STATE OF NORTH CAROLINA **Department of Health and Human Services** **Division of Health Benefits**	**REQUEST FOR INFORMATION NO. 30-190336** Healthy Opportunities Pilots
	Due Date/Time: March 15, 2019 / 2:00 PM ET
Refer ALL Inquiries to: **Deidra Jones** **Contract Specialist** **919-527-7236**	**Issue Date**: February 15, 2019
	Commodity: 948-07 – Health Administrative Services
E-Mail: Deidra.jones@dhhs.nc.gov	**Using Agency:** NC Department of Health and Human Services (Department), Division of Health Benefits (DHB)

This Healthy Opportunities Pilots Request for Information (RFI) is available electronically on the NC Interactive Purchasing System (IPS) at https://www.ips.state.nc.us/ips/.

The purpose of this RFI is to survey the market for information requested herein and not to award a contract. Submission of a response does not create an offer, and no award will result by submitting a response.

The State recognizes that considerable effort may be required in preparing a response to this RFI. However, the Respondent shall bear all costs for preparing and submitting a response. Information obtained through this RFI process may be used to develop a future solicitation.

Responses to this RFI will be received until **2:00 PM ET, March 15, 2019**.

EXECUTION

RESPONDENT NAME:	E-MAIL:	
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING:	FAX NUMBER:	
AUTHORIZED SIGNATURE:	DATE:	

TO SUBMIT A RESPONSE: It is the responsibility of the responding entity ("Respondent") to submit its response to this RFI via email Deidra.jones@dhhs.nc.gov by the specified date and time.

Responses should clearly note the RFI Number **30-190336** in the subject line of the email.

Section I. Respondent Questions and Instructions for Responding

A. Respondent Questions Concerning this RFI

1. Submit any questions concerning this RFI by email to the Contract Specialist listed on the page 1 of the RFI by **February 25, 2019 at 10:00 AM ET**. Insert "***Questions RFI* 30-190336**" as the subject of the email. The questions must be submitted in the format below, adding additional lines as needed.

	RFI Page Number(s)	RFI Question Reference	Respondent's Question
1		*(example: Section IV, Question B.5)*	
2			

2. The Department intends to prepare responses to written questions submitted by the specified deadline and post an addendum on IPS with the Department's responses by **March 4, 2019**.

B. Instructions for Developing Responses

1. Read and carefully review **all** Sections of this RFI. **Additional instructions are included in Section IV and should be reviewed prior to responding.**
2. Respondents are requested to prepare responses in a straightforward and detailed manner. Responses are to be submitted to the Department according to the instructions found on the cover page of the RFI and this Section I.
3. Respondents should complete the Execution section on Page 1 of the RFI and number the pages of its response.
4. When responding to this RFI, Respondents should clearly identify the specific question, section, and subsection number(s) or other identifiers that correspond with each response. This allows the Department to clearly understand the specific questions or items addressed. To the extent possible within each section of the response, the items should be addressed in the order in which they appear in the RFI.
5. While the Department encourages Respondents to respond to all questions and items within this RFI, there is no obligation to do so.
6. The Department reserves the right to contact any Respondent and request additional information. Therefore, include the contact information for the individual(s) best suited to engage with the Department.

C. Instructions for Submitting Responses

1. Respondent should email its response to this RFI to the address on Page 1 by the specified due date and time.
    a. **Respondents should include any Cost Report Worksheet excel files in the same email that transmits the Respondent's narrative RFI responses.**
2. When submitting a response, include all pages of the RFI, with the EXECUTION SECTION on Page 1 completed and signed and responses added for questions in Section IV.
3. The following copies are required to be provided to the Department in response to this RFI:
    a. One (1) electronic copy of the signed, complete response marked ***HOP RFI 30-190336-Name*** (**include Respondent name in the file name**).

b. One (1) electronic copy of the signed, complete response redacted in accordance with Chapter 132 of the North Carolina General Statutes (NCGS), the Public Records Act, marked ***HOP RFI 30-190336-Name-Redacted*** (**include Respondent name in the file name**). For the purposes of this RFI, redaction means to edit a document by obscuring or removing information that is considered confidential and proprietary by the Respondent and meets the definition of Confidential Information set forth in NCGS 132-1.2**.** Any information removed by the Respondent should be replaced with the word, "Redacted." If the response does not contain Confidential Information, Respondent should submit a signed statement to that effect marked ***HOP RFI 30-190336-Name-Redacted*.**

c. The electronic copies of the response must not be password protected.

Section II. Confidentiality, Rights and Obligations

A. Notice Regarding Confidentiality

1. As provided for in the North Carolina Administrative Code (NCAC), including but not limited to 01 NCAC 05B .0210, 09 NCAC 06B .0103 and 09 NCAC 06B .0302, all information and documentation relative to the development of a contractual document for a proposed procurement or contract shall be deemed confidential in nature, except as deemed necessary to develop a complete contractual document. In accordance with these and other applicable rules and statutes, such material shall remain confidential until the award of a contract or until the need for the procurement no longer exists. Any proprietary or confidential information, which conforms to exclusions from public records as provided by NCGS Chapter 132, **must be clearly marked as such and reflected in the redacted copy submitted as *HOP RFI 30-190336 - Name-Redacted*.** By submitting a redacted copy, the Respondent warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors that the portions marked confidential and redacted meet the requirements of NCGS 132. The Respondent must identify the legal grounds for asserting that the information is confidential, including the citation to state law.

2. Protection of Cost Information – Under State procurement rules and practices, vendors submitting offers, bids, quotes or proposals in response to competitive or other procurement solicitations are typically prohibited from designating cost information as confidential. However, since the purpose of this RFI is to survey the market for information and not to award a contract, Respondents should mark and redact any proprietary or confidential cost information which meets the requirements of NCGS 132-1.2.

3. The Department may serve as custodian of Respondent's confidential information and not as an arbiter of claims against Respondent's assertion of confidentiality. If an action is brought pursuant to NCGS 132-9 to compel the Department to disclose information marked confidential, the Department will promptly notify the Respondent in writing of any action seeking to compel the disclosure of Respondent's confidential information so that Respondent may intervene in the action. The Department shall have the right, at its option and expense, to participate in the defense of the action through its counsel. Failure by Respondent to intervene may result in the release of the information at issue in the action. The Department shall have no liability to Respondent with respect to the disclosure of Respondent's confidential information due to Respondent's failure to intervene in an action brought pursuant to NCGS 132-9 or as ordered by a court of competent authority pursuant to NCGS 132-9 or other applicable law.

4. Except as otherwise provided in this Section II.A., pursuant to NCGS 132-1, et seq., information or documents provided to the Department in response to this RFI are Public Record and subject to inspection, copy and release to the public unless exempt from disclosure by statute, including, but not

limited to, NCGS 132-1.2. Redacted copies provided by Respondents to the Department may be released in response to public record requests without notification to the Respondent.

