Healthy Opportunities Pilots Webinar: Focus on Human Services Organizations

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Agenda for Today

- Introductions
- Overview of North Carolina’s Medicaid Transformation
- Overview of the Healthy Opportunities Pilots
- Deeper Dive: Pilot Roles and Responsibilities of HSOs
- Overview of Pilot Funding to Support HSOs
- Next Steps for Interested HSOs
- Q&A
Today’s Presenters

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Overview of North Carolina’s Medicaid Transformation
Overview of North Carolina’s Transition from Fee-For-Service to Medicaid Managed Care

North Carolina has recently begun its transition from fee-for-service Medicaid to Medicaid managed care*

North Carolina has designed a program that:

- Delivers **whole-person care** through coordinated physical health, behavioral health, intellectual/developmental disability and pharmacy products and care models
- Addresses the **full set of factors** that impact health (both medical and non-medical)
- Performs **localized care management** at the site of care, in the home or community

Most enrollees will receive services from two types of managed care organizations, called “pre-paid health plans” or PHPs

- Most Medicaid managed care enrollees will be enrolled in **Standard Plans** that will provide integrated physical health, behavioral health, and pharmacy services
- Enrollees that have high-needs (e.g., serious mental illness, severe substance use disorder, intellectual/developmental disability or a traumatic brain injury) will be enrolled in **Behavioral Health and I/DD Tailored Plans**. Members in Tailored Plans will have access to a more intensive set of coordinated benefits that will integrate physical health, behavioral health, and pharmacy services

Healthy Opportunities for all Medicaid Managed Care Members

In pursuit of the mission to improve the health, safety and well-being of all North Carolinians, DHHS is weaving strategies to address non-medical needs and promote “healthy opportunities” into the Medicaid managed care program that will benefit all Medicaid enrollees.

**Today’s Focus:**
The Healthy Opportunities Pilots, available to a subset of Medicaid managed care enrollees

Priority Domains for All Healthy Opportunities Initiatives:
- Housing
- Food
- Transportation
- Interpersonal Violence
Overview of the Healthy Opportunities Pilots
Importance of Drivers of Health (or “Healthy Opportunities”)

- Social and economic factors have a significant impact on individuals’ and communities’ health—driving as much as 80% of health outcomes.

- In light of this, NC DHHS is fundamentally shifting its approach from “buying healthcare” to “buying health”.

- Scalable efforts to address healthy opportunities are challenged by existing healthcare and social service silos and a lack of sufficient funding and standardization (e.g., how to define non-medical services).

- The Healthy Opportunities Pilots seek to create new infrastructure and payment vehicles that bridge these gaps and provide a pathway to sustainable partnerships and the delivery of high-quality, impactful care—ultimately across all of North Carolina.
Why the Healthy Opportunities Pilots?

The Pilots are a groundbreaking effort—first in the nation to provide a wide array of non-medical interventions to many Medicaid enrollees—requiring collaborative and innovative partners!

- HSOs are critical partners to our collective success
- HSOs’ deep, authentic relationships within their communities and with their clients are an essential ingredient to the Pilots
- HSOs’ unique expertise in the delivery of high-quality non-medical services to vulnerable, high-risk individuals is fundamental to achieving the Pilot’s goals
- HSOs that participate will create new collaborations and bring new resources to advance their missions
- We will all be learning and adapting together to ensure the success of the program!
Pilot funds will be used to:

- **Cover the cost of delivering federally-approved Pilot services**
  - NC DHHS has developed service definitions and a fee schedule to reimburse human service organizations (HSOs) that deliver these non-clinical services

- **Support capacity building to establish Healthy Opportunities Network Leads (NLs) and strengthen the ability of human service organizations (HSOs) to deliver Pilot services**
  - NC DHHS procured three Network Leads (one per Pilot region) with deep roots in their communities to facilitate collaboration and build partnerships across healthcare payers and human service providers

Pilot service definitions and fee schedule: [https://www.manatt.com/Manatt/media/Documents/Articles/NC-Pilot-Service-Fee-Schedule_Final-for-Webpage.pdf](https://www.manatt.com/Manatt/media/Documents/Articles/NC-Pilot-Service-Fee-Schedule_Final-for-Webpage.pdf)
Where in North Carolina Will the Pilots Operate?

Network Leads and Their Regions

- **Access East, Inc.**
  - Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt

- **Community Care of the Lower Cape Fear**
  - Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender

- **Impact Health (Dogwood Health Trust)**
  - Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
### Who is Eligible to Receive Pilot Services?

