North Carolina's Healthy Opportunities Pilots: Draft Pilot Service Definitions, Pricing Methodology, and Pricing Inputs

North Carolina Department of Health and Human Services

July 15, 2019

Contents

I. Introduction

Background

The North Carolina Department of Health and Human Services (the Department) will launch "Healthy Opportunities Pilots" in two to four geographic areas of the state to test non-medical, evidence-based interventions designed to improve health and reduce costs. The Pilots offer an unprecedented opportunity for North Carolina to systematically pay for these types of services for a broad swath of Medicaid enrollees, necessitating the development of a first-of-its-kind Medicaid fee schedule that is transparent, equitable and sustainable. The Fee Schedule will define and price Pilot interventions based on a federally-approved list of services that address Medicaid enrollees' housing instability, food insecurity, transportation insecurity, interpersonal violence and toxic stress.[1] Pursuant to the State's North Carolina Medicaid Reform Demonstration 1115 waiver, the Department will submit a draft Fee Schedule to the Centers for Medicare & Medicaid Services (CMS) by September 1, 2019 for review and approval.

The Department has sought a broad range of stakeholder input to inform the Pilot Service Fee Schedule to date, including releasing a Request for Information (RFI) in February 2019 and facilitating focus groups with North Carolina-based HSOs in each Pilot domain. Additionally, Manatt Health and The Commonwealth Fund convened an Advisory Panel comprised of national and North Carolina-based experts to offer insight into service definition development and the methodology and assumptions for developing the Fee Schedule. The May and June 2019 meetings were open to the public and included open comment periods for attendees.

In recognition of the importance of engaging with and learning from our stakeholders' knowledge and experience, the Department now seeks public feedback on the draft service definitions and pricing methodology and inputs, as described below, prior to CMS submission.

Guiding Principles

The Department's overarching goal when defining and pricing services is to create service definitions and develop rates that are consistent with efficiency, economy, high quality care, and sustainability of services.[2] More specifically, several key principles drive the Department's approach to defining and pricing Pilot services, including:

- **Sustainability**: Ensuring payment approaches and pricing make service delivery financially sustainable for human service organizations (HSOs) providing the Pilot services, the State's Medicaid managed care plans (known as Prepaid Health Plans, or PHPs), North Carolina and the federal government.
- **Flexibility**: Promoting flexibility in service delivery at the local level to ensure HSOs may meet enrollees' unique and varying levels of need.
- **Impact**: Ensuring on-the-ground service delivery effectively improves Medicaid enrollees' health outcomes and reduces healthcare costs, thereby maximizing the value of Medicaid expenditures.
- **Accountability**: Ensuring transparency and supporting program integrity and evaluation.
- **Integration**: Supporting care integration, with PHPs as well as across HSOs, to break down the traditional siloes between health and social services.

[1] See Appendix B for a complete list of allowable services in North Carolina's 1115 Waiver, available here.
[2] This principle is aligned with the federal statutory requirement that Medicaid payments be "consistent with efficiency, economy, and quality of care" as cited in Social Security Act 1902(a)(30)(A).

- **Simplicity**: Ensuring the Fee Schedule is relatively easy to understand and can support reasonable implementation by HSOs without undue administrative burden.
- **Value**: Aligning prices with social service delivery cost in early years, while moving to value-based payment tactics that link payment to accountability for health outcomes in later Pilot years.
- **Adaptability**: Allowing for adaptation, as the Department learns from managed care transition and coverage of non-medical services over time.
- **Community-Informed**: Incorporating feedback from the various community-based stakeholders, as described above.

Overview of Service Definition Development

The Department has developed draft service definitions based on the federally-approved list of Pilot services in North Carolina's Medicaid 1115 Demonstration Waiver. To develop the service definitions detailed in this document, the Department began with the service list included in the 1115 Waiver and expanded and shaped this list to reflect how the services are likely to delivered and paid for on the ground. In doing so, the Department leveraged research on existing service models (e.g., in Medicaid 1115 and 1915(c) waivers or other state or federal programs that fund similar services), the detailed "Service Description Templates" submitted by HSOs through the February 2019 RFI, feedback from the Commonwealth Fund/Manatt Health Advisory Panel meetings, including from members of the public who attended, and additional feedback from North Carolina HSOs during focus groups.

Overview of Pricing Methodology

In collaboration with Mercer, an actuarial firm, the Department will develop a price for each Pilot service based on the draft service definitions, payment approaches and pricing inputs. To develop these prices, the Department is analyzing HSOs' "Cost Report Worksheets" submitted through the February 2019 RFI, researching typical costs from publically available data sources and reviewing costs from other state and federal programs that fund similar services. For example, the Department is working with Mercer to review wages and employee-related expenses information from the Bureau of Labor Statistics and prices for similar services in other federally-approved waivers, such as North Carolina's 1915(c) Community Alternatives for Disabled Adults (CAP/DA) and Children (CAP/C) Waiver services.[3]

Service Pricing Inputs

Following is a list of elements used to develop Pilot service prices. Depending on the particular service, these inputs are used in accordance with the pricing methodology outlined below, which varies by payment approach. Not all elements are relevant for all services.

- **Labor:** Wages and employee-related expenses
- **Staffing Ratios:** Case load estimates (central to pricing PMPM and curriculum rates)
- **Transportation:** Time and mileage for service providers, where appropriate[4]
- **Program Supplies:** Cost of program materials (e.g., food for a healthy food box) and other supplies (e.g., educational materials for enrollees)
- **Non-Billable Time:** Training, travel, documentation time
- **Indirect Costs:** Administrative staff costs and overhead allocations

Service Payment Approach and Pricing Methodology

The Department has developed payment approaches for Pilot services that aim to balance the guiding

[3] CAP/DA and CAP/C are covered under North Carolina's 1915(c) Home and Community Based Services Waiver. More information is available here.

[4] Distinct from transportation provided to Pilot enrollees.

principles described above. Table 1 outlines the five different payment approaches currently under consideration for one or more of the Pilot services and the methodology that will likely be used to determine an appropriate price.

Table 1. Payment Approaches and Methodology for Determining Rates

Payment Approach	Description	Methodology
Per Member Per Month (PMPM)	Single, distinct payment per member or case payable each month a person is enrolled with a provider regardless of level of services provided	▪ Calculate total cost of providing services ▪ Divide total cost by case load to determine PMPM rate
Per Unit of Time	Single, distinct payment based on a defined length of time (e.g., per 15-minutes, per diem)	Calculate total cost of providing service based on length of interaction
Per Meal or Food Box	Single, distinct payment based on each meal or food box provided to an enrollee	Calculate total cost of creating and delivering a discrete meal or food box
Per Enrollment in Approved Curriculum	Single, distinct rate for each curricula, paid to service providers in multiple installments	Use existing curricula pricing assumptions and rates to develop per curricula prices
Cost Based Reimbursement Up to a Cap	A cap on the total amount of services/goods that will be reimbursed in a specified time period	▪ Research benchmarks and market standards for estimated cost and utilization ▪ Determine reasonable cap that meets policy objectives

Current Public Feedback Period

The Department now seeks additional feedback from stakeholders on key components of the Pilot Service Fee Schedule, including:

- Service Descriptions
- Service Provider Descriptions
- Service Payment Approaches and Pricing Inputs

In reviewing these draft materials, it is important to keep in mind the following key considerations:

Service Definitions and Pricing Input Considerations

- **Services, service definitions and pricing inputs may change**. Notably, these are **draft** materials. Services may be added or excluded from the final Fee Schedule and their inclusion in this document does not guarantee that they will be offered through the Pilots. Service descriptions, payment approaches and pricing inputs are also all subject to change. Following public comment, the Department will work with CMS to approve a final Fee Schedule.
- **Benchmarks and potential inputs are for feedback purposes only.** The benchmark data and potential pricing inputs included in this document do not reflect the Department's position on appropriate or final inputs. These benchmarks and potential inputs are derived from data available through national sources (e.g., the Bureau of Labor Statistics), HSOs' responses to the Healthy Opportunities Pilots RFI, and/or other federal, state and local programs that offer similar services. As such, they are designed to inform the price setting process, which also will take into account available Pilot funding, CMS negotiations, and various other factors not

reflected here.

- **Service definitions and payment approaches seek to address regional variation.** The Department recognizes that the availability of resources and the cost of providing Pilot services vary in rural versus urban areas of North Carolina. The service definitions and pricing inputs in their current form address this variation to the extent practicable.

Pilot Operationalization Considerations:

- **Pricing assumptions are not the same as service delivery requirements**. Since the purpose of this document is to describe services for pricing purposes, the definitions reflect assumptions regarding the way that the services will typically or "on average" be provided. When providers begin delivering services, they may have additional flexibility to decide how best to deliver the service. For example, the definitions below include assumptions regarding providers' typical educational background and qualifications. In practice, however, a service provider may adopt a different staffing model than was assumed for pricing purposes. Subsequent materials will clearly delineate assumptions used for pricing purposes versus requirements for the way that services must be delivered in practice.
- **The Department anticipates publishing further policy guidance.** The Department acknowledges that further policy guidance may be needed for effective implementation of Pilot services. For example, the Department anticipates it may release guidance to clarify expectations around non-duplicative funding sources.
- **Prepaid Health Plans (PHPs) will authorize services for Pilot enrollees.** PHPs are responsible for managing Pilot budgets and determining which of their enrollees qualify for Pilot services (based on State-defined criteria) and which services they will receive. PHPs will have discretion to maximize the value of the Pilot expenditures within guidelines established by the Department.

Input is welcome and appreciated. Send comments using the Department's "Public Feedback Form" to healthyopportunities@dhhs.nc.gov *by* ***5pm, Friday, August 2, 2019****. The form can be found on the next page of this document, and a Microsoft Word version is available on the Healthy Opportunities website.*

II. Public Feedback Form

Instructions and Timeline for Submitting Responses

The Department encourages all interested stakeholders to submit feedback on draft service definitions and pricing inputs using this form. A Microsoft Word version of the Public Feedback Form is available on the Healthy Opportunities website.

Submit all completed responses to healthyopportunities@dhhs.nc.gov by **5pm, Friday, August 2, 2019**. The email subject line should read, "Healthy Opportunities Pilots: Service Definition Feedback Form".

Information about Respondent

Organization Name(s): _____

Contact Name: _____

Contact Email Address: _____

Organization Type (if applicable):
___ Human services
___ Social service agency
___ Foundation
___ Advocacy Group
___ County-based agency or department
___ Coalition or association
___ Health clinic
___ Health System
___ Other: _____

Feedback on Pilot Service Definitions & Pricing Assumptions

Service Name	Feedback
Fill in the service name here	*Provide feedback specific to the service (including its covered activities, provider qualifications, payment approach and potential pricing inputs, if applicable) here*

General Feedback:

Use this space for general feedback not linked to a specific proposed Pilot service.