B. Rights to Submitted Materials

All responses, inquiries or correspondence relating to or in reference to this RFI, and all documentation submitted by the various Respondents shall become the property of the Department when received. Ideas, approaches, and options presented by Respondents may be used in whole or in part by the State in developing a future solicitation should the Department decide to proceed with a solicitation. Further, combinations of ideas from various Respondents may also become part of a solicitation, based on consideration of various RFI submissions and the needs of the Department, which may differ from any Respondent's experience in other places.

C. Obligations of the State

The Department may choose to issue a solicitation for the procurement of a solution. However, this RFI is not a guarantee that a solicitation will be issued for any or all of the services or systems referenced herein, about which ideas and approaches are being sought. As provided in Section II.A of this RFI, information submitted by Respondents for this RFI will remain confidential until after the award of any solicitation or until the State decides not to issue a solicitation.

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Section III. Introduction

A. Background

North Carolina is transitioning its Medicaid and Health Choice care delivery programs (collectively, Medicaid) for most beneficiaries and services from a predominately Medicaid fee-for-service reimbursement model to a Medicaid managed care model, as directed by the North Carolina General Assembly in Session Law 2015-245[1] ("Medicaid Managed Care"). State law requires the North Carolina Department of Health and Human Services (the "Department"), through its Division of Health Benefits ("DHB"), to implement a Medicaid Managed Care program. Through Medicaid Managed Care, the Department seeks to advance integrated and high-value care, improve population health, engage and support providers, and establish a sustainable program with more predictable costs.

The Department is committed to improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health. The Healthy Opportunities Pilots ("Pilots") will play a central role in North Carolina's Medicaid Transformation efforts and will be embedded into Medicaid Managed Care. The Department will launch Healthy Opportunities Pilots in two to four geographic areas of the state to test evidence-based interventions designed to improve health and reduce costs by directly addressing housing instability, transportation insecurity, food insecurity, interpersonal violence and toxic stress for eligible Medicaid enrollees.

This is the first time North Carolina Medicaid will systematically pay for these types of services for a broad swath of the Medicaid population, necessitating the development of a novel infrastructure and a Pilot service Fee Schedule that is transparent, equitable, and sustainable for HSOs providing Pilot services, PHPs and the State. The Department seeks information from stakeholders and interested parties, particularly North Carolina's Human Services Organizations ("HSO") to inform the Fee Schedule, which will be based on the federally-approved services, listed in Appendix A. Many of the questions in this RFI solicit information on the nature of services HSOs provide, how HSOs define these services, and the cost of providing these services.

As required in North Carolina's 1115 waiver, the Department must submit a Fee Schedule to CMS by July 1, 2019 ("Fee Schedule"). The Department will work closely with CMS through the federal review and approval process. The Fee Schedule will include service definitions and pricing for approved Pilot services and PHPs, Lead Pilot Entities and HSOs will adhere to the Fee Schedule to participate in the Pilots.

Additional background and detail about the Healthy Opportunities Pilots, Medicaid Managed Care, and this RFI is provided in the paper entitled "North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders" (the "Paper"). Respondents to this RFI will need to read the Paper, which can be accessed at: https://files.nc.gov/ncdhhs/documents/Healthy-Opportunities-Pilot_Policy-Paper_2_15_19.pdf.

[1] Session Law 2015-245 has been amended by Session Law 2016-121; Section 11H.17.(a) of Session Law 2017-57, Part IV of Session Law 2017-186; Section 11H.10.(c) of Session Law 2018-5; Sections 4-6 of Session Law 2018-49; and Session Law 2018-48.

B. Purpose

The purpose of the Healthy Opportunities Pilots RFI is as follows:

1. Solicit feedback from potential Pilot partners and other interested stakeholders on considerations related to Pilot design and implementation, and
2. Obtain information which may be used to develop a Request for Proposal (RFP) to solicit Lead Pilot Entities, which are discussed in detail in the Paper.
3. Solicit service descriptions and cost data from HSOs to assist the Department in developing the Fee Schedule.

C. RFI Outline

The remainder of this RFI includes one section of questions and one section of appendices, organized as follows:

1. Section IV: Questions for Respondents
    a) Information about Respondent
    b) Questions on Roles and Responsibilities of Pilot Entities
        i. Lead Pilot Entities
        ii. Human Services Organizations
        iii. Care Managers
    c) Questions on Defining, Pricing, and Paying for Pilot Services
        i. Overview
        ii. Approved Pilot Services
        iii. Bundled Payment Design
        iv. Cost of Delivering Pilot Services (Qualitative)
        v. Cost of Delivering Pilot Services (Quantitative): Requires completion of Cost Report Exercise Worksheet ("Worksheet"), which can be accessed at: https://files.nc.gov/ncdhhs/documents/HSO-Cost-Report-Exercise---Healthy-Opportunities-Pilots-RFI-FINAL.XLS**.**
2. Section V. Appendices
    a) Appendix A: CMS Approved Pilot Services
    b) Appendix B: Sample Service Description Templates

D. Guidance for Respondents

1. **Anticipated Respondents**
    a) The Department welcomes and encourages feedback from all interested stakeholders, including:

i. Organizations that may participate in the Pilots as a Lead Pilot Entity or a provider of Pilot services. For example, respondents may include human services organizations, social service agencies, foundations, advocates, county-based agencies and departments, coalitions, associations, health clinics and health systems.

ii. Entities likely to provide direct care management services in the Medicaid managed care program and Pilots (e.g., advanced medical homes, local health departments, Tailored Plans[2]).

b) Human services organizations, social service agencies, and other entities that provide direct services are particularly encouraged to complete questions in the Defining, Pricing and Paying for Pilot Services section, which is critical to the development of the Fee Schedule.

2. Sections of Interest

Table 1: Sections of Interest for Respondents details parts of the RFI that may be of particular interest to specific types of organizations:

Table 1: Sections of Interest for Respondents

Organization Type	Sections of Key Interest (Section IV.B. of the RFI)
Organizations interested in participating as a Lead Pilot Entity	• Roles & Responsibilities: Lead Pilot Entities
Organizations considering participating as Human Services Organizations	• Roles & Responsibilities: Human Service Organizations • Defining, Pricing and Paying for Pilot Services
Advanced Medical Homes and Local Health Departments	• Roles & Responsibilities: Care Managers

[2] North Carolina will launch specialized managed care plans, called Tailored Plans starting in 2021. Tailored Plans are designed for individuals with significant behavioral health needs and intellectual/developmental disabilities (I/DD). Tailored Plans will also provide integrated physical health, long term social services, and pharmacy services, plus a more robust behavioral health and I/DD benefit package than the State's standard plans.