Individuals must have co-occurring physical/behavioral and social needs in order to receive Pilot services. Individuals will not receive Pilot services (e.g., food boxes) based on social needs alone.

To qualify for pilot services, Medicaid managed care enrollees in Standard Plans and Behavioral Health I/DD Tailored Plans must live in a Pilot Region and have:

<table>
<thead>
<tr>
<th>At least one Physical/Behavioral Health Criteria: (varies by population)</th>
<th>At least one Social Risk Factor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Adults</strong> (e.g., having two or more qualifying chronic conditions)</td>
<td>• Homeless and/or housing insecure</td>
</tr>
<tr>
<td>• <strong>Pregnant Women</strong> (e.g., history of poor birth outcomes such as low birth weight)</td>
<td>• Food insecure</td>
</tr>
<tr>
<td>• <strong>Children, ages 0-3</strong> (e.g., neonatal intensive care unit graduate)</td>
<td>• Transportation insecure</td>
</tr>
<tr>
<td>• <strong>Children 0-20</strong> (e.g., experiencing three or more categories of adverse childhood experiences)</td>
<td>• At risk of, witnessing or experiencing interpersonal violence</td>
</tr>
</tbody>
</table>

Pilot services also have minimum eligibility criteria and other restrictions. For example, the “Housing Move-In Support Service” is only available for enrollees who are receiving concurrent housing case management and moving for a qualifying reason, such as transitioning from homelessness to stable housing.
What Services Can Members Receive Through the Pilots?

North Carolina’s 1115 waiver specifies 29 services that can be covered by the Pilot. Examples include:

**Housing**
- Housing navigation, support and sustaining services
- Housing quality and safety inspections and improvements
- One-time payment for security deposit and first month’s rent
- Short-term post hospitalization housing

**Food**
- Linkages to community-based food resources (e.g., SNAP/WIC application support)
- Nutrition and cooking education
- Fruit and vegetable prescriptions and healthy food boxes/meals
- Medically tailored meal delivery

**Transportation**
- Linkages to existing transportation resources
- Payment for transportation to support access to pilot services, (e.g., bus passes, taxi vouchers, ride-sharing credits)

**Interpersonal Safety**
- Case management/advocacy for victims of violence
- Evidence-based parenting support programs
- Evidence-based home visiting services

*Note: More details for each category available on slides 26-28*
What Entities are Involved in the Pilots?

Key Entities’ Roles in the Pilots

- **Prepaid Health Plans (PHPs):**
  - Approve which of their enrollees qualify for Pilot services and which services they qualify to receive
  - Ensure the provision of integrated care management to Pilot enrollees
  - Manage a Pilot budget and pay HSOs for delivery of Pilot services to their Pilot enrollees

- **Care Managers:**
  - Frontline service providers located at Tier 3 AMHs, LHDs, and PHPs interacting with beneficiaries
  - Assess beneficiary eligibility for Pilot, identify recommended Pilot services, refer Pilot enrollee to a Pilot HSO, and manage coordination of Pilot services, in addition to managing physical and behavioral health needs
  - Track enrollee progress over time

- **Network Leads:**
  - Develop, manage, and oversee a network of HSOs
  - Receive, track and validate invoices from HSOs and work with PHP to ensure accurate invoices are paid
  - Provide support and technical assistance for HSO network
  - Convene Pilot entities to share best practices

- **Human Service Organizations:**
  - Frontline social service providers that contract with the Network Lead to deliver Pilot services to Pilot members
  - Participate in the healthcare delivery system, including submitting invoices and receiving reimbursement for services delivered
  - Support identification of potential Pilot-enrollees by connecting them to their PHP or CM
What is NCCARE360?

NCCARE360 is a statewide resource and referral platform that allows key stakeholders to connect individuals with needed community resources.

- NCCARE360 is a telephonic, online and interfaced IT platform, providing:
  - A robust **statewide resource database** of community-based organizations and social service agencies.
  - A **referral platform** that allows health care providers, insurers and human service providers to connect people to resources in their communities. It supports “closed-loop referrals,” giving them the ability to track whether individuals accessed the community-based services to which they were referred.
  - Pilot-participating HSOs will use NCCARE360 to accept referrals for Pilot services, invoice for Pilot services, and track enrollee progress over time.
How Will the Pilots be Evaluated?