III. Pilot Services

IV. Pilot Service Definitions and Pricing Inputs

A. Housing Services

Housing Navigation, Support and Sustaining Services

Category:	Information
Service Description	
Service Name	Housing Navigation, Support and Sustaining Services

Service Description	Provision of one-to-one case management and/or educational services to prepare an enrollee for stable, long-term housing (e.g., identifying housing preferences and developing a housing support plan), and to support an enrollee in maintaining stable, long-term housing (e.g., development of independent living skills, ongoing monitoring and updating of housing support plan). Activities may include:
	Housing Navigation and Support
	• Assisting the enrollee to identify housing preferences and needs.
	• Connecting the enrollee to social services to help with finding housing necessary to support meeting medical care needs.
	• Assisting the enrollee to select adequate housing and complete a housing application.
	• Assisting the enrollee to develop a housing support and crisis plan to support living independently in their own home.
	• Assisting the enrollee to develop a housing stability plan and support the follow through and achievement of the goals defined in the plan.
	• Assisting to complete reasonable accommodation requests.
	• Identifying vendor(s) for and coordinating housing inspection, housing move-in, remediation and accessibility services.
	• Assisting with budgeting for housing/living expenses (including coordination of payment for first month's rent and short-term post hospitalization rental payments).
	• Coordinating other Pilot housing-related services, including:
	  ○ Coordinating transportation for enrollees to housing-related services necessary to obtain housing (e.g. apartment/home visits).
	  ○ Coordinating the enrollee's move into stable housing including by assisting with the following:
	  ▪ Logistics of the move (e.g., arranging for moving company or truck rental);
	  ▪ Utility set-up and reinstatement;
	  ▪ Obtaining furniture/commodities to support stable housing
	  ○ Referral to legal support to address needs related to finding and maintaining stable housing.
	Tenancy Sustaining Services
	• Assisting the enrollee in revising housing support/crisis plan.
	• Assisting the enrollee to develop a housing stability plan and support the follow through and achievement of the goals defined in the plan.

	Assisting the enrollee with completing additional or new reasonable accommodation requests.
	• Supporting the enrollee in the development of independent living skills.
	• Connecting the enrollee to education/training on tenants' and landlords' role, rights and responsibilities.
	• Assisting the enrollee in reducing risk of eviction with conflict resolution skills.
	• Coordinating other Pilot housing-related services, including:
	  ○ Coordinating transportation for enrollees to housing-related services necessary to sustain housing.
	  ○ Referral to legal support to address needs related to finding and maintaining stable housing.
	
	Activities listed above may occur without the Pilot enrollee present. All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.
	The HSO has the option to partner with other organizations to ensure it is able to provide all activities described as part of this service. If desired by the HSO, the Lead Pilot Entity can facilitate partnerships of this kind.

Frequency *(if applicable)*	As needed
Duration *(if applicable)*	On average, individuals require 6-18 months of case management services to become stably housed but individual needs will vary. Service duration would persist until services are no longer needed, as determined in an individual's person-centered care plan.
Setting	• The majority of sessions with enrollees should be in-person, in a setting desired by the individual, for the first 3 months of service at a minimum. • Case managers may only utilize telephonic contacts if appropriate. • Some sessions may be "off-site," (e.g., at potential housing locations).
Eligibility Standards	• Enrollee is assessed to be currently experiencing homelessness, are at risk of homelessness and those whose quality/safety of housing are adversely affecting their health. Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services. Individuals with co-occurring housing and IPV-related needs should receive the Holistic High Intensity Case Management service. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	Sample Housing Case Manager Qualifications • **Typical Education**: Bachelor's degree in social work or other related human services field, or equivalent

	• **Typical Experience:** Three years of relevant work experience including with vulnerable populations (e.g. those who are chronically homeless, have substance use disorder, etc.), or equivalent Sample Leasing Agent Qualifications • **Typical Education:** N/A • **Typical Experience:** Three years of relevant work experience in real estate or fair housing, or equivalent. Sample Peer Support Specialist Qualifications • **Typical Education:** N/A • **Typical Experience:** Individual with experience in a peer support role that offers help to enrollees facing similar situations, based on shared understanding, respect and mutual empowerment for people in similar situations. When access to a coordinated housing team is unavailable, the housing case manager will be responsible for managing all aspects of this service. In instances where multiple HSOs partner to deliver this service, the Medicaid Care Manager and HSO case managers must designate a "primary" contact responsible for coordinating delivery of services and document the selection in the enrollee's care plan.
Service Payment Approach and Pricing Inputs	
Unit of Service	Per member per month (PMPM) payment
Payment Approach	PMPM
Billing Thresholds / Limits *(if applicable)*	HSOs may not bill for concurrent delivery of Housing Navigation, Support and Sustaining Services and IPV Case Management Services. Enrollees requiring both services should receive Holistic High Intensity Enhanced Case Management.
Provider Staffing and Salaries[5]	• Housing Case Manager (Bachelor's degree in social work or equivalent) ($20 - $36) • Supervisor ($26 - $42) • Leasing Agent ($21 - $38) • Peer Support Specialist ($15 - $28)
Staffing Ratio / Case Load[6,7]	• 1:30 to 1:50 Case Manager: Enrollees • 1:10 Supervisor: Case Manager • TBD Peer Support Specialist: Case Manager • TBD Leasing Agent: Case Manager
Other Pricing Inputs	• Employee-related expenses (taxes and benefits) • Employee-related non-billable time (e.g., training, paid time off) • Employee's transportation costs • Other indirect and administrative costs

[5] All wage ranges in this document are based on North Carolina-specific, statewide Bureau of Labor Statistic wage information and are reported as dollars per hour. They do not include fringe or benefits.

[6] Case load considerations take into account case managers' time spent on covered activities when enrollee is not present.

[7] Case load ranges acknowledge enrollees will present with a mix of high and low intensity of need. An average blended case load across the Pilot population served will be used for determining price.

Relevant Benchmarks *(if available)*	N/A

Inspection for Housing Safety and Quality

Category:	Information
Service Description	
Service Name	Inspection for Housing Safety and Quality

Service Description	A housing safety and quality inspection by a certified professional includes assessment of potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Inspections may assess the habitability and/or environmental safety of an enrollee's current or future dwelling. Inspections may include:
	• Inspection of building interior and living spaces for the following:
	  ○ Adequate space for individual/family moving in;
	  ○ Suitable indoor air quality and ventilation;
	  ○ Adequate and safe water supply;
	  ○ Sanitary facilities, including kitchen, bathroom and living spaces
	  ○ Adequate electricity and thermal environment (e.g. window condition) and absence of electrical hazards;
	  ○ Potential lead exposure;
	  ○ Conditions that may affect health (e.g. presence of chemical irritants, dust, mold, pests);
	  ○ Conditions that may affect safety.
	• Inspection of building exterior and neighborhood for the following:
	  ○ Suitable neighborhood safety and building security;
	  ○ Condition of building foundation and exterior, including building accessibility; and,
	  ○ Condition of equipment for heating, cooling/ventilation and plumbing.
	
	This service can cover Housing Quality Standards (HQS) inspections upon move-in to a new residence, or other inspections to identify sub-standard housing that impacts an enrollee's health and safety. This service covers failed inspections and re-inspections.
	
	Each housing inspection does not need to include all activities listed in this service description. Service providers should only execute the necessary components of a housing safety and quality inspection as required based on an enrollee's circumstances. Costs for services provided must be commensurate with a vendor's scope of activities.
	
	All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.

Frequency *(if applicable)*	• Enrollees may receive ad hoc assessments to identify housing quality, accessibility and safety issues at time of indication that current housing may be adversely affecting health or safety. • Housing Quality Standards (HQS) inspections must occur at enrollee move-in to new place of residence if enrollee will receive "One-Time Payment for Security Deposit" and First Month's Rent or "Short Term Post Hospitalization Housing" services.

Duration *(if applicable)*	Approximately one hour.
Setting	Housing inspection should occur in the enrollee's current place of residence or potential residence.
Eligibility Standards	• Inspections may be conducted for individuals who are moving into new housing units (e.g., HQS Inspection) or for individuals who are currently in housing that may be adversely affecting their health or safety. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Certified housing inspector or equivalent • If enrollee is not concurrently receiving Housing Navigation, Support and Sustaining Services, their primary Medicaid care manager will be responsible for coordinating this service.
Service Payment Approach and Pricing Inputs	
Unit of Service	1 housing inspection
Payment Approach	Cost-based reimbursement up to a cap
Billing Thresholds / Limits *(if applicable)*	• Payments must be made by the organization coordinating this service directly to a third party. • Costs must be reasonable and competitive against market rates. • Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	Cost of inspection
Relevant Benchmarks *(if applicable)*	Back@Home[8] Program: $175 per inspection

[8] Back@Home is a rapid rehousing program run by NC DHHS and statewide partners to help individuals and families displaced after Hurricane Florence find and move into permanent housing. More information is available here.

Housing Move-In Support

Category:	Information
Service Description	
Service Name	Housing Move-In Support

Service Description	Housing move-in support services are non-recurring set-up expenses. Allowable expenses include but are not limited to the following:
	• Moving expenses required to occupy and utilize the housing (e.g., moving service to transport an individual's belongings from current location to new housing/apartment unit, delivery of new or used furniture, etc.)
	• Non-refundable, utility set-up costs for utilities essential for habitable housing (e.g., initial payments/deposits to activate heating, electricity, water, and gas).
	• Discrete goods to support an enrollee's transition to stable housing as part of this service. These may include, for example:
	  ○ Essential furnishings (e.g., mattresses and beds, dressers, dining table and chairs);
	  ○ Bedding (e.g., sheets, pillowcases and pillows);
	  ○ Basic kitchen utensils and dishes;
	  ○ Bathroom supplies (e.g., shower curtains and towels);
	  ○ Cribs;
	  ○ Cleaning supplies.
	
	All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.

Frequency *(if applicable)*	Enrollees that meet service eligibility standards may receive housing move-in support services when they move into a housing/apartment unit for the first time or move from their current place of residence to a new place of residence. This service may be utilized more than once per year, so long as overall spending remains below the annual cap.
Duration *(if applicable)*	N/A
Setting	Variable. Many housing move-in support services will occur in the enrollee's current place of residence or potential residence. Some discrete goods may be given to an enrollee in a location outside the home, including an HSO site or clinical setting.
Eligibility Standards	• Enrollee must be receiving Housing Navigation, Support and Sustaining Services. • Housing move-in support services are available for individuals who are moving into housing from homelessness[9] or shelter, or for individuals who are moving from their current housing to a new place of residence due to one or more of the reasons listed under "eligibility standards." • Enrollee is moving into housing/apartment unit due to one or more of the following reasons: ○ Transitioning from homelessness or shelter to stable housing;

[9] The Healthy Opportunities Pilots define homelessness by the U.S. Department of Health and Human Services (HHS) definition from Section 330 of the Public Health Service Act (42 U.S.C., 254b) and HRSA/Bureau of Primary Health Care Program Assistance Letter 88-12, Health Care for the Homeless Principles of Practice, available here.

	○ Evicted or at risk of eviction from current housing; ○ Current housing is deemed unhealthy, unsafe or uninhabitable by a certified inspector; ○ Displaced from prior residence due to occurrence of a natural disaster. • This Pilot service is furnished only to the extent that the enrollee is unable to meet such expense or when the services cannot be reasonably obtained from other sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Case manager to coordinate move, utility set up and discrete goods. • Vendor capable of assisting with move-in.
Service Payment Approach and Pricing Inputs	
Unit of Service	1 household served
Payment Approach	Cost-based reimbursement for vendor services and discrete goods with an annual per household cap.
Billing Thresholds / Limits *(if applicable)*	• Payments must be made by the organization coordinating this service directly to a third party. • Costs must be reasonable and competitive against market rates. • Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	• Cost of contractor/moving company • Cost of utility set-up • Cost of goods to support move • Number of individuals in household
Relevant Benchmarks *(if applicable)*	• CAP C/DA[10] Comparable Service Caps: Community Transition Services - $2,500/waiver period (5 years) • Department of Veterans Affairs Supportive Services for Veterans Families (SSVF) Program: maximum of $1500 per participant household.[11] • Back@Home[12] Program: ○ 1 BR: $900

[10] Community Alternatives Program for Disabled Adults (CAP/DA) and Community Alternatives Program for Children (CAP/C) are covered under North Carolina's 1915(c) Home and Community Based Services Waiver. More information is available here.