Section IV. Questions for Respondents

A. Information about Respondent

1. Legal name: _____

2. Type of organization (check all that apply):

☐ Human services
☐ Social service agency
☐ Foundation
☐ Advocacy group
☐ County-based agency or department
☐ Coalition or association
☐ Health clinic
☐ Health system
☐ Other: _____

3. List all Respondent's locations.

4. List the counties and communities where the Respondent provides services.

5. Revenue:

   a) Provide the Respondent's estimated annual budget from all revenue sources, using gross revenue.

   b) Provide the Respondent's source(s) and percentage(s) of the following revenue, based upon the annual budget:

      i. Federal funding (e.g. SAMHSA, USDA, HRSA, CMS)_____
      ii. State funding (e.g. grant dollars)_____
      iii. Private and philanthropic funding (e.g. foundation dollars, donations)_____

B. Roles and Responsibilities of Pilot Entities

Review the Paper and Appendix A, which lists the federally-approved Pilot services, prior to responding to the questions in this Section IV.B.

1. Lead Pilot Entities

Lead Pilot Entities are expected to have (a) experience directly providing relevant non-medical services or working closely with organizations that provide such services; (b) strong, longstanding relationships in the proposed Pilot geographic area with a variety of human service organizations; (c) expertise in providing services in a culturally competent manner; and (d) the commitment and expertise to strengthen the capacity of human service organizations to work effectively with healthcare systems and providers.

a) Describe how the Department could assess potential Lead Pilot Entities on the experience and competencies described above.

b) While Lead Pilot Entities may collaborate or partner with health systems and healthcare providers, the Department anticipates Lead Pilot Entities will be led by experienced and financially stable community-based or social service organizations.

   i. Given this expectation, what kinds of organizations or partnerships of organizations could successfully serve as Lead Pilot Entities?

   ii. If organizations or partnerships like these already exist, provide examples.

c) The Department's goal is for all Pilot services to be offered in all Pilot regions. What Pilot services are currently available to at least some individuals in the communities served by the Respondent?

d) A key role of Lead Pilot Entities is to strengthen the capacity of HSOs to deliver Pilot services and work with the health care system.

   i. What are the barriers to accessing Pilot services in the Respondent's community?

   ii. If Pilot services are not available, could existing organizations expand services in response to this opportunity?

   iii. What opportunities exist to address these barriers?

   iv. What resources or supports (e.g., funding, technical assistance) can Lead Pilot Entities provide to HSOs to increase their capacity?

e) What criteria should the Department use to determine whether a Lead Pilot Entity will be successful in performing the following required activities:

   i. Financial Management

   ii. Quality and Performance Oversight

   iii. Data Analysis and Data Exchange

f) What resources (e.g., training, funding for infrastructure) would provide the greatest assistance in establishing and building Lead Pilot Entity capacity? Detail specific resources, including information on estimated costs of each resource.

2. **Human Services Organizations ("HSO")**

a) Lead Pilot Entities will create a network of HSOs across their region to provide Pilot services to eligible individuals. On what criteria should HSOs be assessed to ensure they are qualified to serve in a Pilot network?

b) The State is collaborating with the Foundation for Health Leadership and Innovation to implement a statewide tool, NCCARE360, to serve as a platform to (i) directly connect patients to community resources, and (ii) track and monitor referrals. Is the Respondent onboarded or planning to onboard to NCCARE360? If not, why not?

c) Provide recommendations for fostering effective communication and coordination between HSOs and:

   i. A Medicaid care manager

   ii. A Lead Pilot Entity

d) For HSO Respondents, elaborate on how you evaluate your organization's performance, including which financial and quality metrics you use and how you collect data.

e) What capacity building activities will HSOs need to undertake (e.g. investment in data systems or software, expansion of staff, development of other infrastructure) to participate successfully in the Pilots?

   i. Describe the activities in as much detail as possible and provide information on the cost of such activities, to the extent that information is available.

f) Beyond funding, what resources (e.g., regional gatherings) will assist HSOs prepare for Pilot participation.

3. **Care Managers**

a) What support (e.g., training, coaching, written guidance, webinars) will care managers need to fulfill their Pilot-related responsibilities?

b) Describe issues that may arise specific to care manager responsibilities and the steps that may be taken to prevent or address those issues.

c) Describe additional resources that may be needed if Pilot activities are added to the care managers' current duties and responsibilities.

C. Defining, Pricing, and Paying for Pilot Services

Review the Defining and Pricing Pilot Services section in the Paper before responding to this Section IV.C.

The Department intends to use the responses from this section to assist in establishing the Fee Schedule. Because payment through a service-based Fee Schedule will differ from most human service organizations' current funding approaches, public input in the development process is strongly encouraged.

The questions below are organized into five sub-sections:

1. Overview
2. Approved Pilot Services
3. Bundled Payment Design
4. Cost of Delivering Pilot Services (Qualitative)
5. Cost of Delivering Pilot Services (Quantitative)

Subsections 1 through 4 seek information to assist the Department understand how HSOs currently deliver Pilot services or services similar to Pilot services. This information will assist the Department in defining Pilot services, including bundles of services. Questions in this section are intended for Respondents that directly deliver or are familiar with these services. Stakeholders that work with these organizations and have relevant information are welcome to comment.

Subsection 5 seeks quantitative cost information to assist the Department in understanding how much it currently costs to deliver the types of services to be offered through the Pilots. Subsection E must be completed using the "Human Service Organization Cost Report Exercise" workbook ("Workbook"). See Section

The Department strongly encourages HSOs and other stakeholders with relevant experience to respond to all subsections. Respondents should ensure that staff who are familiar with their organization's finances and approach to cost accounting complete or review this section.

1. Overview

a) Describe the Respondent's role in the provision of services related to housing, food, transportation, and interpersonal safety and toxic stress. For example, include:
   i. Whether the Respondent directly provides these services or collaborates with other organizations in the provision of services.
   ii. Specific populations served (e.g. individuals recently released from incarceration, those experiencing domestic violence, pregnant or parenting women, infants and young children, LGBTQ populations, elderly).

b) If applicable, how does the Respondent collaborate with healthcare providers and insurers as follows:

i. Does the Respondent invoice payors or other entities and receive reimbursement for services provided on a per unit cost basis? If yes, describe best practices related to these processes.

ii. If the Respondent does not participate in any contracts that reimburse on a per unit cost basis, does the Respondent have the capacity to do so? If not, what issues prevent the Respondent from doing so and what tools, resources, and strategies would address these issues?

c) How frequently would the Respondent request to be reimbursed for services (e.g. bi-monthly, monthly)?