**Key Learning Objectives**

- **Evaluate the effectiveness** of select, evidence-based, non-medical interventions and the role of the Network Lead in improving health outcomes and reducing health care costs for high-risk members.
- **Leverage evaluation findings** to embed cost-effective interventions that improve health outcomes into the Medicaid program statewide to promote sustainability.
- **Support the sustainability** of delivering non-medical services identified as effective through the evaluation, including by strengthening the capabilities of HSOs and partnerships with health care payers and providers.

**Hypotheses Tested**

- Network Leads will enable **effective delivery of Pilot services**
- The Pilot program will increase rates of Medicaid enrollees **screened** for social risk factors and **connected to** services that address these risk factors.
- The Pilot program will **improve the qualifying social risk factors, health outcomes, healthcare utilization, and healthcare costs of participants** (overall and by sub-populations).

**Evaluation Phases**

- **Rapid cycle assessments**: To gain “real-time” insights on whether Pilots are operating as intended, if services are having their intended effects, and what mid-course adjustments need to be made to improve delivery of effective services.
- **Summative Evaluation**: To assess the global impact of the Pilots, learn which interventions are effective for specific populations, and plan for incorporation into the Medicaid program.
Deeper Dive: Pilot Roles and Responsibilities of HSOs
Summary of Key HSO Roles and Responsibilities

HSOs will play an essential role in the Pilots by serving as the frontline providers of Pilot services, ensuring Pilot enrollees receive high-quality care that addresses their non-medical needs.

Provide authorized Pilot services to eligible members

- Use NCCARE360 to receive referrals
- Conduct outreach to referred members, and deliver authorized Pilot services
- Use NCCARE360, and other means, to “close the loop” on the referral, including to share relevant information about services and Pilot participant needs with the care manager and clinicians and report on service delivery and related outcomes.

Submit invoices to receive payment for Pilot services rendered

- Generate and submit invoices and supporting documents to the Network Lead via NCCARE360 to receive payment from the PHPs.

Support identification of potentially Pilot-eligible individuals by connecting them to their care manager or PHP for a Pilot eligibility assessment.

Collect and report to DHB and PHPs on qualitative and quantitative data that will be used for monitoring and evaluation.
Required Activities to Serve as a Pilot HSO

Contract with the Network Lead to participate in the Pilot HSO network

1. **Apply:** HSOs must submit an application to the NL to be part of the NL’s Pilot network
   - The application must include a proposed capacity building budget

2. **Offer approved services:** HSOs must offer one or more approved pilot services listed on the Healthy Opportunities Pilots Fee Schedule

3. **Onboard onto NCCARE360:** HSOs must be onboarded onto and use NCCARE360 for Pilot service referrals and invoicing (the Department will cover all NCCARE360-related costs for HSOs)

4. **Enroll as a Medicaid provider:** HSOs must enroll as a Medicaid provider in North Carolina’s Medicaid provider system called, “NCTracks”

5. **Be in the Pilot region:** HSOs must maintain a physical presence in North Carolina, with one or more offices located in or serving the Pilot region

Applications will be opening soon. HSOs should contact their local NL for more information.
Additional Opportunities for Pilot HSOs

Use capacity building funds to build and improve service delivery:
- Ensure accurate accounting of Capacity Building Funds spent with appropriate documentation
- Report on uses of capacity building funds to NL on a quarterly basis

Participate in training and technical assistance sponsored by the NLs, PHPs, or DHHS and participate in convenings for Pilot-participating entities to share best practices and inform the program

Gain an additional source of predictable funding to supplement and enhance existing funding streams (e.g., grant funding)
Overview of Pilot Funding to Support HSOs
Pilot Payment Stream Definitions

Pilot-participating HSOs will be eligible to receive several different types of payments.

<table>
<thead>
<tr>
<th>Payment Stream</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity Building</td>
<td>Start-up funding for HSOs and NLs to develop infrastructure, hire and train staff, and carry out other activities necessary to execute Pilot responsibilities</td>
</tr>
<tr>
<td>HSO Service Delivery Payments</td>
<td>Payment for the delivery of authorized Pilot services to Pilot participants in accordance with the Pilot “fee schedule” (described on slide 27)</td>
</tr>
<tr>
<td>Value-Based Payments (not for discussion today)</td>
<td>Payments to PHPs, NLs, and HSOs will increasingly be linked to operational ability, enrollees’ health outcomes and health care costs through various VBP arrangements over the course of the demonstration, through incentive payments, withholds, and shared savings</td>
</tr>
<tr>
<td>NL Administrative Payments</td>
<td>NLs will receive Pilot funding from DHHS to support their ongoing administrative activities.</td>
</tr>
<tr>
<td>PHP Operational Support Payments</td>
<td>PHPs will receive Pilot funding from DHHS to support their Pilot-related operational activities.</td>
</tr>
<tr>
<td>Care Management Payments</td>
<td>Local care management entities will receive funding from PHPs for Pilot-related care management.</td>
</tr>
</tbody>
</table>