[11] The Supportive Services for Veteran Families (SSVF) Program is a federal program through the Department of Veterans Affairs designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. More information is available here.

[12] Back@Home is a rapid rehousing program run by NC DHHS and statewide partners to help individuals and families displaced after Hurricane Florence find and move into permanent housing. More information is available here.

	○ 2 BR: $1,050 ○ 3 BR: $1,150 ○ 4 BR: $1,200 ○ 5 BR: $1,250

Reinstatement of Essential Utilities

Category	Information
Service Description	
Service Name	Reinstatement of Essential Utilities
Service Description	The Reinstatement of Essential Utilities service is a non-recurring payment to resolve arrears related to unpaid utility bills and cover non-refundable utility set-up costs to restart the service if it has been discontinued in a Pilot enrollee's home, putting the individual at risk of homelessness or otherwise adversely impacting their health (e.g., in cases when medication must be stored in a refrigerator). This service may be used in association with essential home utilities that have been discontinued (e.g., initial payments to activate heating, electricity, water, and gas). All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.
Frequency *(if applicable)*	Enrollees may receive this service at any point at which they meet service eligibility standards and have not reached the cap.
Duration *(if applicable)*	N/A
Setting	An enrollee's home
Eligibility Standards	• Enrollee must require service because essential home utilities have been discontinued or were never activated at move-in and will adversely impact occupants' health if not restored. • Enrollee demonstrates a reasonable plan, created in coordination with care manager or case manager, to cover future, ongoing payments for utilities that are reinstated. • This Pilot service is furnished only to the extent that the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Vendor capable of reinstating utilities • If enrollee is not concurrently receiving Housing Navigation, Support and Sustaining Services, their primary Medicaid care manager will be responsible for coordinating this service.
Service Payment Approach and Pricing Inputs	
Unit of Service	1 household served
Payment Approach	Cost-based reimbursement for vendor services and utility-related arrears with an annual per household cap.
Billing Thresholds / Limits *(if applicable)*	• Payments must be made by the organization coordinating this service directly to a third party. • Costs must be reasonable and competitive against market rates.

	• Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	• Cost of paying utility related arrears • Cost of fees related to reinstating utilities • Cost of utility deposits
Relevant Benchmarks *(if applicable)*	HUD Homelessness Prevention and Rapid Re-Housing Program (HPRP)[13]: Up to 18 months of utility payments, including up to 6 months in utility arrears. Department of Veterans Affairs Supportive Services for Veteran Families[14]: • Utility deposit: no more than two months' rent • Utility arrears: Arrears may be paid up to, but not exceed the maximum allowable months of assistance. Back@Home[15] Program: • Utility Arrears $500 • Utility Deposits $500 • Electric/Gas: ○ 1 BR - $150 ○ 2 BR - $250 ○ 3 BR - $350 • Water/Sewer: $100

[13] More information on the HUD HPRP program is available here.

[14] The Supportive Services for Veteran Families (SSVF) Program is a federal program through the Department of Veterans Affairs designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. More information is available here.

[15] Back@Home is a rapid rehousing program run by NC DHHS and statewide partners to help individuals and families displaced after Hurricane Florence find and move into permanent housing. More information is available here.

Home Remediation Services

Category:	Information
Service Description	
Service Name	Home Remediation Services
Service Description	Home remediation services are furnished to eliminate potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Home remediation services may include for example pest eradication, mold removal, installation of washable curtains or synthetic blinds to prevent allergens, or lead abatement. The cost associated with coordinating the provision of services are included in Home Remediation. All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.
Frequency *(if applicable)*	Enrollees may receive home remediation services at any point at which they meet service eligibility standards and have not reached the cap.
Duration *(if applicable)*	N/A
Setting	Home remediation services occur in the enrollee's current place of residence or potential residence.
Eligibility Standards	• Enrollee must be moving into a new housing unit or must reside in a housing unit that is adversely affecting his/her health or safety. • Landlord has agreed to approved home remediation services *(if applicable).* • Landlord has agreed to keep rent at current rate for a period of twenty-four months after receiving Pilot Home remediation services *(if applicable)*. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Contractor/vendor authorized to perform health-related home remediation services, or equivalent. Sample Housing Remediation and Accessibility Supervisor • **Typical Experience:** Experience in coordinating and overseeing home remediation and modifications made to homes to improve health and wellbeing.
Service Payment Approach and Pricing Inputs	
Unit of Service	1 enrollee served

Payment Approach	• Cost-based reimbursement for vendor services with a per enrollee annual cap.
	• HSO may also bill a standard coordination fee per project, which will be tiered based on the total cost of the project.
	  ○ Lower cost projects will have a standardized administrative fee and no "bid" requirement.
	  ○ Higher cost projects will have a higher standardized administrative fee and a requirement to solicit and evaluate

	multiple bids.
Billing Thresholds / Limits *(if applicable)*	• An HSO that provides housing case management cannot bill for the administrative fee portion of this rate. • Payments must be made by the organization coordinating this service directly to a third party. • Costs must be reasonable and competitive against market rates. • Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	• Cost of contractor/home modifications • Cost of coordination fee
Relevant Benchmarks *(if applicable)*	N/A

Home Accessibility Modifications

Category:	Information
Service Description	
Service Name	Home Accessibility Modifications
Service Description	Home accessibility modifications are furnished to eliminate potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Home accessibility modifications are adjustments to homes that need to be made in order to allow for enrollee mobility, enable independent living and accommodate medical equipment and supplies. Home modifications should improve the accessibility and safety of housing (e.g., installation of entrance ramps, hand-held shower controls, non-slip surfaces, grab bars in bathtubs and reparation of cracks in floor). The cost associated with coordinating the provision of services are included in Home Accessibility Modifications. All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.
Frequency *(if applicable)*	Enrollees may receive home accessibility modifications at any point at which they meet eligibility standards and have not reached the cap.
Duration *(if applicable)*	N/A
Setting	Home accessibility services will occur in the enrollee's current place of residence or potential residence.
Eligibility Standards	• Enrollee must be moving into a new housing unit or must reside in a housing unit that is adversely affecting his/her health or safety. • Landlord has agreed to approved home accessibility modifications (if applicable). • Landlord has agreed to keep rent at current rate for a period of twenty-four months after receiving Pilot Home Accessibility Services (if applicable). • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Contractor/vendor authorized to perform health and safety-related home accessibility modifications, or equivalent. Sample Housing Remediation and Accessibility Supervisor • **Typical Experience:** Experience in coordinating and overseeing home remediation and modifications made to homes to improve health and wellbeing.
Service Payment Approach and Pricing Inputs	
Unit of Service	1 enrollee served
Payment Approach	• Cost-based reimbursement for vendor services with a per enrollee annual cap.

	• HSO may also bill a standard coordination fee per project, which will be tiered based on the total cost of the project.
	  ○ Lower cost projects will have a standardized administrative fee and no "bid" requirement.
	  ○ Higher cost projects will have a higher standardized administrative fee and a requirement to solicit and evaluate among multiple bids.

Billing Thresholds / Limits *(if applicable)*	• An HSO that provides housing case management cannot bill for the administrative fee portion of this rate. • Payments must be made by the organization coordinating this service directly to a third party. • Costs must be reasonable and competitive against market rates. • Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	• Cost of contractor/home modifications • Cost of coordination fee
Relevant Benchmarks *(if applicable)*	• CAP C/DA[16] Comparable Service Caps: Home Accessibility and Adaptation $10,000/waiver period (5 years)

[16] Community Alternatives Program for Disabled Adults (CAP/DA) and Community Alternatives Program for Children (CAP/C) are covered under North Carolina's 1915(c) Home and Community Based Services Waiver. More information is available here.

Healthy Home Goods

Category:	Information
Service Description	
Service Name	Healthy Home Goods
Service Description	Health-related home goods furnished to eliminate potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Home-related goods that may be covered include, for example discrete items related to reducing environmental triggers in the home *(*e.g., a "Breathe Easy at Home Kit" with EPA-vacuum, air filter, green cleaning supplies, hypoallergenic mattress or pillow covers, air conditioners, and non-toxic pest control supplies, air-conditioning unit). All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.
Frequency *(if applicable)*	Enrollees may receive healthy home goods when there are health or safety issues adversely affecting their health or safety.
Duration *(if applicable)*	N/A
Setting	Variable. Many times, goods will be given to an enrollee inside the home. Some goods (e.g., air filters) may be given to an enrollee in a location outside the home, including an HSO site or a clinical setting.
Eligibility Standards	• Enrollee must be moving into a new housing unit or must reside in a housing unit that is adversely affecting his/her health or safety. • Landlord has agreed to approved health-related home goods (if applicable). • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	If enrollee is not concurrently receiving Housing Navigation, Support and Sustaining Services, their primary Medicaid care manager will be responsible for coordinating this service.
Service Payment Approach and Pricing Inputs	
Unit of Service	1 enrollee served
Payment Approach	Cost-based reimbursement up to a per enrollee annual cap.
Billing Thresholds / Limits *(if applicable)*	• Costs must be reasonable and competitive against market rates. • Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	Cost of health home goods, such as EPA-vacuum, air filter, green cleaning supplies, hypoallergenic mattress, etc.
Relevant Benchmarks *(if applicable)*	• CAP C/DA[17] Comparable Service Caps: Participant Goods and Services - $800/year

[17] Community Alternatives Program for Disabled Adults (CAP/DA) and Community Alternatives Program for Children (CAP/C) are covered under North Carolina's 1915(c) Home and Community Based Services Waiver. More information is available here.

One-Time Payment for Security Deposit and First Month's Rent

Category:	Information
Service Description	
Service Name	One-Time Payment for Security Deposit and First Month's Rent
Service Description	Provision of a one-time payment for an enrollee's security deposit and first month's rent to secure affordable and safe housing that meet's the enrollee's needs. All units that enrollees move into through this Pilot service must: • Pass a Housing Quality Standards (HQS) inspection • Meet fair market rent and reasonableness check • Meet a debarment check All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.
Frequency *(if applicable)*	Once per enrollee over the lifetime of the demonstration
Duration *(if applicable)*	N/A
Setting	N/A
Eligibility Standards	• Enrollee must be receiving Housing Navigation, Support and Sustaining Services. • Enrollee must receive assistance with developing a reasonable plan to address future ability to pay rent through a housing stability plan. • Housing unit must pass a Housing Quality Standards (HQS) inspection prior to move-in or, in certain circumstances, a habitability inspection performed by the case manager or other staff. If a habitability inspection is performed, an HQS inspection must be scheduled immediately following move-in. • Landlord must be willing to enter into a lease agreement that maintains a satisfactory dwelling for the enrollee throughout the duration of the lease, unless there are appropriate and fair grounds for eviction. • This pilot service is provided only to the extent that the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	N/A
Service Payment Approach and Pricing Inputs	
Unit of Service	1 enrollee served
Payment Approach	Cost-based reimbursement up to a household cap
Billing Thresholds / Limits *(if applicable)*	• This payment may only be made once for each enrollee during the life of the demonstration, except for NC DHHS-determined extraordinary circumstances such as a natural disaster. • Per household cap will be tied to the HUD Fair Market Rate formula. Costs must be reasonable and competitive against market rates.

