectangle is overlaid on the left side of the image, containing white text.

Billing appropriate SDOH/ACEs-related diagnosis Z Codes

SDOH/ACEs diagnosis Z code mapping

Based on the responses to questions, specific diagnosis Z codes will be recommended at the end of each assessment.

Provider will bill the most appropriate diagnosis Z code listed for each category (Must use one of the diagnosis Z codes suggested in order to qualify for the incentive).

The Provider does not need to take further action with diagnosis Z codes in The Community Resource Link for Providers.

A diagnosis Z code crosswalk will be made available for reference.

Diagnosis Z code crosswalk (excerpt)

Category	Findhelp* #	PRAPARE #	Question	Response options	Positive result indicator	ICD-10 codes and descriptions
Family and home	1	7	What is your housing situation today?	I have housing.	N/A	[N/A]
				I do not have housing (staying with others, in a hotel, in a shelter, living on the street, on a beach, in a car, or in a park).	Housing	Z59 Problems related to housing and economic circumstances Z59.0 Homelessness Z59.00 Homelessness unspecified Z59.01 Sheltered homelessness Z59.02 Unsheltered homelessness Z59.1 Inadequate housing Z59.2 Discord with neighbors, lodgers, and/or landlord Z59.5 Extreme Poverty (100% FPL or below) Z59.6 Low income (200% FPL or below) Z59.8 Other problems related to housing and economic circumstances Z59.81 Housing instability, housed (foreclosure, past due rent) Z59.811 Housing instability, house, with risk of homelessness (imminent risk of homelessness) Z59.812 Housing instability, housing, homelessness in the past 12 months Z59.819 Housing instability, housing unspecified Z59.86 Financial insecurity, not elsewhere classified Z59.87 Marital hardship, not elsewhere classified Z59.89 Other problems related to housing and economic circumstances Z59.9 Problem related to housing and economic circumstances, unspecified
				Patient chooses not to answer	N/A	N/A
Family and home	2	8	Are you worried about losing your housing?	Yes	Housing	Z59 Problems related to housing and economic circumstances Z59.0 Homelessness Z59.00 Homelessness unspecified Z59.01 Sheltered homelessness Z59.02 Unsheltered homelessness Z59.1 Inadequate housing Z59.2 Discord with neighbors, lodgers, and/or landlord Z59.5 Extreme Poverty (100% FPL or below) Z59.6 Low income (200% FPL or below) Z59.8 Other problems related to housing and economic circumstances Z59.81 Housing instability, housed (foreclosure, past due rent) Z59.811 Housing instability, house, with risk of homelessness (imminent risk of homelessness)

A photograph showing two women outdoors, likely at a community program. Both women are wearing face masks and gloves. The woman on the left is wearing a patterned face mask and blue gloves, and is holding a brown paper bag. The woman on the right is wearing a light blue surgical mask and white gloves, and is also holding the bag. They appear to be packing or organizing items. The background is a blurred outdoor setting with green foliage.

Referring members to community-based programs

How Can I Start a New Referral?

Referrals can be started on the Member Profile:

1. Scroll to the **Navigation History** section.
2. Click **START A REFERRAL**.

The screenshot displays a user interface for a member profile titled "People I'm Helping / Mike Patient". The page is divided into several sections:

- Personal Info:** Displays the name "Mike Patient", email address "kmcghee+mikepatient@findhelp.com", and phone number "(777) 777-7777". A button labeled "EDIT PERSONAL INFO" is located below this section.
- Goals:** A section with the text "Mike has no goals added yet." and an "ADD GOAL" button.
- Navigation History:** This section is highlighted with a red circle containing the number "1". It contains the text "You haven't referred Mike to any programs yet!" and a "START A REFERRAL" button, which is also highlighted with a red circle containing the number "2".
- Referrals and Notes:** A section with the text "No referrals or notes found for Mike." and an "ADD NOTE" button.
- Inbound Referrals:** A section listing referrals. The first entry is "Community Food Pantry" by Bertha Engagement, with a status of "Not updated" and a date of "3/07/24". A button labeled "ADD NOTE" is located above this entry. Below it, a note is listed: "3/07/24 Status set to 'not updated' Katie McGhee".
- Forms:** A section with a "START A FORM" button at the bottom.

Alternative Option to Start a Referral

Complete a search for a program to begin a referral:

1. Use the Search field to enter a term (example: *food pantry*)
2. You can also select from the search Categories like FOOD or HOUSING.
3. When you are done working the member, you can click End Session.

Note: SDOHPIP providers who are also FindHelp clients should use your FindHelp site to access.

The screenshot displays the FindHelp website interface. At the top, there is a search bar labeled 'ZIP or keyword or program name' with a magnifying glass icon, marked with a yellow circle '1'. Below the search bar is a language selection dropdown set to 'English'. A navigation bar contains icons for various categories: FOOD (marked with a yellow circle '2'), HOUSING, GOODS, TRANSIT, HEALTH, MONEY, CARE, EDUCATION, and WORK. Below the navigation bar, the user's current session is displayed: 'Currently helping Carol Geller', 'Patient ID: 0123654', and 'Medical ID: 2023002'. An 'End Session' button is located in the top right corner, marked with a yellow circle '3'. The main content area features a large upward-pointing arrow above the text '3,522 programs in the Austin, TX 78704 area'. Below this, it says 'Choose from the categories above and browse local program'. At the bottom, a footer note states 'This curated database of resources is provided by The Community Resource Link.' The logo for 'The Community Resource Link' is also visible on the right side of the main content area.