2. Approved Pilot Services

a) Does the Respondent currently provide any of the services listed in Appendix A?

i. If yes, identify the services the Respondent provides by referencing the service number, as listed in Appendix A (e.g. H1, F4).

ii. For the services identified in 2.a.i., identify whether the Respondent receives reimbursement from:

    i. Medicaid; and/or

    ii. Private insurers; and/or

    iii. Any other sources of Federal or State funding

iii. Explain the payment arrangements (e.g. fee-for-service based on a per unit cost, grant, bundled payment[3]), and include current fee schedules as an appendix to your response or provide a link to online information, if available.

b) Using Appendix A, complete Exhibit #1: Service Description Template ("Template") based upon the Respondent's current services as follows:
   i. The Department encourages Respondents to complete the Template for at least one to three **priority** services, using one Template per service or bundle of services.[4]
   ii. Two sample service description templates are provided in Appendix B for reference.

Exhibit #1: Service Description Template:

Category	**Response**
I. Current Operations *Based on the organization's current state, provide responses to the following questions.*	
Service Name	
Select Pilot Service(s) from Appendix A that best align(s) with the named service. *(Include one or more services from Appendix A, depending on how the Respondent provides currently provides services)*	

[3] A bundled payment is a rate set prior to care delivery for an estimated bundle of complementary services that may be delivered in a variety of ways depending on beneficiary needs. For more information, refer to the *"North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders" Paper*.

[4] For organizations completing the Cost Report Exercise under this section, refer to the service(s) you describe in this question in the Cost Report Exercise.

Service Description *(Describe the core activities and/or goods included in this service. Reference established, standardized protocols if available)*	
Cost Elements *(List the core cost components to provide this service, which may include direct and indirect costs)*	
Frequency *(Describe how often the service is provided (e.g., daily, weekly, monthly, as needed))*	
Duration *(Describe the average duration of the service (e.g., six (6) weeks, six (6) months))*	

Setting *(e.g., in-person, telephonic)*	
Target Population & Eligibility Standards *(Complete any applicable details for the population receiving the service)*	• *Age Group:* • *Target Population (e.g. Veterans, Elderly, LGBTQ, etc.):* • *Target Physical/Behavioral Health Condition (e.g. Cardiovascular disease, Substance Use Disorder, etc.):* • *Other Eligibility Standards (e.g., enrollee readiness, restrictions, etc.):*
Service Provider Qualifications *(e.g., minimum credential, training or licensing expectations)*	
Staffing Ratios *(Reference a normal panel size or staffing ratio for this service, if applicable)*	
OPTIONAL: Evidence Base *(Cite research on the effectiveness of your intervention, if available, especially related to healthcare outcomes)*	
OPTIONAL: Existing Billing Code(s) *(Provide any applicable HCPCS or other billing code routinely used with the service for the purpose of reimbursement)*	

II. Future State *To complete the following questions, consider how you would suggest this service be defined and paid for if it were incorporated into the Pilot service Fee Schedule.*	
Preferred Unit of Service *(e.g., 15-minute session, one (1) delivered meal one (1) per diem)*	
Preferred Payment Approach *(e.g., one-time payment for a service delivered, monthly payment per person receiving a bundle of services, one-time payment per visit)*	

c) Are there services in Appendix A the Respondent does not currently provide but wishes to provide? If yes, which services?

i. What is needed to expand the Respondent's capacity to provide these additional services?

ii. How, if at all, does the Respondent currently collaborate with other organizations to provide additional services to meet the needs of the individuals and families currently served?

d) Does the Respondent provide different levels of service for individuals and families based on anticipated severity or complexity of need?

i. If so, how does it assess individuals and families to determine which services to offer?

ii. Has the Respondent developed, whether formally or informally, standardized tiers of services reflecting typical levels of severity or complexity of need?

e) Provide any other, applicable information not already captured in the Template.

3. Bundled Payment Design

a) Does the Respondent currently receive bundled payments[5] for providing services, or a payment that is similar to a bundled payment? If yes, describe the services, the payment structure, and the payment rates, to the extent possible.

[5] A bundled payment is a rate set prior to care delivery for an estimated bundle of complementary services that may be delivered in a variety of ways depending on beneficiary needs. For more information, refer to *the "North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders" Paper*.

b) Considering the services in Appendix A:

i. Which services, if any, could be naturally bundled together?

1. Why would these services be bundled?
2. What issues would be addressed by bundling these services?
3. How frequently should the service provider be reimbursed for these bundled services (e.g. lump-sum bi-monthly, monthly)?

ii. How should the Department price this (these) bundle(s), and what considerations should be taken into account?

iii. How long should the bundled services be provided before requiring reauthorization?

c) Does the Respondent have specific concerns with bundled payments?

d) Does the Respondent anticipate financial risk with bundled payments? Explain.

4. Cost of Delivering Pilot Services (Qualitative)

a) What are the predominant local market conditions affecting the cost of providing Pilot services (e.g., local wages, lease/building rental costs, travel distances, availability of resources in community, etc.)?

b) Describe the staff needed to participate in the Pilots. For example, the required skills, experience, education, and expertise.

i. Considering these needs would this require the organization to hire:

1. Additional staff?
2. Staff with different qualifications?

ii. How would these needs vary for different services?

iii. To what extent could the organization satisfy its staffing needs with volunteers versus paid individuals?

c) How does the organization calculate and report indirect costs for its current programs?

i. Does this approach vary for different funders (e.g. federal grants, state grants, private or philanthropic grants or contracts)?

5. Cost of Delivering Pilot Services (Quantitative)

a) **See page 6, Section III. Introduction C. 1 . c) v. for the link to the Worksheet. A separate Worksheet should be completed for each service or bundle of services**.

b) The Worksheet is designed to enable organizations to translate current program costs into a format that assists the Department to (a) identify the major costs drivers for particular services, and (b) estimate a "cost per unit" for each service.[6] Based on the organization's input, the Worksheet calculates a cost per unit based on totaling the following costs: direct variable costs, direct fixed costs, and indirect fixed costs. The Department will evaluate this data to assist in the development of the Pilot Fee Schedule. Information provided is critical to this exercise, but respondents should not expect the Fee Schedule will match the data provided.

c) Worksheet Instructions & Structure:

i. The Respondent is to complete the Worksheet for any service for which the Respondent can provide relevant information but, at minimum, for each of the services described in Section C.2.b.

ii. Each Worksheet must be accompanied by an associated Service Description Template (see Section C.2.b.).

iii. It will take an organization approximately thirty (30) minutes to one (1) hour to complete a Worksheet.

d) The Worksheet contains the following:

i. Instructions/Reference: These tabs provide detailed instructions, background definitions, and an example of how to complete the Worksheet based on a medically tailored meal intervention.

ii. Input Tabs: Organizations will input information in four separate tabs. Input cells are highlighted in bright yellow. Cells that do not require input or will auto-populate are locked and cannot be edited. The four data entry tabs will ask for information on the following categories:

1. Service Definition
2. Direct Variable Costs
3. Direct Fixed Costs
4. Indirect Fixed Costs

[6] The Department acknowledges The SCAN Foundation for providing free resources for community-based organizations to assist in efforts to accurately price services. The Department leveraged the resources created by The SCAN Foundation in developing this Worksheet.

c) Output Sheet: The “Cost Per Unit” sheet auto-calculates a cost per unit for your given service based on data entered into the Input Sheets.