	• Payments must be made by the organization coordinating this service directly to a third party. • Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	• Cost of security deposit • Cost of first month's rent • Number of individuals in household
Relevant Benchmarks *(if applicable)*	HUD Guidance for Fair Market Rent Rates and Maximum Occupancy Standards

Short-Term Post Hospitalization Housing

Category	Information
Service Description	
Service Name	Short-Term Post Hospitalization Housing
Service Description	Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual's imminent homelessness at discharge. Housing should provide enrollees with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed and will be limited to permanent housing in a private or shared housing unit. Allowable units for short-term post-hospitalization housing must provide the following for enrollees: • Access to a clean, healthy environment that allows enrollees to perform activities of daily living; • Access to a private, independent room with a personal bed for the entire day; • Ability to receive onsite or easily accessible medical and case management services, as needed. Coordination of this service should begin prior to hospital discharge. Services may not be provided in a congregate setting. All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.
Frequency *(if applicable)*	N/A
Duration *(if applicable)*	Up to six months
Setting	Coordination should begin prior to hospital discharge. Services may not be provided in a congregate setting.
Eligibility Standards	• Enrollee must receive Housing Navigation, Support and Sustaining Services in tandem with this service. • Enrollee is imminently homeless post-hospitalization. • Enrollee must receive assistance with developing a reasonable plan to address future ability to pay rent through a housing stability plan. • Housing unit must pass a Housing Quality Standards (HQS) inspection prior to move-in or, in certain circumstances, a habitability inspection performed by the case manager or other staff. If a habitability inspection is performed, an HQS inspection must be scheduled immediately following move-in. Landlord must be willing to enter into a lease agreement that maintains a satisfactory dwelling for the enrollee throughout the duration of the lease, unless there are appropriate and fair grounds for eviction. • This Pilot service is provided only to the extent that the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services.

	• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	N/A
Service Payment Approach and Pricing Inputs	
Unit of Service	1 enrollee
Payment Approach	Cost-based reimbursement with an annual per enrollee cap.
Billing Thresholds / Limits *(if applicable)*	• Per enrollee cap will be tied to the HUD Fair Market Rent formula. • Costs must be reasonable and competitive against market rates. • Payments must be made by the organization coordinating this service directly to a third party. • Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	Cost of housing payments, such as monthly rent, daily hotel/motel rate, etc.
Relevant Benchmarks *(if applicable)*	HUD Guidance for Fair Market Rent Rates and Maximum Occupancy Standards

B. Interpersonal Violence / Toxic Stress Services

IPV Case Management Services

Category	Information
Service Description	
Service Name	IPV Case Management Services
Service Description	This service covers a set of activities that aim to support an individual in addressing sequelae of an abusive relationship. These activities may include: • Ongoing safety planning/management • Linkages to child care and after-school programs and community engagement activities • Referral to legal support to address needs such as obtaining orders of protection, negotiating child custody agreements, or removing legal barriers to obtaining new housing (excluding legal representation) • Referral to and provision of domestic violence shelter or emergency shelter, if safe and appropriate permanent housing is not immediately available, or, in lieu of shelter, activities to ensure safety in own home • Coordination with a housing service provider if additional expertise is required • Coordination of transportation for the enrollee that is necessary to meet the goals of the IPV Case Management service • Informal or peer counseling and advocacy related to enrollees' needs and concerns. These may include accompanying the recipient to appointments, providing support during periods of anxiety or emotional distress, or encouraging constructive parenting activities and self-care. Activities listed above may occur without the Pilot enrollee present. The HSO has the option to partner with other organizations to ensure it is able to provide all activities described as part of this service. If desired by the HSO, the Lead Pilot Entity can facilitate partnerships of this kind.
Frequency *(if applicable)*	As needed
Duration *(if applicable)*	Service duration would persist until services are no longer needed as determined in an individual's person-centered care plan.
Setting	Various settings are appropriate, including at a shelter, home of the enrollee or home of friend or relative, supportive housing, enrollee's residence or HSO site.
Eligibility Standards	• Enrollee requires ongoing engagement.[18] • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services.

[18] This service is not intended for single or highly intermittent cases often handled through crisis hotlines. The pre-authorized three month interval is designed to address the unpredictable needs and engagement level for those with a sustained relationship with a human services organization.

	• Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services. Individuals with co-occurring housing and IPV-related needs should receive the Holistic High Intensity Case Management service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• All staff providing this service are typically trained in safety, victim advocacy, privacy and confidentiality. • Staff providing counseling services should be bachelors prepared in relevant human services degree. • In instances where multiple HSOs partner to deliver this service, the Medicaid Care Manager and HSO case managers must designate a "primary" contact responsible for coordinating delivery of services and document the selection in the enrollee's care plan.
Service Payment Approach and Pricing Inputs	
Unit of Service	PMPM
Payment Approach	PMPM payment authorized for 3 month interval
Billing Thresholds / Limits *(if applicable)*	HSOs may not bill for concurrent delivery of Housing Navigation, Support and Sustaining Services and IPV Case Management Services. Enrollees requiring both services should receive Holistic High Intensity Enhanced Case Management.
Provider Staffing and Salaries	• Case Manager ($20 - $36) • Supervisor ($26 - $42) • Counselor (Bachelor's degree)/Advocate ($16 - $23)
Staffing Ratio / Case Load[19,20]	• 1:30 to 1:50 Case Manager: Enrollees • 1:10 Supervisor: Case Manager • TBD Counselor/ Advocate: Case Manager
Other Pricing Inputs	• Employee-related expenses (taxes and benefits) • Employee-related non-billable time (e.g., training, paid time off) • Employee's transportation costs • Occasional, short-term use of shelter beds • Supplies and food costs • Other indirect and administrative costs
Relevant Benchmarks *(if applicable)*	N/A

[19] Case load considerations take into account case managers' time spent on covered activities when enrollee is not present.

[20] Case load ranges acknowledge enrollees will present with a mix of high and low intensity of need. An average blended case load across the Pilot population served will be used for determining price.

Violence Intervention Services

Category	Information
Service Description	
Service Name	Violence Intervention Services
Service Description	This service covers the delivery of services to support individuals who are at risk for being involved in community violence (i.e., violence that does not occur in a family context). Individuals may be identified based on being the victim of a previous act of crime, membership in a group of peers who are at risk, or based on other criteria. Once identified, peer mentors and case managers provide: • Individualized psychosocial education related to de-escalation skills and alternative approaches to conflict resolution • Linkages to housing, education and employment opportunities. Peer mentors are expected to conduct regular outreach to their mentees, to maintain situational awareness of their mentees' milieu, and to travel to conflict scenes where their mentees may be involved in order to provide in-person de-escalation support. Activities listed above may occur without the Pilot enrollee present. The service should be informed by an evidence-based program such as (but not limited to) Cure Violence.
Frequency *(if applicable)*	As needed
Duration *(if applicable)*	Service duration would persist until services are no longer needed as determined in an individual's person-centered care plan.
Setting	Various settings are appropriate, including at an individual's home, school or HSO site.
Eligibility Standards	• Individual must have experienced significant violent injury or be determined as at risk for experiencing significant violence by a case manager or by violence intervention prevention program staff members (with case manager concurrence) • Individual must be community-dwelling (i.e., not incarcerated). • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• All staff providing this service are typically trained in safety, victim advocacy, privacy, confidentiality, de-escalation and conflict resolution. • Case managers should be bachelors prepared in relevant human services degree • Peer mentors should have a completed peer mentor training program
Service Payment Approach and Pricing Inputs	
Unit of Service	Per member per month (PMPM)
Payment Approach	PMPM payment

Billing Thresholds / Limits *(if applicable)*	N/A
Provider Staffing and Salaries	• Case Manager (Bachelor's degree) ($20 - $36) • Peer Mentor ($14 - $20)
Staffing Ratio / Case Load[21, 22]	• 1:30-1:50 Peer Mentor: Enrollees • 1:6 Case Manager: Peer Mentor
Other Pricing Inputs	• Employee-related expenses (taxes and benefits), • Employee-related non-billable time (e.g., training, paid time off) • Employee's transportation costs • Supplies and food costs provided by peer mentor during monthly outreach • Other indirect and administrative costs
Relevant Benchmarks *(if applicable)*	N/A

[21] Case load considerations take into account case managers' time spent on covered activities when enrollee is not present.

[22] Case load ranges acknowledge enrollees will present with a mix of high and low intensity of need. An average blended case load across the Pilot population served will be used for determining price.

Evidence-Based Parenting Curriculum

Category	Information
Service Description	
Service Name	Evidence-Based Parenting Classes
Service Description	Evidence-based parenting curricula are meant to provide: • Group and one-on-one instruction from a trained facilitator • Written and audiovisual materials to support learning • Additional services to promote attendance and focus during classes Evidence-based parenting classes are offered to families that may be at risk of disruption due to parental stress or difficulty coping with parenting challenges, or child behavioral or health issues. These services are also appropriate for newly reunited families following foster care/out of home placement or parental incarceration. *The Department intends to cover the delivery of select evidence-based parenting classes intended to support families and improve health and behavioral outcomes for Medicaid enrollees. Due to variation in curriculum costs and design, the Department will establish different rates for a limited list of each curriculum. The Department will limit the list of covered Evidence-Based Parenting Classes. The list of curricula currently under consideration for inclusion in the Pilot Service Fee Schedule can be found in Appendix A, and will be finalized after selection of Pilot regions. Respondents are encouraged to provide feedback on the classes under consideration.*
Frequency *(if applicable)*	To be determined
Duration *(if applicable)*	To be determined
Setting	To be determined
Eligibility Standards	To be determined
Service Provider Description	
Service Provider Qualifications	To be determined
Service Payment Approach and Pricing Inputs	
Unit of Service	To be determined
Payment Approach	To be determined
Billing Thresholds / Limits *(if applicable)*	To be determined
Provider Staffing and Salaries	To be determined
Staffing Ratio / Case Load	To be determined
Other Pricing Inputs	To be determined
Relevant Benchmarks *(if applicable)*	To be determined

Home Visiting Services

Category	Information
Service Description	
Service Name	Home Visiting Services
Service Description	Home Visiting services are meant to provide: • One-one observation, instruction and support from a trained case manager who may be a licensed clinician • Written and/or audiovisual materials to support learning Evidence-based home visiting services are offered to families that may be at risk of disruption due to parental stress or difficulty coping with parenting challenges, or child behavioral or health issues. These services are also appropriate for newly reunited families following foster care/out of home placement or parental incarceration. *The Department intends to cover the delivery of select home visiting services intended to support families and improve health and behavioral outcomes for Medicaid enrollees. Due to variation in curriculum costs and design, the Department will establish different rates for each curriculum. The Department will limit the list of Home Visiting interventions. The list of interventions currently under consideration for inclusion in the Pilot Service Fee Schedule can be found in Appendix A, and will be finalized after selection of pilot regions. Respondents are encouraged to provide feedback on the classes under consideration.*
Frequency *(if applicable)*	To be determined
Duration *(if applicable)*	To be determined
Setting	To be determined
Eligibility Standards	To be determined
Service Provider Description	
Service Provider Qualifications	To be determined
Service Payment Approach and Pricing Inputs	
Unit of Service	To be determined
Payment Approach	To be determined
Billing Thresholds / Limits *(if applicable)*	To be determined
Provider Staffing and Salaries	To be determined
Staffing Ratio / Case Load	To be determined
Other Pricing Inputs	To be determined
Relevant Benchmarks *(if applicable)*	To be determined

C. Food Services

Food and Nutrition Access Case Management Services

Category	Information
Service Description	
Service Name	Food and Nutrition Access Case Management Services

Service Description	Provision of one-on-one case management and/or educational services to assist an enrollee in addressing food insecurity. Activities may include:
	• Assisting an individual in accessing school meals or summer lunch programs, including but not limited to:
	  ○ Helping to identify programs for which the individual is eligible
	  ○ Helping to fill out and track applications
	  ○ Working with child's school guidance counselor or other staff to arrange services
	• Assisting an individual in accessing other community-based food and nutrition resources, such as food pantries, farmers market voucher programs, cooking classes, Child and Adult Care Food programs, or other, including but not limited to:
	  ○ Helping to identify resources that are accessible and appropriate for the individual
	  ○ Accompanying individual to community sites to ensure resources are accessed
	• Advising enrollee on transportation-related barriers to accessing community food resources
	
	It is the Department's expectation that Medicaid care managers will assist all eligible individuals to enroll in SNAP and WIC and secure their enrollment through existing SNAP and WIC assistance resources. Food and Nutrition Access Case Managers will address more complex and specialized needs. However, if under exceptional circumstances a Food and Nutrition Access Case Manager identifies an individual for whom all other forms of assistance have been ineffective, they are permitted to assist the individual with completing enrollment, including activities such as addressing documentation challenges or contacting staff at a local SNAP or WIC agency to resolve issues, or otherwise.