=Priority payment stream for HSOs
# Funds Flow to Support HSO Pilot Participation: Overview

## Sample Regional Pilot

<table>
<thead>
<tr>
<th>North Carolina DHHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHP Pilot Payments (service delivery payments + CM payments + NL admin + PHP Ops. payments + VBP payments)</td>
</tr>
</tbody>
</table>

### PHP 1
- Pilot-related care management payments

### PHP 2
- Pilot-related care management payments

### PHP 3
- Pilot-related care management payments

### Network Lead
- Capacity building, NL admin + Y1 NL VBP Payments

### Human Services Organizations (HSOs)
- HSO
- HSO
- HSO

## Key Funds Flow Responsibilities

### North Carolina
- Distributes Pilot funds to PHPs
- Distributes capacity building funding, NL admin. funding and Y1 NL VBP directly to the NL

### PHP
- Receives Pilot funding from DHHS; manages budget for Pilot services
- Collects HSO invoices from NLs; Pays HSOs for authorized services
- Pays local CM entities

### Local CM Entities (e.g., AMH Tier 3/Local Health Departments)
- Receives funds from PHPs for care managers’ Pilot-related responsibilities

### Network Leads (NLs)
- For first two years, spends capacity building funding on infrastructure/staff; distributes portion of capacity building funds to contracted HSOs.
- Receive administrative funds from DHHS.
- Collects and reviews HSO invoices and sends to PHPs

### HSOs
- Provide authorized Pilot services to Pilot enrollees and submit invoices to NL
- Receive service delivery reimbursement from PHP
- Spend capacity building funds on infrastructure/staff

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*Focus for Today*
Funds Flow to Support HSO Pilot Participation: Capacity Building Funds

NLs and their contracted HSOs will have access to capacity building funds to support their successful execution of Pilot responsibilities through approximately May 2023.

- Up to $100 million may be spent on capacity building for all NLs and HSOs
  - NLs will receive capacity building funding from DHHS to spend on their infrastructure development (e.g., hiring and training additional staff)
  - NLs will distribute at least 51% of their capacity building funding directly to HSOs
  - HSOs must use capacity building dollars to support their ability to execute contractual Pilot requirements (e.g., submitting invoices accurately) and deliver Pilot services

Example Permissible Uses of HSO Capacity Building Funds

- Hiring and training HSO staff that will have a direct role in the execution of Pilot services
- Cost of salary for HSO staff that will be delivering Pilot services
- Developing necessary infrastructure/systems to support program integrity monitoring and reporting
- Participating in learning collaboratives
- Cost of office furnishings, supplies, and equipment that supports the delivery of pilot services
Funds Flow to Support HSO Pilot Participation: Pilot Service Delivery Payments

HSOs will receive payment from PHPs for the delivery of authorized Pilot services to Pilot participants in accordance with a fee schedule developed by DHHS.

Overview: Pilot Service Delivery Payments

- HSOs will be reimbursed by PHPs for the delivery of each authorized Pilot service provided.
- Payment rates for Pilot services have been set by DHHS as part of the Pilot “fee schedule” (described below) and are non-negotiable between HSOs and PHPs.
- HSOs will submit invoices to the NLs via a standardized template within NCCARE360 for delivered Pilot services.
  - HSOs will work with NLs to finalize or correct information (e.g., if there is missing information).
  - NLs will submit completed invoices to the PHP for review and payment.

Healthy Opportunities Fee Schedule

- As required by the federal government, DHHS developed a fee schedule for the Healthy Opportunities Pilot Program.
- The fee schedule includes a service name, unit of service, non-negotiable service rate, and service definition for twenty-nine approved Pilot services.
- To establish the fee schedule, the Department conducted a rigorous and transparent year-long process to develop service definitions, gather data on cost inputs, and identify reference points for pricing when available.

