

North Carolina Healthy Opportunities Pilots
Detailed Draft Pilot Service Definitions For Pricing Purposes

This document provides a draft description of each of the proposed Pilot services across the domains of housing, food, transportation and interpersonal violence/toxic stress. It serves as supplemental reference material for the May 7, 2019 meeting of the Advisory Panel for the North Carolina Healthy Opportunities Pilot Service Fee Schedule. The primary purpose of these service definitions is to inform pricing decisions and, as such, they reflect assumptions regarding how the services will typically (or “on average”) be delivered. In reviewing these draft materials, it is important to keep in mind some key caveats.

- **Service list and definitions may change.** Notably, these are draft materials. Services may be added or excluded from the final fee schedule, and service definitions may be modified for the final fee schedule.¹
- **Pricing assumptions are not the same as service delivery requirements.** Since the purpose of this document is to describe services for pricing purposes, the definitions reflect assumptions regarding the way that the services will typically or “on average” be provided. When providers begin delivering services, they may have additional flexibility to decide how best to deliver the service. For example, the below definitions include assumptions regarding providers’ typical educational background and qualifications. In practice, however, a service provider may adopt a different staffing model than was assumed for pricing purposes. Subsequent materials will clearly delineate assumptions used for pricing purposes versus requirements for the way that services must be delivered in practice.

Domain	Draft Pilot Service
Housing	<ol style="list-style-type: none">1. Housing Navigation, Support and Sustaining Services2. Housing Quality and Safety Inspection3. Housing Move-In Support4. Reinstatement of Essential Utilities5. Home Remediation and Accessibility Services6. One-Time Payment for Security Deposit and First Month’s Rent7. Short-Term Post Hospitalization Housing
Interpersonal Violence and Toxic Stress	<ol style="list-style-type: none">8. IPV Case Management Services9. Violence Intervention Services10. Short-Term Dyadic Therapy Services11. Long-Term Dyadic Therapy Services12. Evidence-Based Parenting Curriculum13. Home Visiting Services
Food	<ol style="list-style-type: none">14. Food Access Case Management Services15. Medical Nutrition Therapy (Individual)16. Evidence-Based Group Nutrition Class17. Diabetes Prevention Program18. Fruit and Vegetable Prescription19. Healthy Food Box (For Pick-Up)20. Healthy Food Box (Delivered)21. Healthy Meal (For Pick-Up)

¹ Along with the services listed in this document, the Department is exploring strategies for how Pilots may address urgent Pilot related needs in an emergency situation for Medicaid enrollees.

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	22. Healthy Meal (Home Delivered) 23. Medically Tailored Home Delivered Meal
Transportation	24. Direct Transportation 25. Reimbursement for Public or Private Transportation
Cross-Domain	26. Holistic High Intensity Enhanced Case Management 27. Medical Respite 28. Assessment for Linkages to Health-Related Legal Supports

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HOUSING

Housing Navigation, Support and Sustaining Services

Category:	Information
Service Descriptors	
Service Name	Housing Navigation, Support and Sustaining Services
Service Description	<p>Provision of one-to-one case management and/or educational services to prepare an enrollee and, if needed, an enrollee’s family for stable, long-term housing (e.g. identifying housing preferences and developing a housing support plan), and to support an enrollee in maintaining stable, long-term housing. (e.g. development of independent living skills, ongoing monitoring and updating of housing support plan). Activities may include:</p> <p><i>Housing Navigation and Support</i></p> <ul style="list-style-type: none"> • Assisting the enrollee to identify housing preferences and needs. • Connecting the enrollee to social services for housing-related medical needs. • Assisting the enrollee to select adequate housing and complete a housing application. • Assisting the enrollee to develop a housing support and crisis plan to support living independently in their own home. • Assisting to complete reasonable accommodation requests. • Identifying vendor(s) for and coordinating housing inspection, housing move-in, remediation and accessibility services. • Assisting with budgeting for housing/living expenses (including coordination of payment for first month’s rent and short-term post hospitalization rental payments). • Coordinating transportation for enrollees to housing-related services necessary to obtain housing (e.g. apartment/home visits). • Coordinating the enrollee’s move into stable housing including by assisting with the following: <ul style="list-style-type: none"> ○ Logistics of the move (e.g., arranging for moving company or truck rental); ○ Utility set-up at move-in; ○ Obtaining furniture/commodities to support stable housing • Referral to legal support to address needs related to finding and maintaining stable housing. <p><i>Tenancy Sustaining Services</i></p> <ul style="list-style-type: none"> • Assisting the enrollee in revising housing support/crisis plan. • Assisting the enrollee with completing additional or new reasonable accommodation requests. • Supporting the enrollee in the development of independent living skills. • Connecting the enrollee to education/training on landlords’ role, rights

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	<p>and responsibilities.</p> <ul style="list-style-type: none"> • Assisting the enrollee in reducing risk of eviction with conflict resolution skills. • Coordinating transportation for enrollees to housing-related services necessary to sustain housing. • Referral to legal support to address needs related to finding and maintaining stable housing.
<p>Frequency <i>(if applicable)</i></p>	<p>Case management services for enrollees requiring tenancy supports will differ based on the severity of the individual’s needs. A sample schedule may be as follows:</p> <ul style="list-style-type: none"> • Week 1: Daily communication with enrollee for short, but intense work focused on housing navigation • Months 1-3: Two face-to-face contacts per week (1 hour per session) • Months 4-6: One face-to-face or telephonic contact per week (30 minutes per session) • Months 7-9: Bi-weekly face-to-face or telephonic check-ins (30 minutes per session) • Months 10-12: Ad-hoc face-to-face or telephonic check-ins (30 minutes per session) • Months 12-18 (if needed): Ad-hoc telephonic or face-to-face check-ins (15-30 minutes per session) <p>Some beneficiaries may require housing case management services for a period longer than 18 months.</p>
<p>Duration <i>(if applicable)</i></p>	<p>Beneficiaries will generally receive services for up to 18 months, based on intensity of service need. On average, individuals require 6-12 months to become stably housed. Housing case management may extend beyond 18 months if deemed necessary.</p>
<p>Setting</p>	<ul style="list-style-type: none"> • Most sessions with beneficiaries should be in-person, in a setting desired by the individual, for the first 3 months of service. • Case managers should have the option of transitioning to telephonic sessions after month 3 of service, or earlier, as appropriate. • Some sessions may be “off-site,” (e.g., at potential housing locations).
<p>Eligibility Standards</p>	<ul style="list-style-type: none"> • Enrollee is assessed to be currently experiencing homelessness, are at risk of homelessness and those whose quality/safety of housing are adversely affecting their health. • Enrollee is willing to participate in hour-long sessions with a case manager and collaborative efforts to pursue stable housing. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services.

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	<ul style="list-style-type: none"> This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<p>When possible, this service should be provided by a coordinated housing team that may include the following members:</p> <p>Sample Housing Case Manager Qualifications</p> <ul style="list-style-type: none"> Typical Education: Bachelor’s degree in social work or other related human services field, or equivalent Typical Experience: Three years of relevant work experience including with vulnerable populations (<i>e.g. those who are chronically homeless, have substance use disorder, etc.</i>), or equivalent <p>Sample Leasing Agent Qualifications</p> <ul style="list-style-type: none"> Typical Education: N/A Typical Experience: Three years of relevant work experience in real estate, or equivalent. <p>Sample Peer Support Specialist Qualifications</p> <ul style="list-style-type: none"> Typical Education: N/A Typical Experience: Individual with experience in a peer support role that offers help to enrollees facing similar situations, based on shared understanding, respect and mutual empowerment for people in similar situations. <p>When access to a coordinated housing team is unavailable, the housing case manager will be responsible for managing all aspects of this service.</p>
Staffing Ratios	On average, a case manager can serve 20 beneficiaries
Payment Information	
Payment Unit	1 enrollee
Payment Approach	Per member per month payment
Billing Thresholds / Limits (if applicable)	N/A
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none"> Staff time (case manager-level), including for the following: <ul style="list-style-type: none"> One-on-one time with the enrollee for provision of direct tenancy services (e.g. identifying housing needs and preferences). Time spent coordinating services on behalf of the enrollee (e.g. connections to legal assistance, conversation an enrollee’s landlord). Indirect costs associated with delivering the service.