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Appendix A: Federally Approved Pilot Services

Service Sub-Category	Service #	Enhanced Case Management Services
Housing		
Housing and Tenancy Supports	H1	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
	H2	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.
	H3	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.
	H4	Assisting the individual with housing application and selection process, including filling out housing applications and obtaining and submitting appropriate documentation
	H5	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
	H6	Developing a crisis plan, which must identify prevention and early intervention services if housing is jeopardized
	H7	Participating in the person-centered plan meetings to assist the individual in determination or with revisions to housing support plan
	H8	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
	H9	Assisting the individual to complete reasonable accommodation requests as needed to obtain housing
	H10	Supporting individuals in the development of independent living skills, such as skills coaching, financial counseling and anger management
	H11	Connecting the individual to education and training on tenants' and landlords'

		role, rights, and responsibilities
	H12	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
	H13	Assessing potential health risks to ensure living environment is not adversely affecting occupants' health
	H14	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.
	H15	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 Quality and Safety Improvement Services	H16	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.
	H17	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.
Legal Assistance	H18	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.
Securing House	H19	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

Payments		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.
Short-Term Post-Hospitalization	H20	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.
Food		
Food Support Services	F1	Assist the enrollee with applications for SNAP and WIC
	F2	Assist the enrollee with identifying and accessing school-based food programs
	F3	Assist the enrollee with locating and referring enrollees to food banks or community-based summer and after-school food programs
	F4	Nutrition counseling and education, including on healthy meal preparation
	F5	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).
Meal Delivery Services	F6	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	T1	Transportation services to social services that promote community engagement.
	T2	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.
	T3	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.
	T4	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.
Interpersonal Violence (IPV)/Toxic Stress		
Interpersonal Violence-Related Transportation	I1	Transportation services to/from IPV service providers for enrollees transitioning out of a traumatic situation.
IPV and Parenting Support Resources	I2	Assistance with linkages to community-based social service and mental health agencies with IPV expertise.
	I3	Assistance with linking to high quality child care and after-school programs.
	I4	Assistance with linkages to programs that increase adults' capacity to participate in community engagement activities.
	I5	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).
Legal Assistance	I6	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.
Child-Parent Support	I7	Evidence-based parenting support programs (i.e., Triple P – Positive Parenting Program, the Incredible Years, and Circle of Security International).
	I8	Evidence-based home visiting services by licensed practitioners to promote enhanced health outcomes, whole person care and community integration.

	I9	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.

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Appendix B: Sample Template

The following templates provide illustrative examples for Respondents to refer to when completing the Service Description Template. These are examples only and should not be considered final Pilot service definitions.

Sample HSO Completion of Service Description Template #1: Medically Tailored Meal Delivery Example

Category	Response
I. Current Operations *Based on the organization's current state, provide responses to the following questions.*	
Service Name	Medically Tailored Home Delivered Meals
Select Pilot Service(s) from Appendix A that best align(s) with the named service. *(Include one or more services from Appendix A, depending on how the Respondent provides currently provides services)*	F6
Service Description *(Describe the core activities and/or goods included in this service. Reference established, standardized protocols if available)*	Medically Tailored Meals are meals designed and approved by a Registered Dietitian Nutritionist (RDN) based on a standardized nutritional assessment and a client's needs based on their health conditions and are delivered to a client's home. Medically Tailored Meals include: • Initial intake with an RDN to assess a client's nutritional needs and prescribe a meal plan customized to a client's health condition, medications, and cultural and religious requirements and preferences • Follow-up illness-specific nutrition education and counseling as needed with clients, their families, and care providers • Preparation and delivery of a medically tailored meal RDNs use the standardized Nutrition Care Process[7], which is a systematic, evidence-based approach to providing high-quality nutrition care and includes four steps:

[7] More information on the Nutrition Care Process can be found on the Academy of Nutrition and Dietetics website at https://www.eatrightpro.org/practice/practice-resources/nutrition-care-process.

	• Nutrition assessment • Nutrition diagnosis, including the problem, etiology, signs and symptoms (PES) statement • Nutrition intervention • Nutrition monitoring and evaluation
Cost Elements *(List the core cost components to provide this service, which may include direct and indirect costs)*	The service includes: • RDN staff time (for intake, counseling, and administration) • Staff time for food preparation • Staff time for delivery • Transportation (vehicle and fuel) • Meal ingredients • Packaging materials • Rent and utilities for meal preparation facility • Staff time for program management
Frequency *(Describe how often the service is provided (e.g., daily, weekly, monthly, as needed))*	Up to two meals delivered per day, depending on client need
Duration *(Describe the average duration of the service (e.g., six (6) weeks, six (6) months))*	Service is provided continuously until a case manager has determined an individual can perform shopping and meal preparation activities independently. Medically Tailored Meal services may range from four months to one year, or longer, depending on the client's circumstances and nutritional needs.
Setting *(e.g., in-person, telephonic)*	• Off-site preparation of meal • In-person nutrition assessment by RDN (telephonic assessment optional if client has significant mobility limitations) • In-person delivery of meal to client's home
Target Population & Eligibility Standards *(Complete any applicable details for the population receiving the service)*	• *Age Group:* Adults • *Target Population (e.g. Veterans, Elderly, LGBTQ, etc.):* N/A • *Target Physical/Behavioral Health Condition (e.g. Cardiovascular disease, Substance Use Disorder, etc.):* Chronic or acute conditions, including diabetes, renal disease, liver disease, chronic cardiovascular disease, cancer, Multiple Sclerosis, Parkinson's, and amyotrophic lateral sclerosis (ALS)

	• *Other Eligibility Standards (e.g., enrollee readiness, restrictions, etc.):* ○ Assessment by RDN of need for meal preparation support based on individual's capabilities in the home, disease status, mobility, current nutrition practices, and access to food
Service Provider Qualifications *(e.g., minimum credential, training or licensing expectations)*	• Registered Dietician Nutritionists (RDNs) – Commission on Dietetic Registration • Executive Chef – Culinary Degree; Food Safety Training and Certificate • Kitchen Staff – Food Safety Training and Certificate • Delivery Services, Meal Packaging Staff and Volunteers who handle food – Training in Food Safety provided by our staff
Staffing Ratios *(Reference a normal panel size or staffing ratio for this service, if applicable)*	Organization has capacity to deliver two-thousand (2,000) meals per day
OPTIONAL: Evidence Base *(Cite research on the effectiveness of your intervention, if available, especially related to healthcare outcomes)*	S. Berkowitz et al. "Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries." Health Affairs, April 2018.
OPTIONAL: Existing Billing Code(s) *(Provide any applicable HCPCS or other billing code routinely used with the service for the purpose of reimbursement)*	HCPCS Code S5170 – Home-delivered meals, including preparation; per meal
II. Future State *To complete the following questions, consider how you would suggest this service be defined and paid for if it were incorporated into the Pilot service Fee Schedule.*	
Preferred Unit of Service *(e.g., 15-minute session; one (1) one delivered meal; one (1) per diem)*	One home delivered medically tailored meal
Preferred Payment Approach *(e.g., one-time payment for a service*	One-time payment per meal delivered (i.e., costs of intake, assessment, meal prep, and delivery embedded in unit cost of

delivered, monthly payment per person receiving a bundle of services, one-time payment per visit)	each meal)