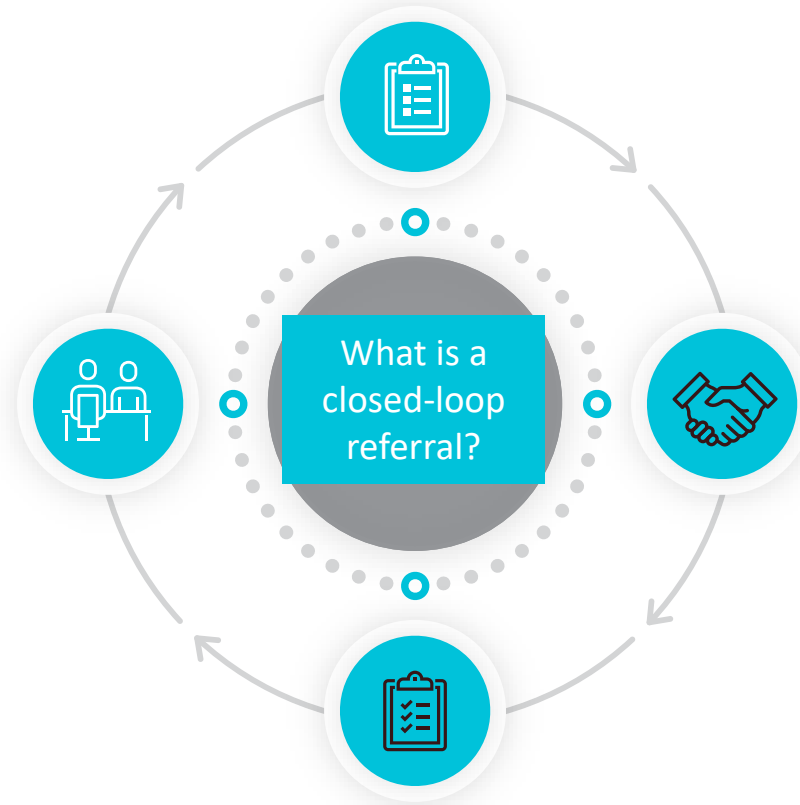
Successful referral status updates



What Does Closing the Loop Mean?

The referral is transmitted electronically to a Community Based Organization (CBO) that can provide help.

A navigator (like a social worker at a non-HIPAA covered organization) makes a referral for service on behalf of someone who needs help.



A CBO provides the assistance they need.

How Can I Update the Status of a Member's Referral?

Referrals status can be updated on the Member Profile in the Navigation History section:

1. Review status update history.
2. **Update the status** of a referral to **Got help** to close the loop.
3. Add any relevant notes.

The screenshot shows a user interface for updating a referral status. The title is "Referral to Bertha Grows: Community Gardens by Aunt Bertha Community Foundation". The current status is "not updated". A dropdown menu is open, showing various status options: "Not updated", "Needs client action", "Pending", "Referred elsewhere", "Got help", "Eligible", "Couldn't get help", "Couldn't contact", "Not eligible", "No capacity", and "No longer interested". The "Got help" option is highlighted with a yellow box and a callout "2". In the top right corner, there is a yellow circle with the number "1". In the bottom right corner, there is a yellow circle with the number "3" next to an "ADD NOTE" button.

Training Requirements & Continued Learning



ACEs Screeners training requirements

Clinical team members who plan to conduct one of the ACEs Screeners must complete a certified ACEs Aware core training and attest, in The Community Resource Link, to completing the training to qualify for the incentive payment. Below is a list of approved, certified core trainings:

- [Pediatric Resiliency | Home \(pedsresiliency.org\)](https://pedsresiliency.org): The Pediatric Resiliency Collaborative (PeRC) provides ACEs training for pediatric providers and clinical staff. Through the support of the ACEs Aware initiative (acesaware.org), PeRC has developed a framework for training clinics and community partners. Providers must complete all four sections to receive AMA PRA Category 1 credits.
- [ACEs Aware — Futures Without Violence](#): Futures Without Violence provides this core training that offers healthcare providers a unique opportunity to learn about how to prevent and respond to ACEs in a clinical setting, using evidence-based tools, and trauma-informed strategies that promote family resiliency. Provider must complete all three sections and the evaluation in order to receive CE credits.
- [Adverse Childhood Experiences and Trauma Informed Pediatric Care | UCSF Child and Adolescent Psychiatry Portal](#): UCSF has created this ACEs core training that focuses on ACEs and trauma informed pediatric care. Providers must complete all four sections and complete an evaluation to receive AMA PRA Category 1 Credits or AMA MOC Part 2 credits.

Continued Learning

Community Resource Link 101	Community Resource Link 201	SDOH Management in HIP
<p>What are the Training Topics?</p> <ul style="list-style-type: none"> • Log in • Search for programs • Connecting members to programs • Suggest programs • HIP <p>Who Should Attend?</p> <ul style="list-style-type: none"> • Anyone and everyone! From new hires who just joined your teams to current associates who could use a refresher or want to learn more. • Recommended to take the course yearly <p>Click on the link to register! CRL 101</p>	<p>What are the Training Topics?</p> <ul style="list-style-type: none"> • Closing the Loop • Guided Search • Population Search • Social Needs Assessment • Reporting <p>Who Should Attend?</p> <ul style="list-style-type: none"> • Anyone and everyone! From new hires who just joined your teams to current associates who could use a refresher or want to learn more. • Recommended to take the course yearly <p>Click on the link to register! CRL 201</p>	<p>What are the Training Topics?</p> <ul style="list-style-type: none"> • Identifying Social Drivers • SDOH Management in HIP for SDOH Managers and other Associates • Documenting Referrals • CR Tile in HIP <p>Who should attend?</p> <ul style="list-style-type: none"> • Associates using the CR Tile in HIP • SDOH Managers • Recommended to take the course yearly <p>Click on the link to register! HIP Social Drivers of Health (SDoH) Global Programs & Community Resource Link</p>

Thank you

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

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