Housing Quality and Safety Inspection

Category:	Information
Service Descriptors	
Service Name	Housing Quality and Safety Inspection
Service Description	<p>A housing quality and safety assessment by a certified professional includes assessment of potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Inspections may include:</p> <ul style="list-style-type: none"> • Inspection of building interior and living spaces for the following: <ul style="list-style-type: none"> ○ Adequate space for individual/family moving in; ○ Suitable indoor air quality and ventilation; ○ Adequate and safe water supply; ○ Sanitary facilities, including kitchen, bathroom and living spaces ○ Adequate electricity and thermal environment (e.g. window condition) and absence of electrical hazards; ○ potential lead exposure; ○ Conditions that may affect health (e.g. presence of chemical irritants, mold, pests); ○ Conditions that may affect safety. • Inspection of building exterior and neighborhood for the following: <ul style="list-style-type: none"> ○ Suitable neighborhood safety and building security; ○ Condition of building foundation and exterior, including building accessibility; and, ○ Condition of equipment for heating, cooling/ventilation and plumbing. <p>Housing Quality and Safety Inspections may be conducted for individuals who are moving into new housing units or for individuals who are currently in housing that may be adversely affecting their health or safety.</p>
Frequency <i>(if applicable)</i>	<ul style="list-style-type: none"> • Housing Quality and Safety Inspections occur at enrollee move-in to new place of residence. • Enrollees may receive ad hoc assessments to identify housing quality, accessibility and safety issues that are adversely affecting their health.
Duration <i>(if applicable)</i>	Approximately one hour.
Setting	Housing inspection should occur in the enrollee's current place of residence or potential residence.
Eligibility Standards	<ul style="list-style-type: none"> • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service.

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	<ul style="list-style-type: none">• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none">• Certified housing inspector or equivalent
Staffing Ratios	N/A
Payment Information	
Payment Unit	1 housing inspection
Payment Approach	Cost-based reimbursement up to a cap
Billing Thresholds / Limits <i>(if applicable)</i>	N/A
Cost Elements	<p>The cap for this service will include consideration of the following costs:</p> <ul style="list-style-type: none">• Certified housing inspector's or equivalent's time spent:<ul style="list-style-type: none">○ Inspecting enrollee's future or current place of residence.○ Communicating findings to enrollee and care manager.• Indirect costs associated with delivering the service.

Housing Move-In Support

Category:	Information
Service Descriptors	
Service Name	Housing Move-In Support
Service Description	<p>Housing move-in support services are non-recurring set-up expenses. Allowable expenses include but are not limited to the following:</p> <ul style="list-style-type: none"> • Moving expenses required to occupy and utilize the housing (e.g., moving service to transport an individual’s belongings from current location to new housing/apartment unit, delivery of new or used furniture, etc.) • Non-refundable, utility set-up costs for utilities essential for habitable housing (e.g., initial payments to activate heating, electricity, water, and gas). • Discrete goods to support an enrollee’s transition to stable housing as part of this service. These may include, for example: <ul style="list-style-type: none"> ○ Essential furnishings (e.g., beds and frames, dressers, dining table and chairs); ○ Bedding (e.g., sheets, pillowcases and pillows); ○ Basic kitchen utensils and dishes; ○ Bathroom supplies (e.g., shower curtains and towels); ○ Cribs; ○ Cleaning supplies. <p>Housing move-in support services are available for individuals who are moving into housing from homelessness or shelter, or for individuals who are moving from their current housing to a new place of residence due to one or more of the reasons listed under “eligibility standards.”</p>
Frequency <i>(if applicable)</i>	Enrollees that meet service eligibility standards may receive housing move-in support services when they move into a housing/apartment unit for the first time or move from their current place of residence to a new place of residence.
Duration <i>(if applicable)</i>	N/A
Setting	Variable. Many housing move-in support services will occur in the enrollee’s current place of residence or potential residence. Some discrete goods may be given to an enrollee in a location outside the home, including an HSO site or clinical setting.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee is moving into housing/apartment unit due to one or more of the following reasons: <ul style="list-style-type: none"> ○ Transitioning from homelessness or shelter to stable housing; ○ Evicted from current housing; ○ Current housing is deemed unhealthy, unsafe or uninhabitable by a certified inspector; ○ Occurrence of a natural disaster. • Services cannot be obtained from other financial sources. • Services are authorized in accordance with PHP authorization policies, such as

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	<p>but not limited to service being indicated in the enrollee’s person-centered care plan.</p> <ul style="list-style-type: none"> • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • Case manager to coordinate move, utility set up and discrete goods (e.g., first night box). • Contractor/vendor certified to assist with move-in/utility set-up.
Staffing Ratios	N/A
Payment Information	
Payment Unit	1 enrollee served
Payment Approach	Cost-based reimbursement for vendor services and discrete goods with an annual per enrollee cap.
Billing Thresholds / Limits <i>(if applicable)</i>	Annual per enrollee cap on housing move-in support services
Cost Elements	<p>The enrollee cap for this service will include consideration of the following costs:</p> <ul style="list-style-type: none"> • Certified contractor or equivalent’s time spent coordinating and executing the move (e.g. moving service, furniture delivery, etc.). • Cost of utility set-up. • Cost of discrete goods to support housing move-in. • Indirect costs associated with delivering the service.

Reinstatement of Essential Utilities

Category	Information
Service Descriptors	
Service Name	Reinstatement of Essential Utilities
Service Description	The Reinstatement of Essential Utilities service is a non-recurring payment to resolve arrears related to unpaid utility bills and restart the service if it has been discontinued in a Pilot enrollee’s home, putting the individual at risk of homelessness or otherwise adversely impacting their health (e.g., in cases when medication must be stored in a refrigerator). This service may be used in association with essential home utilities that have been discontinued (e.g., heating, electricity, water, and gas).
Frequency <i>(if applicable)</i>	<ul style="list-style-type: none"> Enrollees may receive financial assistance to reinstate utilities in their home any time essential home utilities (e.g., heating, electricity, water, and gas) have been discontinued due to a missed payment.
Duration <i>(if applicable)</i>	N/A
Setting	An enrollee’s home
Eligibility Standards	<ul style="list-style-type: none"> Enrollee demonstrates the capacity to cover future, ongoing payments for utilities that are reinstated. Services cannot be obtained from other financial sources. Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> Contractor/vendor certified to assist with utility reinstatement
Staffing Ratios	N/A
Payment Information	
Payment Unit	1 enrollee served
Payment Approach	Cost-based reimbursement for vendor services and utility-related arrears with an annual per enrollee cap.

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Billing Thresholds / Limits <i>(if applicable)</i>	Per enrollee cap on financial assistance to restore utilities that have been turned off over the lifetime of the demonstration.
Cost Elements	The enrollee cap for this service will include consideration of the following costs: <ul style="list-style-type: none">• Cost of paying utility-related arrears• Cost of reinstating utilities

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Home Remediation and Accessibility Services