Frequency *(if applicable)*	Ad hoc sessions as needed. It is estimated that on average individuals will not receive more than two to three sessions with a case manager.
Duration *(if applicable)*	N/A

Setting	• May be offered:
	  ○ At a community setting (e.g. community center, health care clinic, Federally Qualified Health Center (FQHC), food pantry, food bank)
	  ○ At an enrollee's home (for home-bound individuals)
	  ○ Via telephone or other modes of direct communication

Eligibility Standards	• Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot

	services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• **Typical Education**: Bachelor's degree in social work or other related human services field, or equivalent • **Typical Experience:** Minimum of one year of relevant work experience, particularly related to SNAP and WIC applications and community resources for food security.
Service Payment Approach and Pricing Inputs	
Unit of Service	15-minute unit
Payment Approach	One payment per unit
Billing Thresholds / Limits *(if applicable)*	N/A
Provider Staffing and Salaries	• Case Manager (Bachelor's degree in social work or equivalent) ($20 - $36) • Supervisor ($26 - $42)
Other Pricing Inputs	• Employee-related expenses (taxes and benefits) • Employee-related non-billable time (e.g., training, travel, paid time off) • Employee's transportation costs • Other indirect and administrative costs
Relevant Benchmarks *(if available)*	N/A

Evidence-Based Group Nutrition Class

Category	Information
Service Description	
Service Name	Evidence-Based Group Nutrition Class
Service Description	This service covers the provision of an evidence-based or evidence-informed nutrition related course to a group of individuals. The purpose of the course is to provide hands-on, interactive lessons to enrollees, on topics including but not limited to: • Increasing fruit and vegetable consumption • Preparing healthy, balanced meals • Growing food in a garden • Stretching food dollars and maximizing food resources Facilitators may choose from evidence-based curricula, such as: • Cooking Matters (for Kids, Teens, Adults) • A Taste of African Heritage (for Kids, Adults) For curricula not outlined above, an organization must follow an evidence-based curricula that is approved by DHHS, in consultation with the Lead Pilot Entity and PHPs.
Frequency *(if applicable)*	Typically weekly
Duration *(if applicable)*	Typically six weeks
Setting	Classes may be offered in a variety of community settings, including but not limited to health clinics, schools, YMCAs, Head Start centers, community gardens, or community kitchens.
Eligibility Standards	• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	Facilitators are typically trained in the specific curricula being offered, and additionally may be certified as a registered dietician, health coach, community health worker, or equivalent.
Service Payment Approach and Pricing Inputs	
Unit of Service	One enrollee
Payment Approach	Two payments per enrollee: partial payment at the outset based on enrollment in course; trigger for 2nd installment under development.
Billing Thresholds / Limits *(if applicable)*	N/A
Provider Staffing and Salaries	• Facilitator (Registered Dietician Nutritionist, health coach, community health worker or equivalent) ($19 - $27)

	• Program Coordinator ($24 – 37)
Program Materials	• Educational materials • Food and cooking supplies
Other Pricing Inputs	• Employee-related expenses (taxes and benefits) • Employee-related non-billable time (e.g., class preparation, training, travel, paid time off) • Employee's transportation costs • Length, frequency, and duration of curricula • Other indirect and administrative costs
Relevant Benchmarks *(if applicable)*	N/A

Diabetes Prevention Program

Category	Information
Service Description	
Service Name	Diabetes Prevention Program
Service Description	Provision of the CDC-recognized "Diabetes Prevention Program" (DPP), which is a healthy living course delivered to a group of individuals by a trained lifestyle coach designed to prevent or delay type 2 diabetes. The program focuses on healthy eating and physical activity for those with prediabetes. The program must comply with CDC Diabetes Prevention Program Standards and Operating Procedures.
Frequency *(if applicable)*	Minimum of 16 sessions in Phase I; Minimum of 6 sessions in Phase II, according to CDC Standards and Operating Procedures.
Duration *(if applicable)*	Typically one year
Setting	Intervention is offered at a community setting.
Eligibility Standards	• Enrollee has prediabetes. • Enrollee is 18 years of age or older. • Enrollee is not pregnant at the time of enrollment. • Enrollee cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	Facilitators must be trained in the specific curricula being offered, and additionally may be certified as a registered dietician, health coach, community health worker, or equivalent.
Service Payment Approach and Pricing Inputs	
Unit of Service	One enrollee
Payment Approach	Two payments per enrollee: partial payment at the outset based on enrollment in course; remainder of payment if enrollee completes Phase I of curriculum and is eligible for Phase II, per the CDC Standards and Operating Procedures.
Billing Thresholds / Limits *(if applicable)*	N/A
Provider Staffing and Salaries	• Facilitator (Registered Dietician Nutritionist, health coach, community health worker or equivalent) ($19 - $27) • Program Coordinator ($24 – 37)
Program Materials	• Educational materials • Food and cooking supplies
Other Pricing Inputs	• Employee-related expenses (taxes and benefits) • Employee-related non-billable time (e.g., class preparation, training, travel, paid time off) • Employee's transportation costs • Length, frequency, and duration of curricula

	• Other indirect and administrative cost
Relevant Benchmarks *(if applicable)*	N/A

Fruit and Vegetable Prescription

Category	Information
Service Description	
Service Name	Fruit and Vegetable Prescription
Service Description	Food voucher to be used by an enrollee with a diet or nutrition-related chronic illness to purchase fruits and vegetables from a participating food retailer. Participating food retailers must sell an adequate supply of WIC-eligible fruits and vegetables (i.e., fresh, frozen, canned without any added fats, salt, or sugar). Food retailers may include but are not limited to: • Grocery stores • Farmers markets • Mobile markets • Community-supported agriculture (CSA) programs • Corner stores A voucher transaction may be facilitated manually or electronically, depending on the most appropriate method for a given food retail setting. The cost associated with coordinating the provision of services are included.
Frequency *(if applicable)*	One voucher per enrollee. Each voucher will have a duration as defined by the HSO providing it. For example, some HSOs may offer a monthly voucher while others may offer a weekly voucher.
Duration *(if applicable)*	6 months (on average)
Setting	Enrollees spend vouchers at food retailers. Human service organizations administer and coordinate the service in a variety of settings: engaging with enrollees in the community (e.g. health care and community-based settings) to explain the service, administering food retailer reimbursements and other administrative functions from their office, and potentially meeting with food retailers in the field.
Eligibility Standards	• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high risk pregnancy. • If enrollee is eligible for but not enrolled in SNAP/WIC, the enrollee must initiate efforts to enroll in SNAP/WIC. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	N/A
Service Payment Approach and Pricing Inputs	

Unit of Service	One enrollee served
Payment Approach	Cost-based reimbursement for price of voucher up to a monthly cap; HSO may also bill a standard monthly administrative fee per enrollee who receives one or more vouchers in one month
Billing Thresholds / Limits (if applicable)	N/A
Cost Considerations	• Cost of voucher (to go towards food) • Cost of administrative fee • Number of individuals in household
Relevant Benchmarks *(if applicable)*	Official USDA Food Plans: Cost of Food at Home at Four Levels, U.S. Average, May 2019[23]

[23] More information on USDA Food Plans can be found here.

Healthy Food Box (For Pick-Up)

Category	Information
Service Description	
Service Name	Healthy Food Box (For Pick-Up)
Service Description	A healthy food box for pick-up consists of an assortment of nutritious foods provided to an enrollee in a community setting, aimed at promoting improved nutrition for the service recipient. It is designed to supplement the daily food needs for food-insecure individuals with diet or nutrition-related chronic illness. This service does not constitute a full nutritional regimen (three meals per day per person). Healthy food boxes when possible should be furnished using a client choice model and provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.
Frequency *(if applicable)*	Typically weekly
Duration *(if applicable)*	On average, this service is delivered for 3 months. Service would continue until services are no longer needed as indicated in an individual's person-centered care plan.
Setting	• Food is sourced and warehoused by a central food bank, and then delivered to community settings by the food bank. • Food is offered for pick-up by the enrollee in a community setting, for example at a food pantry, community center, or a health clinic.
Eligibility Standards	• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high risk pregnancy. • If enrollee is eligible for but not enrolled in SNAP/WIC, the enrollee must initiate efforts to enroll in SNAP/WIC • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN), to ensure food boxes meet nutrition standards and develop nutrition education materials • ServSafe Certification (or equivalent) to ensure safe handling of food • Provider entity must meet food safety requirements as defined by the Department.
Service Payment Approach and Pricing Inputs	
Unit of Service	One food box
Payment Approach	Payment per small and large food box
Billing Thresholds / Limits *(if applicable)*	N/A
Provider Staffing and Salaries	• Registered Dietician Nutritionist or North Carolina Licensed Dietician

	Nutritionist to ensure food meets nutrition standards ($18 - $24) • Box Packaging Staff ($10 - $14) • Delivery Staff (to community setting) ($9 - $20)
Program Materials	• Food • Packaging
Other Pricing Inputs	• Number of individuals in household • Other indirect and administrative costs
Relevant Benchmarks *(if available)*	Official USDA Food Plans: Cost of Food at Home at Four Levels, U.S. Average, May 2019[24]

[24] More information on USDA Food Plans can be found here.

