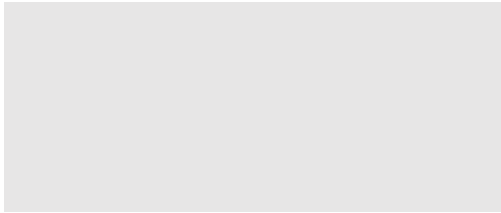


Addressing Social Determinants of Health in Response to COVID-19

The CMT is interested in understanding how MMPs are addressing social determinants of health in their response to COVID-19. Please indicate if your MMP has implemented COVID-related benefits, outreach, or other strategies in each of the areas below (Yes/No). If Yes, please provide one or two brief examples/additional detail regarding how your MMP is addressing the area. Please also note whether the strategies are new/expanded as a result of COVID-19.

Social Determinant of Health	Included in COVID-19 Response Efforts? (Yes/No)	If Yes, Provide Brief Examples/Additional Detail
Food insecurity (meals, grocery delivery)	Yes	<p>Food needs are evaluated as part of the COVID assessment. Additional home delivered meals and grocery delivery are provided to members as needed. All requests regarding food access were authorized. 14 members had food-related needs identified directly related to COVID</p> <p>4 members were authorized for grocery delivery services 6 members were authorized for home delivered meals 3 members opted to have their families provide meals to them vs introduce potential exposure to the virus 1 member had partial home delivered meals and partial assist by family</p> <p>Example: Member is dependent on food delivery through Peapod. Peapod's delivery policy changed due to the pandemic and they would only deliver food to his lobby entrance. The member lives alone on the second floor and cannot lift or carry heavy objects due to medical issues so he would be unable to go downstairs to collect his food. He was very concerned that someone might steal his groceries if they were left unattended. The CHW worked with Peapod to adjust their policy and deliver the food directly to the member's apartment and even carried them into his apartment so that he would not have to carry/ lift them.</p>
Nutritionally tailored meals	Yes	<p>Specific nutritional needs of members are identified as part of the meal referral process. There were no members that required nutritionally tailored meals.</p>
Housing	Yes	<p>Three homeless members accepted housing and support from their family members. 2 Shelters were expanded services by adding meals and the ability for members stay in the shelter through the day with a medical note. Our CMs were able to help 2 members to obtain necessary letters to keep them at the shelter and relatively safe during this emergency period. Example: <i>One member that is homeless and difficult to maintain contact with called her CM for assistance. The shelter that this member utilized added additional meal service and the ability to have members stay in the shelter through the day with a medical note. Her case manager was able to call the provider, with the member on the phone, and obtain the letter needed to help keep this member safe during this emergency period.</i></p>
Transportation	Yes	<p>CMs outreached to members to ensure they had transportation to obtain necessary services such as food, medications, dialysis, etc. Four members preferred to accept transportation from their family member vs utilize the transportation benefit. Transportation requests decreased. 8,280 Transportation trips were authorized from 1/1/20-3/15/20. 6,435 transportation visits were authorized from 3/15/20-6/30/20. The reason for the decrease in transportation visits was due to a decrease in the number of trips due to Massachusetts travel restriction. Medical appointments were limited to urgent visits only or changed to telehealth. There was a decrease in frequency of visits to grocery stores and social visits. There was no interruption in transportation for critical medical appointments, dialysis, and methadone visits.</p>

Mitigating loneliness/social isolation	Yes	<p>Assessing social isolation is an important component of the member's COVID assessment process and all members outreached were evaluated, including need for additional support. The COVID assessment includes a depression screen that also identifies members at risk.</p> <p>Members in need of additional support were managed in the following manner: Increase in member outreach for member's in need and based on member preferences Referrals are made to Peer Support Specialists. Peers Specialist make telephonic contact with members frequently (once per week or greater) to provide support, share resources and help decrease social isolation. Coordinating referrals to additional community services, including access to peers, telehealth counseling/therapy, telehealth AA As part of depression screening, members who screen positive were referred to a behavioral care manager for further evaluation and intervention, including facilitating access to tele health services for supportive counseling and therapy. 23 members score positively and transfer to a BH CM for further evaluation 11 members were referred to their provider for telehealth services 2 members with high anxiety were referred to their provider for medication management medication regime 10 members received first time BH referrals. As an organization, THP rapidly responded to authorizing telehealth services. Telehealth services climbed rapidly from nearly 0 visits/ week in early March to peaking at nearly 1300 visits/ week (800 Medical, 480 Behavioral) in early May.</p>
Risk mitigation of COVID transmission (disinfectants or PPE for members with possible exposure, education on hygiene and cleaning)	Yes	<p>100% of Unify members were outreached to complete a covid assessment. 69.4 % of members had a completed Covid assessment and were educated on preventative measures (handwashing, masks, disinfecting services, social distancing) as well as the availability of telehealth services. CM staff is sending COVID prevention education to those members we have not been able to contact. Tufts Health plan is also sending text messages and posts information on the health plan website. The COVID assessment informed care plan revisions, targeted interventions based on members preferences and the cadence outreach frequency to members to ensure their safety during this period. Outreach continues based on members' needs and preferences. Example: <i>Two members that tested positive were in contacting Mass Health Hotline for PPE. 10 members referred to https://www.boston.com/boston-helps and http://www.bostonareamaskinitiative.com/request.html for PPE resources. The CM contacted the provider of one member that was going to daily chemotherapy. Provider was able to provide member with masks. Several members were making their own masks.</i></p>
Outreach to specific groups of members (e.g. limited English proficiency, cultural or ethnic groups)	Yes	<p>Members that are not proficient with English or others with potential limits to access or understanding based on cultural or ethnic status were prioritized for outreach. The Covid assessment, like all Tufts assessments, starts with an evaluation of any communication issues. Use of Interpreter line or Mass relay line is used as indicated. Example: <i>A member with English as her second language reported to care management that she had tested positive for Corona. She was very concerned and worried. The TOC nurse was able to call the hospital and clarify that she was positive for influenza, but she was not positive for Covid 19. She was very relieved and appreciated the clarification, education and support .</i></p>
Alternative HCBS to reduce risk of hospitalizations (e.g. daily wellcheck calls)	Yes	<p>As guidance was received from regulators, all members affected were assessed for impact and alternative interventions. Care plans were revised based on the members needs. Six members were affected by Adult Day Health (ADH) closures: Five of the six members outreached reported they preferred to rely on their family (available to quarantine impact) to assist them. As such, they declined additional PCA services One of the six members did accept additional PCA services. Members were also outreached by the ADH provider to provide social contact, offer support, allow the members to voice any questions or concerns, including updates on potential re-opening of programs. Example One member was called daily by their ADH provider and discussed plans to re-open including their safety protocol</p>
<i>Add additional rows for any other relevant areas</i>		<p>Other: Due to the quarantine, members reported that family was available to assist. They accepted help from family and declined opportunity for additional services to minimize their exposure. To date, these services have not resulted in use of the home health benefit to aid family members to become paid caregivers.</p>



1)What has Tufts Unify changed operationally in order to address COVID SDOH needs: As described above, specific interventions were incorporated into members' care plan based on members need and preferences. CM continues to work with members to evaluate their health status and revise the care plan as needed.

2)What does Tufts Unify anticipate keeping once the state of emergency has been lifted: All members will continue to be assessed and CM will evaluate if these services or additional services are required based on the member's need.