Category:	Information
Service Descriptors	
Service Name	Home Remediation and Accessibility Services
Service Description	<p>Home remediation and accessibility services are furnished to eliminate potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety.</p> <ul style="list-style-type: none"> • Remediation: Home repairs and remediation for issues that affect an enrollee's health. Goods and services that may be covered include, for example: <ul style="list-style-type: none"> ○ Discrete items related to reducing environmental triggers in the home (e.g., a "Breathe Easy at Home Kit" with EPA-vacuum, air filter, green cleaning supplies, hypoallergenic mattress or pillow covers, air conditioners, and non-toxic pest control supplies, air-conditioning unit, etc.). ○ Specialized staff time to identify deficiencies in housing conditions, train users on remediation goods (e.g. how to install and replace an air filter) and conduct up to 3 follow-up reviews to ensure remediation goods are maintained and serve as an effective long-term solution. ○ Home repairs/remediation for issues like pests/mold (e.g. pest or removal of moldy carpeting, or lead abatement). • Accessibility: Home modifications to improve accessibility of the home. Activities may include: <ul style="list-style-type: none"> ○ Specialized staff time to identify deficiencies in housing conditions, train users on remediation/accessibility goods and conduct up to 3 follow-up reviews to ensure modifications are maintained and serves as an effective long-term solution. ○ Home modifications to improve accessibility and safety of housing (e.g., installation of entrance ramps, grab bars in bathtubs). <p>Home remediation and accessibility services may be conducted for individuals who are moving into new housing units or for individuals who are currently in housing that is adversely affecting their health or safety. For enrollees who reside in rental units, landlord must sign an agreement allowing home quality and safety modifications that improve the enrollee's health.</p>
Frequency <i>(if applicable)</i>	Enrollees may receive home remediation and accessibility services when there are health or safety issues adversely affecting their health or safety.
Duration <i>(if applicable)</i>	N/A

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Setting	Variable. Many home remediation and accessibility services will occur in the enrollee’s current place of residence or potential residence. Some goods (e.g., air filters) may be given to an enrollee in a location outside the home, including an HSO site or a clinical setting.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee must be moving into a new housing unit or must reside in a housing unit that is adversely affecting his/her health or safety. • Landlord has agreed to approved home modifications (<i>if applicable</i>). • Landlord has agreed to keep rent at current rate for a period of twenty-four months after receiving Pilot Home Remediation and Accessibility Services (<i>if applicable</i>). • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • Contractor/vendor authorized to perform health-related home remediation and accessibility modifications, or equivalent. • Specialized staff trained in use of home health/accessibility goods (e.g., air filters or vacuums), or equivalent.
Staffing Ratios	N/A
Payment Information	
Payment Unit	1 enrollee served
Payment Approach	Cost-based reimbursement for vendor services and discrete goods with a per enrollee annual cap.
Billing Thresholds / Limits (<i>if applicable</i>)	Per enrollee cap on home remediation/accessibility services over the lifetime of the demonstration.
Cost Elements	<p>The enrollee cap for this service will include consideration of the following costs:</p> <ul style="list-style-type: none"> • Certified contractor or equivalent’s time spent: <ul style="list-style-type: none"> ○ Examining enrollee’s future or current place of residence for housing quality/safety issues. ○ Communicating findings to enrollee and care manager. • Specialized staff or equivalent’s time spent: <ul style="list-style-type: none"> ○ Training an enrollee on how to use home health/accessibility goods. ○ Check-ins on enrollee use of discrete goods related to housing quality, safety, and accessibility. • Cost of home modifications made based on examination of residence. • Cost of discrete goods to support housing quality and safety delivered based on examination of residence.

	<ul style="list-style-type: none">• Indirect costs associated with delivering the service.
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One-Time Payment for Security Deposit and First Month's Rent

Category:	Information
Service Descriptors	
Service Name	One-Time Payment for Security Deposit and First Month's Rent
Service Description	<p>Provision of a one-time payment for an enrollee's security deposit and first month's rent to secure affordable and safe housing that meet's the enrollee's needs. All units that enrollees move into through this Pilot service must:</p> <ul style="list-style-type: none"> • Pass a housing quality and safety inspection • Meet fair market rent and reasonableness check • Meet a debarment check
Frequency <i>(if applicable)</i>	<ul style="list-style-type: none"> • Once per enrollee over the lifetime of the demonstration
Duration <i>(if applicable)</i>	N/A
Setting	N/A
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee has the ability to afford ongoing rental payments (either through current income or other funding source); • This pilot service is furnished only to the extent that the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • Landlord must be willing to enter into a lease agreement that maintains a satisfactory dwelling for the enrollee throughout the duration of the lease, unless there are appropriate and fair grounds for eviction.
Staffing Ratios	N/A
Payment Information	
Payment Unit	1 enrollee served
Payment Approach	One-time cost-based reimbursement with a per enrollee cap
Billing Thresholds / Limits <i>(if applicable)</i>	<ul style="list-style-type: none"> • This payment may only be made once for each enrollee during the life of the demonstration, except for NC DHHS-determined extraordinary circumstances such as a natural disaster.

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	<ul style="list-style-type: none">• Per enrollee cap may differ depending on geographic location (e.g., fair market rate formula).
Cost Elements	<p>The cap for this service will include consideration of the following:</p> <ul style="list-style-type: none">• Price of security deposit• Price of first month's rent• Geographic location of housing

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Short-Term Post Hospitalization Housing

Category	Information
Service Descriptors	
Service Name	Short-Term Post Hospitalization Housing
Service Description	<p>Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual’s imminent homelessness at discharge. Housing should provide enrollees with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed. Allowable settings for short-term post-hospitalization housing services include, for example:</p> <ul style="list-style-type: none"> • Independent respite setting; • Shelters in which the enrollee has access to their own private room; • Non-refundable motel/hotel vouchers for short-term, transitional, emergency situations; • Apartment/housing for rent. <p>Services may not be provided in a congregate setting.</p>
Frequency <i>(if applicable)</i>	N/A
Duration <i>(if applicable)</i>	<ul style="list-style-type: none"> • Up to six months (respite setting, shelters or apartment/housing for rent). • Average of 7-10 days for motel/hotel vouchers <ul style="list-style-type: none"> ○ Vouchers for motel/hotel settings may only be used for a period of 14 days.
Setting	See service description
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee is imminently homeless post-hospitalization, excluding emergency department visits. • This Pilot service is furnished only to the extent that the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.

Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • Property manager/operator (e.g. landlord, hotel/motel manager, shelter administrator) must be willing to maintain a satisfactory, private room for the enrollee throughout the duration of their stay, unless there are appropriate and fair grounds for eviction.
Staffing Ratios	N/A
Payment Information	
Payment Unit	1 enrollee
Payment Approach	Monthly cost-based reimbursement with an annual per enrollee cap.
Billing Thresholds / Limits (<i>if applicable</i>)	<ul style="list-style-type: none"> • Enrollee is not simultaneously receiving other Pilot payments for rent (e.g. One-Time Payments for Security Deposit and First Month's Rent)
Cost Elements	<ul style="list-style-type: none"> • The cap for this service will include consideration of the following: <ul style="list-style-type: none"> ○ Price of housing payments (e.g., monthly rent or daily hotel/motel rate). • Geographic location of housing/shelter.

INTERPERSONAL VIOLENCE / TOXIC STRESS

IPV Case Management Services

Category	Information
Service Descriptors	
Service Name	IPV Case Management Services
Service Description	<p>This service covers a set of activities that aim to support an individual in maintaining long-term stability after exiting an abusive relationship or addressing sequelae of the relationship. These activities may include:</p> <ul style="list-style-type: none"> • Ongoing safety planning/management • Linkages to child care and after-school programs and community engagement activities • Referral to legal support to address needs such as obtaining orders of protection, negotiating child custody agreements, or removing legal barriers to obtaining new housing (excluding legal representation) • Referral to and provision of domestic violence shelter or emergency shelter • Referral to and support in maintaining non-shelter housing, and other tenancy-sustaining services consistent with those described in “Housing Navigation, Support and Sustaining Services” if needed • Coordination of transportation for the enrollee that is necessary to meet the goals of the IPV Case Management service • Informal or peer counseling and advocacy related to recipients’ needs and concerns. These may include accompanying the recipient to appointments, providing informal counseling during periods of anxiety or emotional distress, or encouraging constructive parenting activities and self-care.
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	Service duration would persist until services are no longer needed as determined in an individual’s person-centered care plan.