Healthy Food Box (Delivered)

Category	Information
Service Description	
Service Name	Healthy Food Box (Home Delivered)
Service Description	A healthy food box for delivery consists of an assortment of nutritious foods that is delivered to an enrollee's home, aimed at promoting improved nutrition for the service recipient. It is designed to supplement the daily food needs for food-insecure individuals with diet or nutrition-related chronic illness. This service does not constitute a full nutritional regimen (three meals per day per person). Healthy food boxes when possible should be provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.
Frequency *(if applicable)*	Typically weekly
Duration *(if applicable)*	On average, this service is delivered for 3 months. Service would continue until services are no longer needed as indicated in an individual's person-centered care plan.
Setting	• Food is sourced and warehoused by a central food bank. • Food boxes are delivered to enrollee's home.
Eligibility Standards	• Enrollee does not have capacity to shop for self or get to food distribution site or have adequate social support to meet these needs. • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high risk pregnancy. • If enrollee is eligible for but not enrolled in SNAP/WIC, the enrollee must initiate efforts to enroll in SNAP/WIC • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan.
Service Provider Description	
Service Provider Qualifications	• Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN), to ensure food boxes meet nutrition standards and develop nutrition education materials. • ServSafe Certification (or equivalent) to ensure safe handling of food • Provider entity will need to meet food safety requirements as defined by the Department.
Service Payment Approach and Pricing Inputs	
Unit of Service	One food box
Payment Approach	Payment per small and large food box
Billing Thresholds / Limits *(if applicable)*	N/A

Provider Staffing and Salaries	• Registered Dietician Nutritionist or North Carolina Licensed Dietician Nutritionist to ensure food meets nutrition standards ($18 - $24) • Box Packaging Staff ($10 - $14) • Delivery Staff (to enrollee home) ($9 - $20)
Program Materials	• Food • Packaging
Other Pricing Inputs	• Number of individuals in household • Other indirect and administrative costs
Relevant Benchmarks *(if available)*	Official USDA Food Plans: Cost of Food at Home at Four Levels, U.S. Average, May 2019[25]

[25] More information on USDA Food Plans can be found here.

Healthy Meal (For Pick-Up)

Category	Information
Service Description	
Service Name	Healthy Meal (For Pick-Up)
Service Description	A healthy meal for pick-up consists of a frozen or shelf stable meal that is provided to an enrollee in a community setting, aimed at promoting improved nutrition for the service recipient. This service includes preparation and dissemination of the meal. Meals must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. Meals may be tailored to meet cultural preferences and specific medical needs. This service does not constitute a full nutritional regimen (three meals per day per person).
Frequency *(if applicable)*	Frequency of meal services will differ based on the severity of the individual's needs.
Duration *(if applicable)*	Service would continue until services are no longer needed as indicated in an individual's person-centered care plan.
Setting	• Meals are offered for pick-up in a community setting, for example at a food pantry, community center, or a health clinic.
Eligibility Standards	• Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Registered Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) to ensure meals meet nutrition standards • ServSafe Certification (or equivalent) for all kitchen staff • Provider entity will need to meet food safety requirements as determined by the Department.
Service Payment Approach and Pricing Inputs	
Unit of Service	One meal
Payment Approach	One payment per meal delivered
Billing Thresholds / Limits *(if applicable)*	May not exceed 2 meals per day per person

Provider Staffing and Salaries	• Registered Dietician Nutritionist or North Carolina Licensed Dietician Nutritionist to ensure food meets nutrition standards ($18 - $24) • Meal Packaging Staff ($10 - $14) • Kitchen Staff ($10 - $14) • Delivery Staff (to community site) ($9 - $20)
Program Materials	• Food • Meal packaging
Other Pricing Inputs	• Other indirect and administrative costs
Relevant Benchmarks *(if available)*	• CAP/DA[26] Comparable Waiver Service: Meal Preparation and Delivery - 1 meal per day @ $4.87 per meal

[26] Community Alternatives Program for Disabled Adults (CAP/DA) is authorized through North Carolina's 1915(c) Home and Community Based Services Waiver. More information is available here.

Healthy Meal (Home Delivered)

Category	Information
Service Description	
Service Name	Healthy Meal (Home Delivered)
Service Description	A healthy, home-delivered meal consists of a hot, cold, or frozen meal that is delivered to an enrollee's home, aimed at promoting improved nutrition for the service recipient. This service includes preparation and delivery of the meal. Meals must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. Meals may be tailored to meet cultural preferences and specific medical needs. This service does not constitute a full nutritional regimen (three meals per day per person).
Frequency *(if applicable)*	Meal delivery services for enrollees requiring this service will differ based on the severity of the individual's needs. On average, individuals receive 2 meals per day (or 14 meals per week).
Duration *(if applicable)*	Service would continue until services are no longer needed as indicated in an individual's person-centered care plan.
Setting	Meals are delivered to enrollee's home.
Eligibility Standards	• Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Registered Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) to ensure meals meet nutrition standards • ServSafe Certification (or equivalent) for all kitchen staff • Provider entity will need to meet food safety requirements as determined by the Department.
Service Payment Approach and Pricing Inputs	
Unit of Service	One meal
Payment Approach	One payment per meal delivered
Billing Thresholds / Limits *(if applicable)*	May not exceed 2 meals per day per person

Provider Staffing and Salaries	• Registered Dietician Nutritionist or North Carolina Licensed Dietician Nutritionist to ensure food meets nutrition standards ($18 - $24) • Meal Packaging Staff ($10 - $14) • Kitchen Staff ($10 - $14) • Delivery Staff (to enrollee homes) ($9 - $20)
Program Materials	• Food • Meal packaging
Other Pricing Inputs	• Other indirect and administrative costs
Relevant Benchmarks *(if available)*	CAP/DA[27] Comparable Waiver Service: Meal Preparation and Delivery - 1 meal per day @ $4.87 per meal

[27] Community Alternatives Program for Disabled Adults (CAP/DA) is authorized through North Carolina's 1915(c) Home and Community Based Services Waiver. More information is available here.

Medically Tailored Home Delivered Meal

Category	Information
Service Description	
Service Name	Medically Tailored Home Delivered Meal
Service Description	Home delivered meal which is medically tailored for a specific disease or condition. This service includes an initial evaluation with a Registered Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) to assess and develop a medically-appropriate nutrition care plan, as well as the preparation and delivery of the prescribed nutrition care regimen. Meals must be in accordance with nutritional guidelines established by the National Food Is Medicine Coalition or other appropriate guidelines. Meals may be tailored to meet cultural preferences. For health conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the LPE. This service does not constitute a full nutritional regimen (three meals per day per person).
Frequency *(if applicable)*	Meal delivery services for enrollees requiring this service will differ based on the severity of the individual's needs. On average, individuals receive 2 meals per day (or 14 meals per week).
Duration *(if applicable)*	Service would continue until services are no longer needed as indicated in an individual's person-centered care plan.
Setting	• Nutrition assessment is conducted in person, in a clinic environment, the enrollee's home, or telephonically as appropriate. • Meals are delivered to enrollee's home.
Eligibility Standards	• Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. • Eligible disease states include but are not limited to obesity, failure to thrive, slowed/faltering growth pattern, gestational diabetes, pre-eclampsia, HIV/AIDS, kidney disease, diabetes/pre-diabetes, and heart failure. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN) (to assess diet regimen) • ServSafe Certification (or equivalent) for all kitchen staff • Provider entity will need to meet food safety requirements as determined by the Department.
Service Payment Approach and Pricing Inputs	

Unit of Service	One meal
Payment Approach	One payment per meal delivered
Billing Thresholds / Limits *(if applicable)*	May not exceed 2 meals per day per person
Provider Staffing and Salaries	• Registered Dietician Nutritionist or North Carolina Licensed Dietician Nutritionist (to ensure food meets nutrition standards and provide initial consult to each enrollee) ($18 - $24) • Meal Packaging Staff ($10 - $14) • Kitchen Staff ($10 - $14) • Delivery Staff (to enrollee homes) ($9 - $20)
Program Materials	• Food • Meal packaging
Other Pricing Inputs	• Other indirect and administrative costs
Relevant Benchmarks *(if available)*	CAP/DA[28] Comparable Waiver Service: Meal Preparation and Delivery - 1 meal per day @ $4.87 per meal

[28] Community Alternatives Program for Disabled Adults (CAP/DA) is authorized through North Carolina's 1915(c) Home and Community Based Services Waiver. More information is available here.

D. Transportation Services

Reimbursement for Health-Related Public Transportation

Category:	Information
Service Description	
Service Name	Reimbursement for Health-Related Public Transportation
Service Description	Provision of health-related transportation for qualifying Pilot enrollees through vouchers for public transportation. This service may be furnished to transport Pilot enrollees to non-medical services that promote community engagement, health and well-being. The service may include transportation to locations indicated in an enrollee's care plan that may include, for example: • Grocery stores/farmer's markets; • Job interview(s) and/or place of work; • Places for recreation related to health and wellness (e.g., public parks and/or gyms); • Group parenting classes/childcare locations; • Health and wellness-related educational events; • Places of worship, services and other meetings for community support; • Locations where other approved Pilot services are delivered. Pilot transportation services will not replace non-emergency medical transportation as required in Medicaid.
Frequency *(if applicable)*	As needed
Duration *(if applicable)*	N/A
Setting	N/A
Eligibility Standards	• Family, neighbors and friends are unable to assist with transportation • Public transportation is available in the enrollee's community. • Service is only available for enrollees who do not have access to their own or a family vehicle. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	N/A
Service Payment Approach and Pricing Inputs	

Unit of Service	One enrollee served
Payment Approach	Cost-based reimbursement up to a per enrollee cap per month
Billing Thresholds / Limits *(if applicable)*	• HSOs receiving the Transportation PMPM Add-On Payment may not bill for this service. • Costs must be reasonable and competitive against market rates. • Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	• Public transportation costs
Relevant Benchmarks *(if applicable)*	Monthly bus pass in representative urban area (e.g., $45 in Raleigh-Durham)

Reimbursement for Health-Related Private Transportation

Category:	Information
Service Description	
Service Name	Reimbursement for Health-Related Private Transportation
Service Description	Provision of private health-related transportation for qualifying Pilot enrollees through one or more of the following services: • Community transportation options (e.g., local organization that organizes and provides transportation on a volunteer or paid basis) • Direct transportation by a professional, private or semi-private transportation vendor (e.g., shuttle bus company or privately operated wheelchair-accessible transport) • Account credits for taxis or ridesharing mobile applications for transportation Private transportation services may be utilized in areas where public transportation is not an available and/or not an efficient option (e.g., in rural areas). The following services may be deemed allowable, cost-effective alternatives to private transportation by a Pilot enrollee's Prepaid Health Plan (PHP):[29] • Repairs to an enrollee's vehicle • Reimbursement for gas mileage, in accordance with North Carolina's Non-Emergency Medical Transportation clinical policy[30] This service may be furnished to transport Pilot enrollees to non-medical services that promote community engagement, health and well-being. The service may include transportation to locations indicated in an enrollee's care plan that may include, for example: • Grocery stores/farmer's markets; • Job interview(s) and/or place of work; • Places for recreation related to health and wellness (e.g. public parks and/or gyms); • Group parenting classes/childcare locations; • Health and wellness-related educational events; • Places of worship, services and other meetings for community support; • Locations where other approved Pilot services are delivered. Pilot transportation services will not replace non-emergency medical transportation as required in Medicaid.
Frequency *(if applicable)*	As needed
Duration *(if applicable)*	N/A

[29] Repairs to a enrollee's vehicle and reimbursement for gas mileage may be particularly likely to be cost-effective alternatives in rural areas of North Carolina but may also applicable in other areas of the State with limited public transportation.

[30] Reimbursement for gas mileage must be in accordance with North Carolina's Non-Emergency Medical Transportation (NEMT) Policy.