Sample HSO Completion of Service Description Template #2: Housing Example

Category	Response
I. Current Operations *Based on the organization's current state, provide responses to the following questions.*	
Service Name	Housing Navigation and Case Management / Stabilization Services
Select Pilot Service(s) from Appendix A that best align(s) with the named service. *(Include one or more services from Appendix A, depending on how the Respondent provides currently provides services)*	H1, H3, H4, H5, H6, H7, H8, H9, H13, H14
Service Description *(Describe the core activities and/or goods included in this service. Reference established, standardized protocols if available)*	Housing Navigation and Stabilization is a bundled service that is designed to assist an individual or family experiencing homelessness to find and maintain stable housing. The services listed below are thought of as tools in a "toolkit" that can be flexibly deployed to achieve individual client goals; most clients receiving this bundle will use some, but not all, component services. Activities in this service bundle include: **Housing Navigation Assistance** • Identify and select a rental property based on a household's unique needs (e.g. accessible units), preferences, and financial resources. • Address issues that may impede a household's access to housing (such as credit history, arrears, or the need for a reasonable accommodation request). • Help individuals and families negotiate manageable and appropriate lease agreements with landlords. • Help assess potential housing for health and safety risks prior to move-in. **Housing Stabilization Services** • Assist participants in developing and maintaining a housing support plan and crisis plan to support efforts of sustaining stable housing. • Monitor participants' housing stability and be available to

	resolve crises, such as by conducting home visits and communicating with landlords to resolve disputes should they arise. • Provide or assist the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. This includes ensuring that the household has access to resources related to benefits, employment and community-based services so that they can sustain rent payments independently when rental assistance ends.
Cost Elements *(List the core cost components to provide this service, which may include direct and indirect costs)*	This service includes: • Staff-time for time with client and case management • Staff-time for program management • Office rent and utilities • Transit for case managers (mileage reimbursement)
Frequency *(Describe how often the service is provided (e.g., daily, weekly, monthly, as needed))*	• Daily communication for intensive short-term period focused on housing navigation, on average for one (1) week • Weekly meetings, either in person or telephonic, for on average two (2) to three (3) months, after housing has been secured • Ad-hoc follow-up sessions for two (2) to three (3) additional months • Ad-hoc administrative work away from client as needed depending on client needs
Duration *(Describe the average duration of the service (e.g., six (6) weeks, six (6) months))*	Average duration of service to achieve housing stabilization is four (4) to six (6) months, but may extend to up to eighteen (18) months; exact duration depends on enrollee needs and housing availability in enrollee's region
Setting *(e.g., in-person, telephonic)*	• Sessions with clients are often in-person in the early weeks of interaction with an enrollee, either in our office or in a community-based location • Sessions transition to telephonic interactions as an enrollee's situation begins to stabilize • Some early meetings occur at potential housing sites while assessing permanent housing options • Additional administrative work is conducted at the office without the enrollee present (e.g. completing applications,

	conversations with landlords on clients' behalf, etc.)

Target Population & Eligibility Standards
(Complete any applicable details for the population receiving the service)
	• *Age Group:* All ages
	• *Target Population (e.g. Veterans, Elderly, LGBTQ, etc.):* Currently experiencing homelessness
	• *Target Physical/Behavioral Health Condition (e.g. Cardiovascular disease, Substance Use Disorder, etc.):* N/A
	• *Other Eligibility Standards (e.g., enrollee readiness, restrictions, etc.):*
	  ○ Willing to participate in hour-long intake session and collaborative efforts to pursue stable housing
	  ○ Not currently receiving duplicative financial or care management support
	  ○ The majority of households experiencing homelessness are good candidates for these housing services; however, households that are not good candidates for these housing interventions include those that: can exit homelessness with little or no assistance, experience chronic homelessness and need permanent supportive housing, are seeking a therapeutic residential environment, including those in treatment for a substance use disorder.

Service Provider Qualifications *(e.g., minimum credential, training or licensing expectations)*	Housing-related services are either provided by a staff member with the following qualifications: • **Education (typical):** Bachelor's degree in a human/social services field; may also be an associate degree in a relevant field, with field experience • **Experience (typical):** One (1) year case management experience, or bachelor's degree in a related field and field experience
Staffing Ratios *(Reference a normal panel size or staffing ratio for this service, if applicable)*	Average case load is twenty (20) enrollees per case manager
OPTIONAL: Evidence Base *(Cite research on the effectiveness of your intervention, if available, especially related to healthcare outcomes)*	N/A

OPTIONAL: Existing Billing Code(s) *(Provide any applicable HCPCS or other billing code routinely used with the service for the purpose of reimbursement)*	N/A
II. Future State *To complete the following questions, consider how you would suggest this service be defined and paid for if it were incorporated into the Pilot service Fee Schedule.*	
Preferred Unit of Service *(e.g., 15-minute session; one (1) delivered meal; one (1) per diem)*	One (1) payment per diem
Preferred Payment Approach *(e.g., one-time payment for a service delivered, monthly payment per person receiving a bundle of services, one-time payment per visit)*	• Reimbursement of single payment for each day that a case manager conducts more than thirty (30) minutes of work on an individual's case (whether in person, telephonically, or performing administrative functions) • Services should be authorized for a minimum of six (6) months before reassessment is required

Solicitation Addendum

Solicitation Number:	30-190336
Solicitation Description:	Healthy Opportunities Pilots Request for Information (RFI)
Solicitation Opening Date and Time:	March 15, 2019 at 2:00 PM ET
Addendum Number:	1
Addendum Date:	March 4, 2019
Purpose of Addendum:	Department Response to Questions and Revisions to the RFI
Contract Contact:	Deidra C. Jones, Contract Specialist Deidra.jones@dhhs.nc.gov | (919) 527-7236

Instructions:

1. CAREFULLY READ, REVIEW AND RETURN ONE COPY OF THIS ADDENDUM WITH RESPONSE TO RFI BY THE OPENING DATE/TIME LISTED ABOVE
2. REVIEW SECTION I FOR RESPONSES TO QUESTIONS RECEIVED.
3. REVIEW SECTION II FOR REVISIONS TO THE RFI.