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Setting	Various settings are appropriate, including at a shelter, home of the enrollee or home of friend or relative, supportive housing, enrollee's residence or HSO site.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee requires ongoing engagement over a time period lasting longer than 72 hours. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • All staff providing this service should be trained in safety, privacy and confidentiality. • Staff providing counseling services should be bachelors prepared • Individuals providing legal guidance (as opposed to peer advocacy) should have paralegal training and experience or a JD or equivalent.
Staffing Ratios	Under development
Payment Information	
Payment Unit	One enrollee
Payment Approach	Monthly payment authorized for 3 month interval
Billing Thresholds / Limits (<i>if applicable</i>)	N/A
Cost Elements	<ul style="list-style-type: none"> • Time for case managers, advocates, legal advisers to conduct all activities permitted within service description • Food for service recipients who may be required to wait for extended periods at court appearances or other venues • Training on privacy and security necessary to deliver services • Temporary housing in a secure, confidential location • Indirect costs associated with delivering the service(s)

Violence Intervention Services

Category	Information
Service Descriptors	
Service Name	Violence Intervention Services
Service Description	<p>This service covers the delivery of services to support individuals who are at risk for being involved in community violence (i.e., violence that does not occur in a family context). Individuals may be identified based on being the victim of a previous act of crime, membership in a group of peers who are at risk, or based on other criteria. Once identified, peer mentors and case managers provide:</p> <ul style="list-style-type: none"> • Individualized counseling related to de-escalation skills and alternative approaches to conflict resolution • Linkages to housing, education and employment opportunities. • Peer mentors are expected to conduct regular outreach to their mentees, to maintain situational awareness of their mentees' milieu, and to travel to conflict scenes where their mentees may be involved in order to provide in-person de-escalation support.
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	Service duration would persist until services are no longer needed as determined in an individual's person-centered care plan.
Setting	Various settings are appropriate, including at an individual's home, school or HSO site.
Eligibility Standards	<ul style="list-style-type: none"> • Individual must have experienced significant violent injury or be determined as at risk for experiencing significant violence by a case manager or by violence intervention prevention program staff members (with case manager concurrence) • Individual must be community-dwelling (i.e., not incarcerated). • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • All staff providing this service should be trained in safety, privacy, confidentiality, de-escalation and conflict resolution.

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	<ul style="list-style-type: none">• Case managers are should be bachelors prepared• Peer mentors should have a completed peer mentor training program
Staffing Ratios	One peer mentor can conduct 250 mediations per year
Payment Information	
Payment Unit	1 enrollee
Payment Approach	Per member per month payment
Billing Thresholds / Limits (<i>if applicable</i>)	N/A
Cost Elements	<ul style="list-style-type: none">• Time for case managers and peer mentors• Training for peer mentors on how to work with an HSO and how to provide and document mentoring.• Supplies and food for peer mentors to provide during monthly outreach activities• Indirect costs associated with delivering the service(s)

Short-Term Dyadic Therapy Services

Category	Information
Service Descriptors	
Service Name	Short-Term Dyadic Therapy Services
Service Description	<p>This service covers the delivery of short-term dyadic therapy to a child/adolescent at risk for or with an attachment disorder, or as a diagnostic tool to determine an attachment disorder, and the child's/adolescent's parent(s) or other primary caregivers (e.g., grandparents or foster parents).</p> <p>This service aims to support families in addressing the sequelae of adverse childhood experiences and toxic stress that may contribute to adverse health outcomes.</p> <p>This service is distinct from the group parenting classes (see "Evidence-Based Parenting Curriculum") in the following ways:</p> <ul style="list-style-type: none"> • There is no group component. Sessions are limited to one individual or an individual and family/caregiver(s). • Rather than a specific evidence-based parenting curriculum, treatments are based on evidence-based therapeutic principles (for example, trauma-focused cognitive-behavioral therapy) • Treatment is delivered by a licensed clinician
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	Up to 20 sessions.
Setting	Services may be delivered in a range of locations, including but not limited to at a provider's location or in the recipient's home.
Eligibility Standards	<ul style="list-style-type: none"> • The covered individual is 21 years old or younger • The covered individual is at risk for or has an attachment disorder that can be addressed through dyadic therapy not otherwise covered under Medicaid. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	

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Service Provider Qualifications	Staff should be licensed clinicians at the masters level or above.
Staffing Ratios	Under development
Payment Information	
Payment Unit	One hour of individual or family therapy
Payment Approach	One fee per hour of delivered service; HSOs may submit one invoice that aggregates total hours spent delivering services over a time period (e.g., weekly, monthly).
Cost Elements	<ul style="list-style-type: none">• Time for clinician to provide service• Therapy materials (e.g., workbooks)• Indirect costs associated with delivering the service.
Billing Thresholds / Limits (<i>if applicable</i>)	If more than 20 sessions are required, provider should use the Pilot service Long-Term Dyadic Therapy Services

Long-Term Dyadic Therapy Services

Category	Information
Service Descriptors	
Service Name	Long-Term Dyadic Therapy Services
Service Description	<p>This service covers the delivery of long-term dyadic therapy to a child/adolescent at risk for or with an attachment disorder, or as a diagnostic tool to determine an attachment disorder, and the child's/adolescent's parent(s) or other primary caregivers (e.g., grandparents or foster parents).</p> <p>This service aims to support families in addressing the sequelae of adverse childhood experiences and toxic stress that may contribute to adverse health outcomes.</p> <p>This service is distinct from the group parenting classes (see Evidence-Based Parenting Curriculum service) in the following ways:</p> <ul style="list-style-type: none"> • There is no group component. Sessions are limited to one individual or an individual and family/caregiver(s). • Rather than a specific evidence-based parenting curriculum, treatments are based on evidence-based therapeutic principles (for example, trauma-focused cognitive-behavioral therapy) • Treatment is delivered by a licensed clinician
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	Up to one year.
Setting	Services may be delivered in a range of locations, including at a provider's location or in the recipient's home.
Eligibility Standards	<ul style="list-style-type: none"> • The covered individual is 21 years old or younger • The covered individual is at risk for or has an attachment disorder that can be addressed through dyadic therapy not otherwise covered under Medicaid. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	

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Service Provider Qualifications	Staff should be licensed clinicians at the masters level or above.
Staffing Ratios	Under development
Payment Information	
Payment Unit	One enrollee
Payment Approach	Per member per month payment
Cost Elements	<ul style="list-style-type: none">• Time for clinician to provide service• Therapy materials (e.g., workbooks)• Indirect costs associated with delivering the service.
Billing Thresholds / Limits (<i>if applicable</i>)	If the provider anticipates a brief course of therapy, Short-Term Dyadic Therapy Services should be used.

Evidence-Based Parenting Curriculum

Category	Information
Service Descriptors	
Service Name	Evidence-Based Parenting Curriculum
Service Description	<p>Evidence-based parenting curricula are meant to provide:</p> <ul style="list-style-type: none"> • Group and one-on-one instruction from a trained facilitator • Written and audiovisual materials to support learning • Additional services to promote attendance and focus during classes <p>Evidence-based parenting classes are offered to families that may be at risk of disruption due to parental stress or difficulty coping with parenting challenges, or child behavioral or health issues. These services are also appropriate for newly reunited families following foster care placement or parental incarceration.</p> <p>Evidence-based parenting classes are distinct from the dyadic psychotherapy services in the following ways:</p> <ul style="list-style-type: none"> • They include a group instruction component, and are not solely delivered on a 1:1 basis • They are delivered by a facilitator who is trained in the specific curriculum but is not required to be a licensed clinician <p>Pre-approved curricula for this service include:</p> <ul style="list-style-type: none"> • Triple P (Tracks 3, 4 and 5) • The Incredible Years • Strengthening Families
Frequency <i>(if applicable)</i>	Enrollees should participate in only one evidence-based parenting class at a time, unless the curriculum specifically indicates that two classes are meant to be taken together.
Duration <i>(if applicable)</i>	Each curriculum has a specified duration, such as a number of weeks, comprising a certain number of one-hour group or individual sessions
Setting	Services may be delivered in a range of locations, including HSO offices, an external classroom, or (for 1:1 observations) the enrollee's home. Instruction may be delivered remotely where the curriculum has been modified for this purpose.
Eligibility Standards	<ul style="list-style-type: none"> • Eligibility standards align with each curriculum's eligibility standards • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service.