Setting	N/A
Eligibility Standards	• Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• Commercial driver's license, as applicable. • Some transportation services may need to be provided by a professional with additional qualifications or training (e.g., transportation of an enrollee who is currently experiencing or escaping domestic violence; operation of a wheelchair-accessible vehicle).
Service Payment Approach and Pricing Inputs	
Unit of Service	One enrollee served
Payment Approach	Cost-based reimbursement up to a cap per month
Billing Thresholds / Limits *(if applicable)*	• Whenever possible, family, neighbors and friends that can provide this service will be utilized. • HSOs receiving the Transportation PMPM Add-On Payment may not bill for this service. • Car repair costs may not exceed 12 months of capped private transportation payments. • Gas mileage reimbursement may not exceed the per mile standards set forth in North Carolina's Non-Emergency Medical Transportation policy.[31]Costs must be reasonable and competitive against market rates. • Payments must be made by the organization coordinating this service directly to a third party. • Private Transportation may not exceed two times the capped public transportation payments. • Exceptions to the cap will be considered on a case-by-case basis for approval by the PHP and notification to the Department.
Cost Considerations	• Private transportation costs
Relevant Benchmarks *(if applicable)*	N/A

[31] Reimbursement for gas mileage must be in accordance with North Carolina's Non-Emergency Medical Transportation (NEMT) Policy..

Transportation PMPM Add-On for Case Management Services

Category	Information
Service Description	
Service Name	Transportation PMPM Add-On for Case Management Services
Service Description	Reimbursement for coordination and provision of transportation for Pilot enrollees provided by an organization delivering one or more of the following case management services: • Housing Navigation, Support and Sustaining Services • IPV Case Management • Holistic High Intensity Enhanced Case Management This service is for transportation needed to meet the goals of each of the case management services listed above. Transportation must be to and from appointments related to identified case management goals. For example, an organization providing Housing Navigation, Support and Sustaining Services may transport an individual to potential housing sites. An organization providing IPV case management may transport an individual to peer support groups and sessions. Transportation will be managed or directly provided by a case manager or other HSO staff member. Allowable forms of transportation include, for example: • Use of HSO-owned vehicle or contracted transportation vendor; • Use of personal car by HSO case manager or other staff member; • Vouchers for public transportation; • Account credits for taxis/ridesharing mobile applications for transportation (in areas without access to public transportation.
Service Provider Description	
Service Provider Qualifications	Some transportation services may need to be provided by a professional with additional qualifications or training (e.g., transportation of an enrollee who is currently experiencing or escaping domestic violence; operation of a wheelchair-accessible vehicle).
Service Payment Approach and Pricing Inputs	
Unit of Service	Per member per month (PMPM) payment
Payment Approach	PMPM
Billing Thresholds / Limits *(if applicable)*	• Enrollee must be receiving one of the case management services listed above. • Service may not be utilized for transportation services that are not related to the success of the case management services listed above. • Service may not be utilized for transportation services covered by the Pilot services: Reimbursement for Health-Related Transportation (Public) or (Private). • Organizations will have the opportunity to opt in or out of the Transportation PMPM Add-On service annually. • Organizations that opt for the Transportation PMPM Add-On may not bill separately for Health-Related Transportation services.
Provider Staffing and Salaries	Under development

Staffing Ratio / Case Load	Under development
Other Pricing Inputs	• Vehicle costs and gas • Cost of public transportation, taxi/ridesharing service • Other indirect and administrative costs
Relevant Benchmarks *(if applicable)*	N/A

E. Cross-Domain Services

Holistic High Intensity Enhanced Case Management

Category:	Information
Service Description	
Service Name	Holistic High Intensity Enhanced Case Management
Service Description	Provision of one-to-one case management and/or educational services to address co-occurring needs related to housing insecurity and interpersonal violence/toxic stress, and as needed transportation and food insecurities. Activities may include those outlined in the following three service definitions: • Housing Navigation, Support and Sustaining Services • Food and Nutrition Access Case Management Services • IPV Case Management Services Note that case management related to transportation needs are included in the services referenced above. Activities listed above may occur without the Pilot enrollee present. The HSO has the option to partner with other organizations to ensure it is able to provide all activities described as part of this service. If desired by the HSO, the Lead Pilot Entity can facilitate partnerships of this kind.
Frequency *(if applicable)*	As needed
Duration *(if applicable)*	Up to 18 months, based on intensity of service need.
Setting	• Most sessions with enrollees should be in-person, in a setting desired by the individual, for the first 3 months of service at a minimum. • Case managers may only utilize telephonic contacts if deemed appropriate. • Some sessions may be "off-site," (e.g., at potential housing locations).
Eligibility Standards	• Enrollee must concurrently require both Housing Navigation, Support and Sustaining Services and IPV Case Management services. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• **Typical Education**: Bachelor's degree in social work or other related human services field, or equivalent • **Typical Experience**: Three years of relevant work experience including with vulnerable populations (e.g. those who are chronically homeless, have substance use disorder, etc.), or equivalent • All staff providing this service is typically trained in safety, privacy and confidentiality. • In instances where multiple HSOs partner to deliver this service, the Medicaid Care Manager and HSO case managers must designate a "primary" contact responsible for coordinating delivery of services and document the selection in the enrollee's care plan.

Service Payment Approach and Pricing Inputs	
Unit of Service	Per member per month (PMPM) payment
Payment Approach	PMPM
Billing Thresholds / Limits *(if applicable)*	HSOs may not bill for concurrent delivery of Holistic High Intensity Enhanced Case Management with either Housing Navigation, Support and Sustaining Services or IPV Case Management Services.
Provider Staffing and Salaries	• Case Manager (Bachelor's degree in social work or equivalent) ($20 - $36) • Supervisor ($26 - $42) • Leasing Agent ($21 - $38) • Peer Support Specialist ($15 - $28) • Counselor (Bachelor's degree)/ Advocate ($16 - $23)
Staffing Ratio / Case Load	• 1:30 to 1:50 Case Manager: Enrollees • TBD Supervisor: Case Manager • TBD Leasing Agent: Case Manager • TBD Peer Support Specialist: Case Manager • TBD Counselor/ Advocate: Case Manager
Other Pricing Inputs	• Employee-related expenses (taxes and benefits) • Employee-related non-billable time (e.g., training, paid time off) • Employee's transportation costs • Supplies and food costs • Other indirect and administrative costs
Relevant Benchmarks *(if applicable)*	N/A

Medical Respite

Category: Cross Domain	Information
Service Description	
Service Name	Medical Respite Care
Service Description	A short-term, specialized program focused on individuals who are homeless or imminently homeless, have recently been discharged from a hospital setting and require continuous access to medical care. Medical respite services include comprehensive residential care that provides the enrollee the opportunity to rest in a stable setting while enabling access to hospital, medical, and social services that assist in completing their recuperation. Medical respite provides a transitional setting and certain services for individuals who are too ill or frail to recover from a physical illness/injury while living in a place not suitable for human habitation, but are not ill enough to be in a hospital. Medical respite services should include, at a minimum: **Short-Term Post-Hospitalization Housing:** Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual's imminent homelessness at discharge. Housing should provide enrollees with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed and will be limited to permanent housing in a private or shared housing unit. Allowable units for short-term post-hospitalization housing must provide the following for enrollees: • Access to a clean, healthy environment that allows enrollees to perform activities of daily living; • Access to a private, independent room with a personal bed for the entire day; • Ability to receive onsite or easily accessible medical and case management services, as needed. Coordination of this service should begin prior to hospital discharge. Services may not be provided in a congregate setting. All services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness. **Medically Tailored Meal *(delivered to residential setting)*** Home delivered meal which is medically tailored for a specific disease or condition. This service includes an initial evaluation with a Registered Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) to assess and develop a medically-appropriate nutrition care plan, as well as the preparation and delivery of the prescribed nutrition care regimen. Meals must be in accordance with nutritional guidelines established by the National Food Is Medicine Coalition or other appropriate guidelines. Meals may be tailored to meet cultural preferences. For health conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the LPE. This service does not constitute a full nutritional regimen (three meals per day per person).

	Transportation Services Provision of private/semi-private transportation services, reimbursement for public transportation and reimbursement for private transportation (e.g., taxis and ridesharing apps—only in areas where public transportation is unavailable) for the enrollee receiving medical respite care to social services that promote community engagement, health and well-being. *Refer to service definitions for Reimbursement for Health-Related Public Transportation and Reimbursement for Health-Related Private Transportation for further service description detail.* **Holistic High Intensity Enhanced Case Management:** Provision of one-to-one case management and/or educational services to address co-occurring needs related to housing insecurity and interpersonal violence/toxic stress, and as needed transportation and food insecurities. Activities may include those outlined in the following three service definitions: • Housing Navigation, Support and Sustaining Services • Food and Nutrition Access Case Management Services • IPV Case Management Services Note that case management related to transportation needs are included in the services referenced above. Activities listed above may occur without the Pilot enrollee present.
Frequency *(if applicable)*	N/A
Duration *(if applicable)*	Up to six months.
Setting	• The majority of the services will occur in the allowable short-term post-hospitalization housing settings described in the service description. • Some services will occur outside of the residential setting (e.g., transportation to wellness-related activities/events, site visits to potential housing options).
Eligibility Standards	• Individuals who are homeless or imminently homeless, have recently been discharged from a hospital setting and require continuous access to medical care • Enrollee requires access to comprehensive medical care post-hospitalization • Enrollee requires intensive, in-person case management to recuperate and heal post-hospitalization. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	The team providing medical respite care must meet all service qualifications included in the following service descriptions: • Short-Term Post-Hospitalization Housing; • Medically Tailored Home Delivered Meals; • Reimbursement for Health Related Public Transportation; • Reimbursement for Health Related Private Transportation; • Holistic High Intensity Enhanced Case Management.
Service Payment Approach and Pricing Inputs	

Unit of Service	One day of service per enrollee
Payment Approach	Per diem

Billing Thresholds / Limits *(if applicable)*	• This service may only be furnished for enrollees who are not currently receiving duplicative financial support—including overlapping Pilot services
	• Payment for this service will include billing limits associated with the following Pilot services:
	  ○ Short-Term Post-Hospitalization Housing;
	  ○ Medically Tailored Home Delivered Meals;
	  ○ Reimbursement for Health Related Public Transportation;
	  ○ Reimbursement for Health Related Private Transportation;
	  ○ Holistic High Intensity Enhanced Case Management.

Case Load / Staffing Ratios	Under development.
Provider Staffing and Salaries	Under development.
Other Pricing Inputs	Under development.
Relevant Benchmarks *(if available)*	CAP/DA[32] Comparable Waiver Service: Respite Care - Individual @ $206.98 per diem

[32] Community Alternatives Program for Disabled Adults (CAP/DA) is authorized through North Carolina's 1915(c) Home and Community Based Services Waiver. More information is available here.

Linkages to Health-Related Legal Supports

Category	Information
Service Description	
Service Name	Linkages to Health-Related Legal Supports
Service Description	This service covers the following activities: • Assessing an enrollee to identify legal issues that, if addressed, could help to secure or maintain healthy housing and mitigate or eliminate exposure to interpersonal violence or toxic stress • Explaining rights related to maintain healthy housing and mitigating or eliminating exposure to interpersonal violence or toxic stress (e.g., explaining rights related to landlord/tenant disputes, explaining the purpose of an order of protection and the process for obtaining one) • Identifying potential options, resources, tools and strategies for addressing those barriers (e.g., providing self-advocacy instructions, removing a former partner's debts from credit rating, This service is meant to address the needs of an individual who may require or benefit from legal expertise, as opposed to the more general support that can be offered by a case manager or peer advocate. Legal representation is not covered by this service. After issues are identified and potential strategies reviewed with an enrollee, the service provider is expected to connect the enrollee to an organization or individual that can provide legal representation and/or additional legal support with non-Pilot resources.
Frequency *(if applicable)*	As needed
Duration *(if applicable)*	Services are provided in short sessions that generally total no more than 10 hours.
Setting	Various settings are appropriate, including at a shelter, home of the enrollee or home of family member or friend, supportive housing or HSO site.
Eligibility Standards	• Enrollees must be receiving Housing Navigation, Support and Sustaining Services, IPV Case Management or Holistic High Intensity Case Management to receive this service. • Service does not cover legal representation. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.
Service Provider Description	
Service Provider Qualifications	• All staff providing this service are typically trained in safety, privacy and confidentiality. • Individuals providing guidance should have paralegal training and experience, legal supervision or a JD or equivalent. This service is most often provided by an attorney.