Pilot Fee Schedule

*See appendix for more details on the development of the fee schedule*
Healthy Opportunities Pilots Fee Schedule: Pilot Service Rates

The Pilots represent the first time Medicaid funding will systematically pay for health-related social services for a broad subset of Medicaid enrollees. The CMS-approved fee schedule, defines and prices Pilot services. All Pilots will adhere to the fee schedule’s rates in their payment practices.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Fee Schedule Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing Services</strong></td>
<td></td>
</tr>
<tr>
<td>Housing Navigation, Support and Sustaining Services</td>
<td>$373.66 PMPM</td>
</tr>
<tr>
<td>Inspection for Housing Safety and Quality</td>
<td>$250 per inspection*</td>
</tr>
<tr>
<td>Housing Move-In Support</td>
<td>1-5+ BR: $900- $1,250*</td>
</tr>
<tr>
<td>Essential Utility Set-Up</td>
<td>$500 for utility deposits, arrears or reinstatement*</td>
</tr>
<tr>
<td>Home Remediation Services</td>
<td>$5,000 per year*</td>
</tr>
<tr>
<td>Home Accessibility and Safety Modifications</td>
<td>$10,000 per lifetime of waiver demonstration*</td>
</tr>
<tr>
<td>Healthy Home Goods</td>
<td>$2,500 per year*</td>
</tr>
<tr>
<td>One-Time Payment for Security Deposit and First Month’s Rent</td>
<td>• First Month’s Rent: 110% Fair Market Rent (FMR)*</td>
</tr>
<tr>
<td></td>
<td>• Security deposit: 110% FMR x2*</td>
</tr>
<tr>
<td>Short-Term Post Hospitalization Housing</td>
<td>• First Month’s Rent: 110% Fair Market Rent (FMR)*</td>
</tr>
<tr>
<td></td>
<td>• Security deposit: 110% FMR x2*</td>
</tr>
</tbody>
</table>

These payment rates include the HSO’s costs for delivering the service, as well as the HSO’s related administrative costs.

* Indicates cost-based reimbursement up to the fee schedule cap
### Healthy Opportunities Pilots Fee Schedule: Pilot Service Rates (cont’d)

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Fee Schedule Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Services</strong></td>
<td></td>
</tr>
<tr>
<td>Food and Nutrition Access Case Management Services</td>
<td>15-minute interaction: $12.51</td>
</tr>
<tr>
<td>Evidence-Based Group Nutrition Class</td>
<td>One class: $21.60</td>
</tr>
<tr>
<td>Diabetes Prevention Program</td>
<td>Phase 1 (16-class program): $264.12</td>
</tr>
<tr>
<td></td>
<td>Phase 2 (16-class program): $99.04</td>
</tr>
<tr>
<td>Fruit and Vegetable Prescription</td>
<td>$200 per month*</td>
</tr>
<tr>
<td>Healthy Food Box (For Pick-Up)</td>
<td>Small box: $85.04</td>
</tr>
<tr>
<td></td>
<td>Large box: $136.06</td>
</tr>
<tr>
<td>Healthy Food Box (Delivered)</td>
<td>Small box: $90.04</td>
</tr>
<tr>
<td></td>
<td>Large box: $141.06</td>
</tr>
<tr>
<td>Healthy Meal (For Pick-Up)</td>
<td>$4.14 per meal</td>
</tr>
<tr>
<td>Healthy Meal (Home Delivered)</td>
<td>$4.87 per meal</td>
</tr>
<tr>
<td>Medically Tailored Home Delivered Meal</td>
<td>$5.05 per meal</td>
</tr>
</tbody>
</table>

* Indicates cost-based reimbursement up to the fee schedule cap
## Healthy Opportunities Pilots Fee Schedule: Pilot Service Rates (cont’d)

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Fee Schedule Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpersonal Violence (IPV) Services</strong></td>
<td></td>
</tr>
<tr>
<td>IPV Case Management Services</td>
<td>$209.37 PMPM</td>
</tr>
<tr>
<td>Violence Intervention Services</td>
<td>$152.44 PMPM</td>
</tr>
<tr>
<td>Evidence-Based Parenting Curriculum</td>
<td>One class: $21.50</td>
</tr>
<tr>
<td>Home Visiting Services</td>
<td>One home visit: $63.43</td>
</tr>
<tr>
<td>Dyadic Therapy</td>
<td>$68.18 per occurrence</td>
</tr>
<tr>
<td><strong>Transportation Services</strong></td>
<td></td>
</tr>
<tr>
<td>Reimbursement for Health-Related Public Transportation</td>
<td>$102 per month*</td>
</tr>
<tr>
<td>Reimbursement for Health-Related Private Transportation</td>
<td>$204 per month*</td>
</tr>
<tr>
<td>Transportation PMPM Add-On for Case Management Services</td>
<td>$71.30 PMPM</td>
</tr>
<tr>
<td><strong>Cross-Domain Services</strong></td>
<td></td>
</tr>
<tr>
<td>Holistic High Intensity Enhanced Case Management</td>
<td>$470.23 PMPM</td>
</tr>
<tr>
<td>Medical Respite</td>
<td>$206.98 per diem</td>
</tr>
<tr>
<td>Linkages to Health-Related Legal Supports</td>
<td>15-minute interaction: $23.83</td>
</tr>
</tbody>
</table>