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	<ul style="list-style-type: none"> Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> Providers must be certified through a pre-approved curriculum and demonstrate fidelity to the curriculum protocols
Staffing Ratios	Varies by curriculum
Payment Information	
Payment Unit	One enrollee
Payment Approach	Two payments per enrollee: partial payment at the outset based on enrollment in course; remainder of payment if enrollee completes 75% of full curricula.
Billing Thresholds / Limits (if applicable)	N/A
Cost Elements	<p>The cost for this service will include consideration of the following costs:</p> <ul style="list-style-type: none"> Certified instructor's time spent: <ul style="list-style-type: none"> Preparing for group teaching sessions Delivering group teaching sessions Following-up/documenting after group teaching sessions Preparing for individual observation sessions Delivering individual observation sessions Following-up/documenting after individual observation sessions Curricular materials (must be purchased from curriculum developer) and other curriculum use fees Supplies and food needed for sessions Space for group classes Indirect costs associated with delivering the service

Home Visiting Services

Category	Information
Service Descriptors	
Service Name	Home Visiting Services
Service Description	<p>Evidence-based home visiting services are meant to provide:</p> <ul style="list-style-type: none"> • One-one observation, instruction and support from a trained case manager who may be a licensed clinician • Written and/or audiovisual materials to support learning <p>Evidence-based home visiting services are offered to families that may be at risk of disruption due to parental stress or difficulty coping with parenting challenges, or child behavioral or health issues. These services are also appropriate for newly reunited families following foster care placement or parental incarceration.</p> <p>Evidence-based home visiting services are distinct from the evidence-based parenting curricula in the following ways:</p> <ul style="list-style-type: none"> • They are solely delivered on a 1:1 basis, at the recipient’s location • As 1:1 services, they are more driven by the recipient’s needs during a particular session than a curriculum delivered to a group • They are delivered by a facilitator who may be, but is not required to be, a licensed clinician <p>Pre-approved curricula for this service include:</p> <ul style="list-style-type: none"> • Child First • Family Connects • Nurse Family Partnership • Attachment and Biobehavioral Catchup • Early Head Start – Home Based • Healthy Families America • Home Instruction for Parents of Preschool Youngsters • Parents as Teachers • Safe Care - Augmented
Frequency <i>(if applicable)</i>	Enrollees should participate in only one evidence-based home visiting program at a time, unless the model specifically indicates that two programs are meant to be taken together.
Duration <i>(if applicable)</i>	Each model has a specified duration, such as a number sessions over the course of a number of weeks
Setting	Services are delivered in the enrollee’s home
Eligibility Standards	<ul style="list-style-type: none"> • Eligibility standards align with each model’s eligibility standards • Services cannot be obtained from other financial sources. • Services are authorized in accordance with PHP authorization policies, such as

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	<p>but not limited to service being indicated in the enrollee’s person-centered care plan.</p> <ul style="list-style-type: none"> • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • Providers must be certified through a pre-approved model and demonstrate fidelity to the model protocols
Staffing Ratios	Varies by program
Payment Information	
Payment Unit	One enrollee
Payment Approach	Two payments per enrollee: partial payment at the outset based on enrollment in course; remainder of payment if enrollee completes 75% of full curriculum.
Billing Thresholds / Limits <i>(if applicable)</i>	N/A
Cost Elements	<p>The enrollee cap for this service will include consideration of the following costs:</p> <ul style="list-style-type: none"> • Certified case manager’s time spent traveling to and participating in enrollee meetings • Time spent addressing enrollees’ needs outside of visits • Instructional materials for enrollees and other program fees • Telephone to allow enrollees to contact care manager • Indirect costs of service delivery

FOOD

Food Access Case Management Services

Category	Information
Service Descriptors	
Service Name	Food Access Case Management Services
Service Description	<p>Provision of one-on-one case management and/or educational services to assist an individual in addressing food insecurity. Activities may include:</p> <ul style="list-style-type: none"> • Assisting an individual in accessing school meals or summer lunch programs, including but not limited to: <ul style="list-style-type: none"> ○ Helping to identify programs for which the individual is eligible ○ Helping to fill out and track applications • Assisting an individual in accessing other community-based food resources, such as food pantries, farmers market voucher programs, cooking classes, Child and Adult Care Food programs, or other, including but not limited to: <ul style="list-style-type: none"> ○ Helping to identify resources that are accessible and appropriate for the individual ○ Accompanying individual to community sites to ensure resources are accessed • Advising enrollee on transportation-related barriers to accessing community food resources <p>It is the Department’s expectation that Medicaid care managers will assist all eligible individuals to enroll in SNAP and WIC and secure their enrollment through existing SNAP and WIC assistance resources. Food Access Case Managers will address more complex and specialized needs. However, if under exceptional services a Food Access Case Manager identifies an individual for whom all other forms of assistance have been ineffective, they are permitted to assist the individual with completing enrollment, including activities such as addressing documentation challenges or contacting staff at a local SNAP or WIC agency to resolve issues, or otherwise.</p>
Frequency <i>(if applicable)</i>	Ad hoc sessions as needed. It is estimated that on average individuals will not receive more than two to three sessions with a case manager.
Duration <i>(if applicable)</i>	N/A

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Setting	<ul style="list-style-type: none"> • May be offered: <ul style="list-style-type: none"> ○ At a community setting (e.g. community center, FQHC, food pantry) ○ At an enrollee’s home (for home-bound individuals) ○ Via telephone ○ Via email
Eligibility Standards	<ul style="list-style-type: none"> • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • Typical Education: Bachelor’s degree in social work or other related human services field, or equivalent • Typical Experience: Minimum of one year of relevant work experience, particularly related to SNAP and WIC applications and community resources for food security.
Staffing Ratios	Under development
Payment Information	
Payment Unit	30 minute interaction
Payment Approach	One payment per unit
Billing Thresholds / Limits (<i>if applicable</i>)	N/A
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none"> • Case manager staff-time for one-on-one time spent with the enrollee or working on the enrollee’s behalf • Indirect costs associated with delivering the service

Medical Nutrition Therapy (individual)

Category	Information
Service Descriptors	
Service Name	Medical Nutrition Therapy (Individual)
Service Description	An interaction between a registered dietitian (RD) and an enrollee or enrollee’s guardian for the purpose of evaluating and making recommendations regarding the enrollee’s nutritional status.
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	As needed
Setting	In person or telephonic
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN)
Staffing Ratios	Under development
Payment Information	
Payment Unit	One 15-minute increment
Payment Approach	One payment per unit

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Cost Elements	The fee for this service will include consideration of the following costs: <ul style="list-style-type: none">• Provider’s time spent with enrollee• Indirect costs associated with delivering the service
Billing Thresholds / Limits (<i>if applicable</i>)	Under development.

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Evidence-Based Group Nutrition Class

Category	Information
Service Descriptors	
Service Name	Evidence-Based Group Nutrition Class
Service Description	<p>This service covers the provision of an evidence-based or evidence-informed nutrition related course to a group of individuals who are Medicaid enrollees or are parents of Medicaid enrollees. The purpose of the course is to provide hands-on, interactive lessons to enrollees, on topics including but not limited to:</p> <ul style="list-style-type: none"> • Increasing fruit and vegetable consumption • Creating healthy balanced meals • How to stretch food dollars and maximize food resources • Hands-on food preparation <p>Facilitators may choose from evidence-based curricula, such as:</p> <ul style="list-style-type: none"> • Cooking Matters (for Kids, Teens, Adults) • A Taste of African Heritage (for Kids, Adults) • Expanded Food and Nutrition Education Program <p>For curricula not outlined above, an organization must follow an evidence-based curricula that is approved by DHHS, in consultation with the Lead Pilot Entity and PHPs.</p>
Frequency <i>(if applicable)</i>	Weekly
Duration <i>(if applicable)</i>	6 weeks
Setting	Classes may be offered in a variety of community settings, including but not limited to health clinics, schools, Head Start centers, or community kitchens.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.