Section I: Department's Responses to Questions Received as Provided in Section I.A of the RFI:

Question #	Citation	Vendor Question	The State's Response
1	General	It seems that the RFI was released only in a non-fillable PDF format. How exactly are we supposed to submit information?	Organizations may request a fillable PDF version of the Healthy Opportunities Pilot RFI by emailing Deidra Jones at Deidra.Jones@dhhs.nc.gov. Organizations seeking to submit multiple service description templates can also request a standalone fillable PDF of the service description template and may submit as many services as preferred. If respondents create their own document to respond to the RFI, they should follow the instructions in Section I.B and I.C on pages 2 and 3 of the RFI. As noted in the RFI, it is the responsibility of the responding entity to submit its response to

			this RFI via email to Deidra.Jones@dhhs.nc.gov by March 15, 2019 at 2:00 PM ET. Responses should clearly note the RFI Number 30-190336 in the subject line of the email.
2	General	Is it possible to get a Word Doc. version of the RFI?	The Department will not distribute a Word version of the Healthy Opportunities RFI. However, organizations may request a fillable PDF version of the RFI by emailing Deidra Jones at Deidra.Jones@dhhs.nc.gov. Organizations seeking to submit multiple service description templates can also request a standalone fillable PDF of the service description template and may submit as many services as preferred.
3	Page 2, Section I.C.2	Are respondents expected to insert their responses into the PDF entitled "30-190336_DHB," or should respondents copy the tables and questions into a new document in order to add their responses? If respondents are expected to copy the tables and questions into a new document, what is intended by the instruction "Include all pages of the RFI" on page 2? Does this mean that the introductory and instructional content in the original PDF should be included along with the respondent's additions?	Organizations may request a fillable PDF version of the Healthy Opportunities Pilot RFI by emailing Deidra Jones at Deidra.Jones@dhhs.nc.gov. Organizations seeking to submit multiple service description templates can also request a standalone fillable PDF of the service description template and may submit as many services as preferred. If respondents create their own document to respond to the RFI, they should follow the instructions in Sections I.B and I.C on pages 2 and 3 of the RFI and include the execution page and Sections I-III of the RFI along with responses.
4	Page 6, Section III.C.1.c). v.	The Cost Report Exercise Worksheet provided via the RFI is password protected and read-only. This prevents entry of data into the highlighted fields. Is there a non-protected version available?	When the spreadsheet first opens, there will be a bar at the top of the document that reads, "Protected View," with an option to click "Enable Editing." Once you click "Enable Editing," you will be able to enter data into the cells highlighted in yellow on the four designated data entry tabs. The remainder of the Excel document is locked and password protected to ensure respondents do not change or fill in additional cells beyond those data entry cells.
5	General	When will we find out which prepaid health plan we will be working with if awarded?	All prepaid health plans (PHPs) must contract with a lead pilot entity (LPE) if the LPE is located in a region that the PHP serves. Four PHPs are operating statewide, so LPEs will contract with at least 4 PHPs. One PHP is operating in regions 3 and 5 only, so LPEs located in regions 3 and 5 will be contracting with 5 PHPs. You can find a list of the PHPs and geographic regions in the fact sheet, "NC Medicaid Managed Care Prepaid Health Plan Contract Awards."
6	General	Will each plan use the same criteria for eligibility? Do they have a form, or should we be drafting one?	All Pilots will use the same criteria for eligibility. The Department will develop a standardized tool and guidance for prepaid

			health plans (PHPs) and care managers to use to assess whether an individual qualifies for Pilot enrollment. To qualify for enrollment in the Pilots, a Medicaid enrollee must be enrolled in a PHP in North Carolina's Medicaid managed care program and meet at least one State-defined physical or behavioral health criteria and at least one State-defined social risk factor.
7	General	Is there an existing list of the "range of process and outcome-based benchmarks "? If no, how much latitude we have two craft this or something already in process somewhere?	Payments to prepaid health plans (PHPs) and Lead Pilot Entities (LPEs) for Pilot services will increasingly be linked to operational ability, enrollees' health outcomes, and health care costs through various value-based payment arrangements over the course of the demonstration. The key process and outcome-based metrics tied to value-based payment arrangements will evolve over the course of the demonstration. Appendix E of the policy paper, "North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders" provides example metrics that may support value-based payments for LPEs and PHPs. The Department will develop the final list of metrics, supported by stakeholder feedback.
8	General	Is there an existing vision to define "positive impact" on health outcomes and health care cost?	Evaluation of the Pilots is intended to assess the effectiveness of the program in addressing social risk factors, improving health outcomes, supporting appropriate health care utilization, and reducing health care costs. Evaluation of the Pilots' impact on health care utilization will be completed with the understanding that increasing use of recommended health care such as preventive care, prenatal care, and wellness visits is a desirable outcome and that reducing preventable emergency department visits and inpatient hospitalization are also desirable outcomes.
9	General	Is the minimum share of pilot funds for each domain already identified?	No. The Department will establish parameters for the use of Pilot funds in each of the four domains of non-medical need across populations as part of the Lead Pilot Entity procurement process.
10	General	Is there a list of the Tier 3 AMH's?	DHHS and PHPs will have a list of all Tier 3 AMHs by managed care launch.
11	General	If an HSO is under performing, can the LPE terminate the agreement?	If a Lead Pilot Entity (LPE) assesses that a Human Service Organization (HSO) is underperforming, the LPE must provide technical assistance and the opportunity to improve performance. HSOs will be required to undertake corrective actions, as necessary and required by the LPE, to ensure continued compliance with Pilot requirements and continued Pilot participation. If performance does not improve sufficiently to meet contracting standards, the LPE may terminate