Service Payment Approach and Pricing Inputs	
Unit of Service	15-minute unit
Payment Approach	One payment per unit
Billing Thresholds / Limits *(if applicable)*	HSOs may not bill for time spent on legal representation.
Provider Staffing and Salaries	• Attorney ($33 - $87)
Other Pricing Inputs	• Employee-related expenses (taxes and benefits) • Employee-related non-billable time (e.g., training, travel, paid time off) • Other indirect and administrative costs, including fees associated with filing documents or obtaining court records (not as part of legal representation)
Relevant Benchmarks *(if available)*	N/A

Appendix A: Evidence-Based Parenting Curricula and Home Visiting Interventions Under Consideration

Evidence Based Parenting Curriculum	Description
Triple P	
Primary Care Triple P Individual (Level 3) (including Teen option)	Level 3 targets parents addressing mild to moderate behavioral issues on a 1:1 basis.
Primary Care Triple P Individual Stepping Stones (Level 3)	Stepping Stones serves parents of preadolescents with a disability addressing mild to moderate behavioral issues on a 1:1 basis.
Primary Care Triple P Discussion Groups (Level 3) (including Teen option)	Level 3 targets parents addressing mild to moderate behavioral issues in a group setting.
Primary Care Triple P Discussion Groups Stepping Stones (Level 3)	Stepping Stones serves parents of preadolescents with a disability addressing mild to moderate behavioral issues in a group setting.
Standard Triple P Individual (Level 4) (including Teen option)	Level 4 serves parents addressing severe behavioral issues on a 1:1 basis.
Standard Triple P Individual Stepping Stones (Level 4)	Stepping Stones serves parents of preadolescents with a disability addressing severe behavioral issues on a 1:1 basis.
Standard Triple P Group (Level 4) (including Teen option)	Level 4 serves parents addressing severe behavioral issues in a group setting.
Standard Triple P Group Stepping Stones (Level 4)	Stepping Stones serves parents of preadolescents with a disability addressing severe behavioral issues in a group setting.
Incredible Years	
Incredible Years (Parent) - Toddler	Toddler program serves parents of children age 1-3 years.
Incredible Years (Parent) - Preschool	Preschool program serves parents of children age 3-6 years.
Incredible Years (Parent) - School	School program serves parents of children age 6-12 years.
Incredible Years (Parent) - Advanced	The Advanced parent program can follow the basic program for high risk populations and families with diagnosed children.
Strengthening Families	
Strengthening Families	Strengthening Families is a single program targeting families with 6-12 year old children

Home Visiting Interventions	Duration/Number of Sessions
Attachment and Biobehavioral Catch-Up	10 sessions
Child First	35-65 sessions delivered over 6-12 months
Early Head Start - Home Based	Up to 52 home visits and 24 group activities per year for up to 3 years
Family Connects	1-3 sessions over a short-term period
Healthy Families America	At least 30 sessions over at least 6 months
Home Instruction for Parents of Preschool Youngsters	At least 60 sessions over at least 2 years
Nurse Family Partnership	Up to 74 sessions for up to 2 years
Parents as Teachers	At least 12 sessions for low-risk families and at least 24

	sessions for high-risk families
Safe Care - Augmented	Up to 22 sessions over 18-22 weeks

Appendix B: Federally-Approved Services List from 1115 Waiver Special Terms and Conditions (STCs)

Domain	Category	Sub-Category
Housing	Housing and Tenancy Supports	Assisting the individual with identifying preferences related to housing (e.g., type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration
Housing	Housing and Tenancy Supports	Supports to assist the individual in budgeting for housing/living expenses, including financial literacy education on budget basics and locating community based consumer credit counseling bureaus.
Housing	Housing and Tenancy Supports	Assisting the individual to connect with social services to help with finding housing necessary to support individual in meeting their medical care needs. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan.
Housing	Housing and Tenancy Supports	Assisting the individual with housing application and selection process, including filling out housing applications and obtaining and submitting appropriate documentation
Housing	Housing and Tenancy Supports	Assisting the individual to develop a housing support plan based on upon the functional needs assessment, including establishing measurable goal(s) as part of the overall person centered plan
Housing	Housing and Tenancy Supports	Developing a crisis plan, which must identify prevention and early intervention services if housing is jeopardized
Housing	Housing and Tenancy Supports	Participating in the person centered plan meetings to assist the individual in determination or with revisions to housing support plan
Housing	Housing and Tenancy Supports	Assisting the individual to review, update and modify his or her housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers
Housing	Housing and Tenancy Supports	Assisting the individual to complete reasonable accommodation requests as needed to obtain housing
Housing	Housing and Tenancy Supports	Supporting individuals in the development of independent living skills, such as skills coaching, financial counseling and anger management
Housing	Housing and Tenancy Supports	Connecting the individual to education and training on tenants' and landlords' role, rights, and responsibilities
Housing	Housing and Tenancy Supports	Assisting in reducing risk of eviction by providing services such as services that help the enrollee improve his or her conflict resolution skills, coaching, role-playing and communication strategies targeted towards resolving disputes with landlords and neighbors; communicate with landlords and neighbors to reduce the risk of eviction; address biopsychosocial behaviors

		that put housing at risk; and provide ongoing support with activities related to household management
Housing	Housing and Tenancy Supports	Assessing potential health risks to ensure living environment is not adversely affecting occupants' health
Housing	Housing and Tenancy Supports	Providing services that will assist the individual with moving into stable housing, including arranging the move, assessing the unit's and individual's readiness for move-in, and providing assistance (excluding financial assistance) in obtaining furniture and commodities. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
Housing	Housing and Tenancy Supports	Providing funding related to utility set-up and moving costs provided that such funding is not available through any other program. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
Housing	Housing Quality and Safety Improvement Services	Repairs or remediation for issues such as mold or pest infestation if repair or remediation provides a cost-effective method of addressing occupant's health condition, as documented by a health care professional, and remediation is not covered under any other provision such as tenancy law. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
Housing	Housing Quality and Safety Improvement Services	Modifications to improve accessibility of housing (e.g., ramps, rails) and safety (e.g., grip bars in bathtubs) when necessary to ensure occupant's health and modification is not covered under any other provision such as the Americans with Disabilities Act.
Housing	Legal Assistance	Assistance with connecting the enrollee to expert community resources to address legal issues impacting housing and thereby adversely impacting health, such as assistance with breaking a lease due to unhealthy living conditions. This Pilot service does not include legal representation or payment for legal representation.
Housing	Securing House Payments	Provide a one-time payment for security deposit and first month's rent provided that such finding is not available through any other program. This payment may only be made once for each enrollee during the life of the demonstration, except for state determined extraordinary circumstances such as a natural disaster. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other

		sources.
Housing	Short-Term Post-Hospitalization	Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual's imminent homelessness provided that such a service is not available under any other programs. Temporary housing may not be in a congregate setting. To the extent temporary housing services are available under other programs, this service could cover connecting the individual to such program and helping them secure housing through that program.
Interpersonal Violence (IPV)/ Toxic Stress	Interpersonal Violence-Related Transportation	Transportation services to/from IPV service providers for enrollees transitioning out of a traumatic situation.
Interpersonal Violence (IPV)/ Toxic Stress	IPV and Parenting Support Resources	Assistance with linkages to community-based social service and mental health agencies with IPV expertise.
Interpersonal Violence (IPV)/ Toxic Stress	IPV and Parenting Support Resources	Assistance with linking to high quality child care and after-school programs.
Interpersonal Violence (IPV)/ Toxic Stress	IPV and Parenting Support Resources	Assistance with linkages to programs that increase adults' capacity to participate in community engagement activities.
Interpersonal Violence (IPV)/ Toxic Stress	IPV and Parenting Support Resources	Providing navigational services focusing on identifying and improving existing factors posing a risk to the safety and health of victims transitioning out of traumatic situations (i.e., obtaining a new phone number, updating mailing addresses, securing immediate shelter and longer-term housing, school arrangements to minimize disruption of school schedule, connecting enrollees to medical-legal partnerships to address overlap between healthcare and legal needs).
Interpersonal Violence (IPV)/ Toxic Stress	Legal Assistance	Assistance with directing the enrollee to available legal services within the legal system for interpersonal violence related issues, such as securing a Domestic Violence Protection Order. This Pilot service does not include legal representation or payment for legal representation.
Interpersonal Violence (IPV)/ Toxic Stress	Child-Parent Support	Evidence-based parenting support programs (i.e., Triple P – Positive Parenting Program, the Incredible Years, and Circle of Security International).
Interpersonal Violence (IPV)/ Toxic Stress	Child-Parent Support	Evidence-based home visiting services by licensed practitioners to promote enhanced health outcomes, whole person care and community integration.
Interpersonal Violence (IPV)/ Toxic Stress	Child-Parent Support	Dyadic therapy treatment for children and adolescents at risk for or with an attachment disorder, or as a diagnostic tool to determine an attachment disorder.
Food	Food Support Services	Assist the enrollee with applications for SNAP and WIC

Food	Food Support Services	Assist the enrollee with identifying and accessing school based food programs
Food	Food Support Services	Assist the enrollee with locating and referring enrollees to food banks or community-based summer and after-school food programs
Food	Food Support Services	Nutrition counseling and education, including on healthy meal preparation
Food	Food Support Services	Providing funding for meal and food support from food banks or other community based food programs, including funding for the preparation, accessibility to, and food for medical condition specific "healthy food boxes," provided that such supports are not available through any other program. Meal and food support services must be provided according to the enrollee's care plan and must not constitute a "full nutritional regimen" (three meals per day per person).
Food	Meal Delivery Services	Providing funding for targeted nutritious food or meal delivery services for individuals with medical or medically-related special dietary needs provided such funding cannot be obtained through any other source. Meals provided as part of this service must be provided according to the enrollee's care plan and must not constitute a "full nutritional regimen" (3 meals per day, per person).
Transportation	Non-emergency health-related transportation	Transportation services to social services that promote community engagement.
Transportation	Non-emergency health-related transportation	Providing educational assistance in gaining access to public or mass transit, including access locations, Pilot services available via public transportation, and how to purchase transportation passes.
Transportation	Non-emergency health-related transportation	Providing payment for public transportation (i.e., bus passes or mass transit vouchers) to support the enrollee's ability to access Pilot services and other community-based and social services, in accordance with the individual's care plan.
Transportation	Non-emergency health-related transportation	Providing account credits for cost-effective private forms of transportation (taxi, ridesharing) in areas without access to public transit. Pilot transportation services must be offered in accordance with an enrollee's care plan, and transportation services will not replace non-emergency medical transportation as required under 42 CFR 431.53. Whenever possible, the enrollee will utilize family, neighbors, friends, or community agencies to provide transportation services.