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Provider Descriptors	
Service Provider Qualifications	Facilitators must be trained in the specific curricula being offered, and additionally may be certified as a registered dietician, health coach, community health worker, or equivalent.
Staffing Ratios	Classes tend to have one instructor per 10-12 enrollees.
Payment Information	
Payment Unit	One enrollee
Payment Approach	Two payments per enrollee: partial payment at the outset based on enrollment in course; remainder of payment if enrollee completes 75% of full curricula.
Billing Thresholds / Limits (<i>if applicable</i>)	N/A
Cost Elements	The fee for this service will include consideration of the following costs: <ul style="list-style-type: none">• Materials for class, including food, cooking supplies and other educational materials• Staff time to prepare and present course• Indirect costs associated with delivering the service

Diabetes Prevention Program (Group)

Category	Information
Service Descriptors	
Service Name	Diabetes Prevention Program
Service Description	<p>Provision of a CDC-recognized “Diabetes Prevention Program”, which is a healthy living course delivered to a group of individuals by a trained lifestyle coach designed to prevent or delay type 2 diabetes. The program focuses on healthy eating and physical activity for those with prediabetes.</p> <p>The program must comply with CDC Diabetes Prevention Program Standards and Operating Procedures.</p>
Frequency (<i>if applicable</i>)	2 times per month (25 sessions total)
Duration (<i>if applicable</i>)	1 year
Setting	Intervention is offered at a community setting.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee has prediabetes. • Enrollee is 18 years of age or older. • Enrollee is not pregnant at the time of enrollment. • Enrollee cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	Facilitators must be trained in the specific curricula being offered, and additionally may be certified as a registered dietician, health coach, community health worker, or equivalent.
Staffing Ratios	Classes tend to have one instructor per 10-12 enrollees.
Payment Information	
Payment Unit	One enrollee
Payment Approach	Two payments per enrollee: partial payment at the outset based on enrollment in course; remainder of payment if enrollee completes 75% of full curricula.

Billing Thresholds / Limits (<i>if applicable</i>)	N/A
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none">• Materials for class, including food, supplies and other educational materials• Staff time to prepare and present course• Indirect costs associated with delivering the service

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Fruit and Vegetable Prescription

Category	Information
Service Descriptors	
Service Name	Fruit and Vegetable Prescription
Service Description	<p>Food voucher to be used by an enrollee with a diet or nutrition-related chronic illness to purchase fruits and vegetables from a participating food retailer. Participating food retailers must sell an adequate supply of WIC-eligible fruits and vegetables (i.e., fresh, frozen, canned without any added fats, salt, or sugar). Food retailers may include but are not limited to:</p> <ul style="list-style-type: none"> • Grocery stores • Farmers markets • Mobile markets • “Community-supported agriculture” programs (CSA) • Corner stores <p>A voucher transaction may be facilitated manually or electronically, depending on the most appropriate method for a given food retail setting.</p>
Frequency <i>(if applicable)</i>	One voucher per enrollee. Each voucher will have a duration as defined by the HSO providing it. For example, some HSOs may offer a monthly voucher while others may offer a weekly voucher.
Duration <i>(if applicable)</i>	6 months (on average)
Setting	Enrollees spend vouchers at food retailers. Human service organizations administer and coordinate the service in a variety of settings: engaging with enrollees in the community to explain the service, administering food retailer reimbursements and other administrative functions from their office, and potentially meeting with food retailers in the field.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. • Enrollee is not currently receiving duplicative support through other

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	federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	N/A
Staffing Ratios	N/A
Payment Information	
Payment Unit	One voucher for one enrollee
Payment Approach	Cost based reimbursement for price of voucher plus a percentage add-on for indirect costs associated with delivering the service up to a monthly per enrollee cap
Billing Thresholds / Limits (if applicable)	N/A
Cost Elements	The fee for this service will include consideration of the following costs: <ul style="list-style-type: none">• The price of the food voucher• Technology for processing voucher transactions at retail grocer• Program management• Indirect costs associated with delivering the service

Healthy Food Box (For Pick-Up)

Category	Information
Service Descriptors	
Service Name	Healthy Food Box (For Pick-Up)
Service Description	<p>A healthy food box for pick-up consists of an assortment of nutritious foods provided to an enrollee in a community setting, aimed at promoting improved nutrition for the service recipient. It is designed to supplement the daily food needs for food-insecure individuals with diet or nutrition-related chronic illness. It is not intended to be used as an individual’s primary food source.</p> <p>Healthy food boxes when possible should be furnished using a client choice model and provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.</p>
Frequency <i>(if applicable)</i>	Weekly
Duration <i>(if applicable)</i>	<p>On average, this service is delivered for 3 months.</p> <p>Service would continue until services are no longer needed as indicated in an individual’s person-centered care plan.</p>
Setting	<ul style="list-style-type: none"> • Food is sourced and warehoused by a central food bank, and then delivered to community settings by the food bank. • Food is offered for pick-up by the enrollee in a community setting, for example at a food pantry, community center, or a health clinic.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Enrollee has initiated effort to enroll in SNAP/WIC if eligible and not currently enrolled. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN), to ensure food boxes meet nutrition standards and develop nutrition education materials

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	<ul style="list-style-type: none">• Provider entity will need to meet food safety requirements
Staffing Ratios	N/A
Payment Information	
Payment Unit	One food box for one enrollee
Payment Approach	Cost based reimbursement for value of food box plus a percentage add-on for indirect costs associated with coordinating and delivering the service up to a monthly per enrollee cap
Billing Thresholds / Limits (<i>if applicable</i>)	Under development
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none">• Food• Packaging• Transportation from centralized food bank to community site• Time for program management / oversight• Indirect costs associated with delivering the service (may include both food bank and food pantry indirect costs)

Healthy Food Box (Delivered)

Category	Information
Service Descriptors	
Service Name	Healthy Food Box (Home Delivered)
Service Description	<p>A healthy food box for delivery consists of an assortment of nutritious foods that is delivered to an enrollee’s home, aimed at promoting improved nutrition for the service recipient. It is designed to supplement the daily food needs for food-insecure individuals with diet or nutrition-related chronic illness. It is not intended to be used as an individual’s primary food source.</p> <p>Healthy food boxes when possible should be provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.</p>
Frequency <i>(if applicable)</i>	Weekly
Duration <i>(if applicable)</i>	<p>On average, this service is delivered for 3 months.</p> <p>Service would continue until services are no longer needed as indicated in an individual’s person-centered care plan.</p>
Setting	<ul style="list-style-type: none"> • Food is sourced and warehoused by a central food bank. • Food boxes are delivered to enrollee’s home.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee does not have capacity to shop for self or get to food distribution site or have adequate social support to meet these needs. • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Enrollee has initiated effort to enroll in SNAP/WIC if eligible and not currently enrolled. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN), to ensure food boxes meet nutrition standards and develop nutrition education materials.

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	<ul style="list-style-type: none">• Provider entity will need to meet food safety requirements
Staffing Ratios	N/A
Payment Information	
Payment Unit	One food box for one enrollee
Payment Approach	Cost based reimbursement for value of food box plus a percentage add-on for indirect costs associated with coordinating and delivering the service up to a monthly per enrollee cap
Billing Thresholds / Limits (<i>if applicable</i>)	Under development
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none">• Food• Packaging• Transportation from centralized food bank to enrollee's home• Time for program management / oversight• Indirect costs associated with delivering the service (may include both food bank and food pantry indirect costs)

Healthy Meal (For Pick-Up)

Category	Information
Service Descriptors	
Service Name	Healthy Meal (For Pick-Up)
Service Description	<p>A healthy meal for pick-up consists of a frozen or shelf stable meal that is provided to an enrollee in a community setting, aimed at promoting improved nutrition for the service recipient. This service includes preparation and dissemination of the meal.</p> <p>Meals must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the Departments of Health and Human Services and Agriculture. Meals may be tailored to meet cultural preferences and specific medical needs.</p>
Frequency <i>(if applicable)</i>	Meal services for enrollees requiring this service will differ based on the severity of the individual’s needs.
Duration <i>(if applicable)</i>	Service would continue until services are no longer needed as indicated in an individual’s person-centered care plan.
Setting	<ul style="list-style-type: none"> Meals are offered for pick-up in a community setting, for example at a food pantry, community center, or a health clinic.
Eligibility Standards	<ul style="list-style-type: none"> Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> Registered Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) (to ensure meals meet nutrition standards) ServSafe Certification for all kitchen staff