			the HSO contract.
12	General	Can the LPE so be an HSO and or a care management entity?	Yes. Care management entities and Human Service Organizations (HSOs) are not precluded from applying to become a Lead Pilot Entity (LPE). In the case of an LPE that also provides Pilot services as an HSO, the LPE will be expected to manage a diverse network of multiple HSOs to ensure adequate access to services for Pilot enrollees. That is, an LPE cannot propose to include only (or primarily) its own organization as its network.
13	General	I am wondering why civil legal assistance is precluded as a social service that is to be funded under the Health Opportunities Pilots. Is this a federal limitation? If this is a federal limitation for the Health Opportunities Pilots, might DHHS consider asking the General Assembly to allocate funding to the non-profit legal aid programs to bolster the effectiveness of the Health Opportunities Pilots?	The Pilot services are in the four core, priority domains (housing, food, transportation and interpersonal violence/toxic stress), and those are the domains for which the Department negotiated and received federal approval from the Centers for Medicare and Medicaid Services. The Department does not have federal authorization to use federal Medicaid funding for non-approved services under the terms of North Carolina's Medicaid 1115 waiver. The Department is considering opportunities to couple philanthropy or private funds with Medicaid funding for other services for which there is an evidence base linking them to improved health outcomes outside of the approved services.
14	General	Can you direct me to the location of this slide deck on the site or send me a copy?	https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots
15	General	Can an LTE, a County Health Department, also be an HSO?	Neither county health departments nor Human Service Organizations (HSOs) are precluded from applying to become Lead Pilot Entities (LPEs); however, the geographic area served by a Pilot must consist of at least two contiguous counties. A partnership of organizations may form an LPE to promote cross-county relationships. In this case, the Department expects there to be a single point of accountability for contracting purposes and for all interactions with the Department. HSOs may serve as both the LPE and an HSO. In the case of an LPE that also provides Pilot services as an HSO, the LPE will be expected to manage a diverse network of multiple HSOs to ensure adequate access to services for Pilot enrollees. That is, an LPE cannot propose to include only (or primarily) its own organization as its network.

16	Page 9	Page 9 identifies all PHP's will be required to participate: Is there definition defined in their contract beyond the collaboration meeting events prior authorization and financial payment described in the document?	Prepaid health plans (PHPs) are contracted to participate in the Healthy Opportunities Pilots in several ways, including oversight of care management, authorization of member enrollment into the pilot and the delivery of pilot services, management of total pilot funding, and reporting on a range of metrics. Details of these requirements can be found in the Request for Proposal for Medicaid Managed Care Prepaid Health Plans, Addendum 1 – Scope of Services, beginning on page 143. The Department plans to provide additional guidance to PHPs regarding their pilot obligations.
17	Page 12, Appendix C	On the approved evidence-based practices… Where is that listed? Is it all SAMHSA approved or a sublist?	Appendix C of the policy paper, "North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders" lists all of the federally-approved Pilot services. The Department does not have federal authority to use federal Medicaid funding for non-approved services. The Department will develop a fee schedule, supported by stakeholder feedback, that includes service definitions and pricing for approved Pilot services listed in Appendix C.
18	Page 13	Page 13 identifies pilot service definition, Service rates, and criteria for service access… where these are in writing?	The Department will develop a fee schedule, supported by stakeholder feedback, that includes service definitions and pricing for approved Pilot services listed in Appendix C of the policy paper, "North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders."
19	Page 14	Page 14 indicates when the HSO starts providing services the LPE will reimburse and then in turn secure payment from the PHP…goes to LPE funding, was this described in deep dive webinar?	When a Human Service Organization (HSO) delivers an authorized Pilot service to a Pilot enrollee, it will invoice the Lead Pilot Entity (LPE). The LPE will reimburse the HSO. LPEs will receive funding from prepaid health plans (PHPs). The funding flow was not further described in either of the two webinars the Department facilitated on February 20, 2019 or February 22, 2019.
20	Page 16	Is the whole person approach with the four areas on page 16 defined in a trainable way or can the LPE build that?	The Department will develop guidelines for care managers who serve Pilot enrollees to ensure they address needs across all four healthy opportunities domains (housing, food, transportation, and interpersonal violence/toxic stress). A Lead Pilot Entity (LPE)'s network of Human Service Organizations (HSOs) must cover all four domains. HSOs that serve Pilot enrollees will need to be deemed qualified to participate by the LPE and enter into a contract with the LPE.

21	Page 16	Do you know if the plans have a preference on the care management entities (themselves? Health apartment? AMH? Page 16 references "limited exceptions" can we get the exception criteria?	The Department has specified when prepaid health plans (PHPs), Advanced Medical Homes (AMHs), and Local Health Departments (LHDs) must provide care management. PHPs are responsible for providing care management to Medicaid members whose AMH is designated as Tier 1 or Tier 2. For members whose AMH is designated as Tier 3, the AMH will provide care management. LHDs will provide care management to members in the Care Management for At-Risk Children and Care Management for High-Risk Pregnancy programs. As mentioned, there are limited exceptions to this policy. PHPs can designate care management responsibility to another care management entity or clinically integrated network. Additionally, PHPs are not required to contract with AMH practices if they cannot agree on rates. PHPs may also assess AMH tiers differently than the Department. For example, PHPs are not required to contract with a Department-designated Tier 3 practice as a Tier 3 AMH if the PHP determines that the practice is not capable of performing all the required functions to be considered a Tier 3 AMH. Lastly, LHDs have the right of first refusal to provide care management. However, if one LHD does not have the capacity to provide care management, then a neighboring LHD could provide care management instead.

Section II: Revisions to the RFI:

Section I.C of the RFI is revised and restated in its entirety as follows:

C. Instructions for Submitting Responses

1. Respondent should email its response to this RFI to the address on Page 1 by the specified due date and time.

    a. **Respondent should include any Cost Report Worksheet excel files in the same email that transmits the Respondent's narrative RFI responses.**

2. When submitting a response, include all pages of the RFI, with the EXECUTION SECTION on Page 1 completed and signed and responses added for questions in Section IV.

3. Alternatively, Respondents may request a fillable PDF version of the Healthy Opportunities Pilot RFI by emailing Deidra Jones at Deidra.Jones@dhhs.nc.gov.

4. Respondents seeking to submit multiple service description templates can also request a standalone fillable PDF of the service description template from Deidra Jones at Deidra.Jones@dhhs.nc.gov and may submit as many services as preferred.

5. The following copies of Respondent's narrative response are required to be provided to the Department in response to this RFI:

    a. One (1) electronic copy of the signed, complete response marked ***HOP RFI 30-190336-Name*** (**include Respondent name in the file name**).

    b. A Respondent with multiple service description templates, should submit completed responses marked ***HOP RFI 30-190336-Name-1*** for the 1st service description template, ***HOP RFI 30-190336-Name-2*** for the 2nd service description template, etc.

    c. One (1) electronic copy of the signed, complete response redacted in accordance with Chapter 132 of the North Carolina General Statutes (NCGS), the Public Records Act, marked ***HOP RFI 30-190336- Name-Redacted*** (**include Respondent name in the file name**). For the purposes of this RFI, redaction means to edit a document by obscuring or removing information that is considered confidential and proprietary by the Respondent and meets the definition of Confidential Information set forth in NCGS 132-1.2**.** Any information removed by the Respondent should be replaced with the word, "Redacted." If the response does not contain Confidential Information, Respondent should submit a signed statement to that effect marked ***HOP RFI 30-190336-Name-Redacted*****.**

6. Copies of Respondent's Cost Report Worksheet excel files should be submitted in the native excel format and in accordance with the instructions provided in the Cost Report Worksheet.

7. **The electronic copies of the narrative and cost responses must not be password protected.**