* Indicates cost-based reimbursement up to the fee schedule cap
Healthy Opportunities Pilots Fee Schedule: Sample Service Definition

HSOs must deliver authorized Pilot services to enrolled Members in accordance with the service definitions in the Pilot Fee Schedule.

- Service definitions provide additional detail on each Pilot service, including:
  - Service description,
  - Anticipated frequency,
  - Duration,
  - Setting of service delivery, and,
  - Minimum eligibility criteria for receiving the service.

- The service definitions are final as approved by CMS and not subject to change prior to the initial service delivery period.

- The full fee schedule is available here: https://www.manatt.com/Manatt/media/Documents/Articles/N C-Pilot-Service-Fee-Schedule_Final-for-Webpage.pdf
Next Steps for Interested HSOs
Next Steps for Interested HSOs

**Identify your Network Lead:**
- Find your NL based on your location and the counties you serve:
  - Access East, or
  - Community Care of the Lower Cape Fear, or
  - Impact Health/ Dogwood Health Trust

**Submit an Application to Participate**
- Work with your NL to complete the application and execute the contract to become part of your NL’s HSO network

**Apply for and Use Capacity Building Funds**
- Submit capacity building requests/budgets to your NLs to receive capacity building funds

**Participate in Pilot Training and Onboarding**
- Stay informed on upcoming training and onboarding sessions
- NCCARE360 training will be included
Contact Information for NLs

Access East Inc.
Counties: Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt
Website: [https://www.accesseast.org/](https://www.accesseast.org/)
Email: myroupe@accesseast.org
Phone: (252) 847-9350

Community Care of the Lower Cape Fear
Counties: Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender
Website: [https://www.carelcf.org/healthy-opportunities/](https://www.carelcf.org/healthy-opportunities/)
Email: info@carelcf.org
Phone: (910) 763-0200

Impact Health (Dogwood Health Trust)
Counties: Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey and the Qualla Boundary
Website: [https://impacthealth.org/healthy-opportunities/](https://impacthealth.org/healthy-opportunities/)
Email: d.greenlee-jones@impacthealth.org
Appendix
North Carolina conducted a rigorous, data-driven, and transparent year-long process to develop the Pilot Service Fee Schedule, informed by feedback from local and national experts and North Carolina constituents.

- **Market Research**: Conducted over 30 targeted interviews with national foundations and advocacy organizations, other state Medicaid programs, Prepaid Health Plans (PHPs), and statewide coalitions, to inform fee schedule approach and specific service definitions and rates.

- **Targeted Interviews**: Researched existing service models and payment rates (e.g., Medicaid 1115 and 1915(c) waivers) to inform service definitions and serve as benchmarks for rates, when available.

- **Request for Information (RFI)**: Over 80 organizations from 55 unique North Carolina zip codes submitted 125 detailed “Service Description Templates” and 101 “Cost Report Worksheets”, which informed both service definitions and rates.

- **HSO Focus Groups**: Conducted focus groups with NC-based HSOs, including domestic violence agencies, housing specialists, transportation providers, and nutrition and food delivery organizations to inform service definitions.

- **Expert Advisory Panel**: • The Commonwealth Fund convened Panel comprising 14 national and NC-based experts, including health economists, healthcare providers and payers, social service organizations, and finance professionals
  • Separate meetings focused on service definitions and rate setting inputs, respectively
  • Meetings were open to public for observation and comment

- **Cross-DHHS Consultation**: • Consulted Medicaid finance staff on Pilot service rate setting inputs and methodology
  • Consulted DHHS colleagues from Divisions of Public Health, Social Services, Mental Health, Early Childhood, Social Services on service definitions and rates

- **Public Feedback**: Over 50 organizations, including LME-MCOs, health systems, and HSOs, provided feedback on draft service definitions and the proposed rate setting methodology, including payment approaches and rate setting inputs and benchmarks.

- **Submission**: Submitted fee schedule to CMS on 8/30/19.