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	<ul style="list-style-type: none">• Provider entity will need to meet food safety requirements
Staffing Ratios	N/A
Payment Information	
Payment Unit	One meal
Payment Approach	One payment per meal delivered
Billing Thresholds / Limits (<i>if applicable</i>)	May not exceed 2 meals per day per person
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none">• Food• Meal packaging• Time for meal preparation• Time for meal dissemination• Time for program management / oversight• Indirect costs associated with delivering the service

Healthy Meal (Home Delivered)

Category	Information
Service Descriptors	
Service Name	Healthy Meal (Home Delivered)
Service Description	<p>A healthy, home-delivered meal consists of a hot, cold, or frozen meal that is delivered to an enrollee’s home, aimed at promoting improved nutrition for the service recipient. This service includes preparation and delivery of the meal.</p> <p>Meals must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the Departments of Health and Human Services and Agriculture. Meals may be tailored to meet cultural preferences and specific medical needs.</p>
Frequency <i>(if applicable)</i>	Meal delivery services for enrollees requiring this service will differ based on the severity of the individual’s needs. On average, individuals receive 2 meals per day (or 14 meals per week).
Duration <i>(if applicable)</i>	Service would continue until services are no longer needed as indicated in an individual’s person-centered care plan.
Setting	<ul style="list-style-type: none"> • Meals are delivered to enrollee’s home.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	

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Service Provider Qualifications	<ul style="list-style-type: none">• Registered Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) (to ensure meals meet nutrition standards)• ServSafe Certification for all kitchen staff• Provider entity will need to meet food safety requirements
Staffing Ratios	N/A
Payment Information	
Payment Unit	One meal
Payment Approach	One payment per meal delivered
Billing Thresholds / Limits (<i>if applicable</i>)	May not exceed 2 meals per day
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none">• Food• Meal packaging• Provider time for nutrition assessment• Time for meal preparation• Time for program management / oversight• Transportation to deliver meals• Indirect costs associated with delivering the service

Medically Tailored Home Delivered Meal

Category	Information
Service Descriptors	
Service Name	Medically Tailored Home Delivered Meal
Service Description	<p>Home delivered meal which is medically tailored for a specific disease or condition. This service includes an initial evaluation with a Registered dietician Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) to assess and develop a medically-appropriate nutrition care plan, as well as the preparation and delivery of the prescribed nutrition care regimen.</p> <p>Meals must be in accordance with nutritional guidelines established by the National Food Is Medicine Coalition, available here, or other appropriate guidelines. Meals may be tailored to meet cultural preferences. For health conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the LPE.</p>
Frequency <i>(if applicable)</i>	Meal delivery services for enrollees requiring this service will differ based on the severity of the individual's needs. On average, individuals receive 2 meals per day (or 14 meals per week).
Duration <i>(if applicable)</i>	Service would continue until services are no longer needed as indicated in an individual's person-centered care plan.
Setting	<ul style="list-style-type: none"> • Nutrition assessment is conducted in person, in a clinic environment, the enrollee's home, or telephonically as appropriate. • Meals are delivered to enrollee's home.
Eligibility Standards	<ul style="list-style-type: none"> • Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. • Eligible disease states include but are not limited to obesity, failure to thrive, slowed/faltering growth pattern, gestational diabetes, pre-eclampsia, HIV/AIDS, kidney disease, diabetes/pre-diabetes, and heart failure. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of

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	<p>family members) as a Medicaid covered service.</p> <ul style="list-style-type: none"> • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN) (to assess diet regimen) • ServSafe Certification for all kitchen staff • Provider entity will need to meet food safety requirements
Staffing Ratios	N/A
Payment Information	
Payment Unit	One meal
Payment Approach	One payment per meal delivered
Billing Thresholds / Limits (<i>if applicable</i>)	May not exceed 2 meals per day
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none"> • Food • Meal packaging • Provider time for nutrition assessment • Time for meal preparation • Time for program management / oversight Transportation to deliver meals • Indirect costs associated with delivering the service

TRANSPORTATION

Direct Transportation

Category:	Information
Service Descriptors	
Service Name	Direct Transportation
Service Description	<p>Provision of professional, private or semi-private transportation to social services that promote community engagement, health and well-being for enrollees who have barriers to accessing such services. Transportation options may include, for example:</p> <ul style="list-style-type: none"> • Privately operated transportation (e.g., cars, vans, buses, shuttles) that operates on community-based routes • Privately operated transportation (e.g., cars, vans, buses, shuttles) to predetermined sites (e.g., grocery stores) • Privately operated wheelchair-accessible transport <p>The service may include transportation to/from, for example:</p> <ul style="list-style-type: none"> • Grocery stores/farmer’s markets; • Job interview(s) and/or place of work; • Places for recreation related to health and wellness (e.g. public parks and/or gyms); • Group parenting classes/childcare locations; • Health and wellness-related educational events; • Places of worship, services and other meetings for community support; • Locations where other approved Pilot services are delivered.
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	N/A
Setting	N/A
Eligibility Standards	<ul style="list-style-type: none"> • Family, neighbors and friends are unable to assist with transportation. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	

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Service Provider Qualifications	<ul style="list-style-type: none">• Commercial driver’s license, as applicable.• Some transportation services may need to be provided by a professional with additional qualifications or training (e.g., transportation of an enrollee who is currently experiencing or escaping domestic violence; operation of a wheelchair-accessible vehicle).
Staffing Ratios	N/A
Payment Information	
Payment Unit	1 trip for one passenger
Payment Approach	Cost based reimbursement up to a cap per trip
Billing Thresholds / Limits (if applicable)	Whenever possible, family, neighbors and friends that can provide this service will be utilized.
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none">• Staff time required to transport a enrollee to identified service/location.<ul style="list-style-type: none">○ Some transportation services may need to be delivered by a professional with additional qualifications or training (e.g. someone who is transporting a enrollee who is currently experiencing or escaping domestic violence).• Indirect costs associated with delivering the service.

Reimbursement for Public or Private Transportation

Category:	Information
Service Descriptors	
Service Name	Reimbursement for Public or Private Transportation
Service Description	<p>Provision of vouchers for public transportation or, in areas without public transportation, account credits for taxis/ridesharing mobile applications for transportation of Pilot enrollees to social services that promote community engagement, health and well-being. The service may include transportation to locations indicated in an enrollee’s care plan that may include, for example:</p> <ul style="list-style-type: none"> • Grocery stores/farmer’s markets; • Job interview(s) and/or place of work; • Places for recreation related to health and wellness (e.g. public parks and/or gyms); • Group parenting classes/childcare locations; • Health and wellness-related educational events; • Places of worship, services and other meetings for community support; • Locations where other approved Pilot services are delivered. <p>Pilot transportation services will not replace non-emergency medical transportation as required in Medicaid. Taxi/ridesharing services may not be utilized in areas where public transportation is an available and efficient option.</p>
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	N/A
Setting	N/A
Eligibility Standards	<ul style="list-style-type: none"> • Family, neighbors and friends are unable to assist with transportation • Service is only available for enrollees who do not have access to their own or a family vehicle. • Transportation is permissible for family members only when necessary to achieve treatment goals (e.g. transportation for a mother and child to dyadic therapy). • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	

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Service Provider Qualifications	N/A
Staffing Ratios	N/A
Payment Information	
Payment Unit	1 trip for one passenger or family, as described under “eligibility standards.”
Payment Approach	Cost based reimbursement up to a cap per trip.
Billing Thresholds / Limits <i>(if applicable)</i>	Under development
Cost Elements	The fee for this service will include consideration of the following costs: <ul style="list-style-type: none">• Cost of public transportation voucher or taxi/ridesharing account credit.• Indirect costs associated with delivering the service.

CROSS-DOMAIN

Holistic High Intensity Enhanced Case Management

Category:	Information
Service Descriptors	
Service Name	Holistic High Intensity Enhanced Case Management
Service Description	<p>Provision of one-to-one case management and/or educational services to address co-occurring needs related to housing insecurity, transportation insecurity, food insecurity, and interpersonal violence/toxic stress. This service is only appropriate for enrollees experiencing needs in two or more priority domains across food, housing, transportation, and interpersonal violence/toxic stress. Activities may include those outlined in the following three service definitions:</p> <ul style="list-style-type: none"> • Housing Navigation, Support and Sustaining Services • Food Access Case Management Services • Sustained IPV Case Management Services <p>Note that case management related to transportation needs are included in the services referenced above.</p> <p>The agency billing for this service must identify a social case manager who remains as the main point of contact for the enrollee and coordinates activities with other professionals working to address the enrollee’s social needs.</p>
Frequency <i>(if applicable)</i>	Case management services for beneficiaries requiring this service will differ based on the severity of the individual’s needs.
Duration <i>(if applicable)</i>	Up to 18 months, based on intensity of service need.
Setting	<ul style="list-style-type: none"> • Most sessions with beneficiaries should be in-person, in a setting desired by the individual, for the first 3 months of service. Case managers should have the option of transitioning to telephonic sessions after month 3 of service. • Some sessions may be “off-site,” (e.g., at potential housing locations, social service agencies, community food settings, etc.).
Eligibility Standards	<ul style="list-style-type: none"> • Individual is in the highest tier of unmet needs in at least 2 domains. • Eligibility standards included in the following three services: <ul style="list-style-type: none"> ○ Housing Navigation, Support and Sustaining Services ○ Food Access Case Management Services ○ Sustained IPV Case Management Services • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services.

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	<ul style="list-style-type: none"> Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> Typical Education: Bachelor’s degree in social work or other related human services field, or equivalent Typical Experience: Three years of relevant work experience including with vulnerable populations (e.g. those who are chronically homeless, have substance use disorder, etc.), or equivalent All staff providing this service should be trained in safety, privacy and confidentiality.
Staffing Ratios	Under development
Payment Information	
Payment Unit	1 enrollee
Payment Approach	Per member per month payment
Billing Thresholds / Limits <i>(if applicable)</i>	N/A
Cost Elements	<p>The fee for this service will include consideration of the following costs:</p> <ul style="list-style-type: none"> Staff time (case manager-level), including for the following: <ul style="list-style-type: none"> One-on-one time with the enrollee Time spent coordinating services on behalf of the enrollee Indirect costs associated with delivering the service

Medical Respite

Category: Cross Domain	Information
Service Descriptors	
Service Name	Medical Respite Care
Service Description	<p>A short-term, specialized program focused on individuals who are homeless or imminently homeless, have recently been discharged from a hospital setting and require continuous access to medical care. Medical respite services include comprehensive residential care that provides the enrollee the opportunity to rest in a stable setting while enabling access to hospital, medical, and social services that assist in completing their recuperation. Medical respite provides a transitional setting and certain services for individuals who are too ill or frail to recover from a physical illness/injury while living in a place not suitable for human habitation, but are not ill enough to be in a hospital. Medical respite services should include, at a minimum:</p> <p>Short-Term Post-Hospitalization Housing: Post-hospitalization housing for a short-term period, not to exceed six [6] months, due to an individual’s imminent homelessness at discharge. Housing should provide the enrollee with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed. Allowable settings for short-term post-hospitalization housing services include, for example:</p> <ul style="list-style-type: none"> • Independent respite setting; • Shelters in which the enrollee has access to their own private room; • Non-refundable motel/hotel vouchers for short-term, transitional, emergency situations; • Apartment/housing for rent. <p>Services may not be provided in a congregate setting.</p> <p>Medically Tailored Meal (<i>delivered to residential setting</i>) Delivered meal which is medically tailored for the specific disease or condition of the enrollee receiving medical respite services. This service includes a consult with a registered dietician to assess and determine a medically-appropriate diet, as well as the preparation and delivery of the approved diet regimen.</p> <p>Meals must be in accordance with nutritional guidelines established by the National Food Is Medicine Coalition, available here, or other appropriate guidelines. Meals may be tailored to meet cultural preferences. For health</p>

	<p>conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the LPE.</p> <p>Transportation Services Provision of, private/semi-private transportation services, reimbursement for public transportation and reimbursement for private transportation (e.g., taxis and ridesharing apps—only in areas where public transportation is unavailable) for the enrollee receiving medical respite care to social services that promote community engagement, health and well-being.</p> <p>Holistic High Intensity Enhanced Case Management: Medical respite services should integrate the provision of one-to-one case management and/or educational services to support an enrollee’s short-term residentially-based recuperation and to address co-occurring social needs spanning housing, transportation, food insecurity and interpersonal violence/toxic stress. Activities may include those outlined in the following three service definitions:</p> <ul style="list-style-type: none"> • Housing Navigation, Support and Sustaining Services; • Food Access Case Management Services; • Sustained IPV Case Management Services.
Frequency <i>(if applicable)</i>	N/A
Duration <i>(if applicable)</i>	Up to six months.
Setting	<ul style="list-style-type: none"> • The majority of the services will occur in the allowable short-term post-hospitalization housing settings described in the service description. • Some services will occur outside of the residential setting (e.g., transportation to wellness-related activities/events, site visits to potential housing options).
Eligibility Standards	<ul style="list-style-type: none"> • Individuals who are homeless or imminently homeless, have recently been discharged from a hospital setting and require continuous access to medical care • Enrollee requires access to comprehensive medical care post-hospitalization • Enrollee requires intensive, hands-on case management to recuperate and heal post-hospitalization. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee’s person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal,

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	state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<p>The team providing medical respite care must meet all service qualifications included in the following service descriptions:</p> <ul style="list-style-type: none"> • Short-Term Post-Hospitalization Housing; • Medically Tailored Meals; • Direct Transportation; • Reimbursement for Transportation; • Holistic Intensive Case Management.
Staffing Ratios	Under development
Payment Information	
Payment Unit	1 enrollee
Payment Approach	Per member per month payment
Billing Thresholds / Limits <i>(if applicable)</i>	<ul style="list-style-type: none"> • This service may only be furnished for enrollees who are not currently receiving duplicative financial support—including overlapping Pilot services; • In addition, the payment for this service will include billing limits associated with the following Pilot services: <ul style="list-style-type: none"> ○ Short-Term Post-Hospitalization Housing; ○ Medically Tailored Meal; ○ Direct Transportation; ○ Reimbursement for Transportation; ○ Holistic Intensive Case Management.
Cost Elements	<p>The fee for this service will include consideration of the costs associated with the following Pilot services:</p> <ul style="list-style-type: none"> • Short-Term Post-Hospitalization Housing; • Medically Tailored Meals; • Direct Transportation; • Reimbursement for Transportation; • Holistic Intensive Case Management.

Assessment for Linkages to Health-Related Legal Supports

Category	Information
Service Descriptors	
Service Name	Assessment for Linkages to Health-Related Legal Supports
Service Description	<p>This service consists of assessing an enrollee to identify legal issues that, if addressed, could help to secure or maintain healthy housing and mitigate or eliminate exposure to interpersonal violence or toxic stress. As part of the assessment, the service provider will identify potential options, resources and strategies for addressing those barriers, but will not serve as a legal representative for the beneficiary. The assessment and related guidance and advice may cover areas such as:</p> <ul style="list-style-type: none"> • Identifying potential strategies and resources for addressing legal barriers to obtaining housing (for example, removing a former partner’s debts from credit rating) • Explaining rights related to landlord/tenant disputes and identifying follow up resources • Assessing for the need for and providing information on legal resources and options for interpersonal violence or other forms of toxic stress • Explaining the purpose of an order of protection and the process for obtaining one <p>This service is meant to address the needs of an individual who may require or benefit from legal expertise, as opposed to the more general support that can be offered by a case manager or peer advocate.</p> <p>Legal representation is not covered by this service. After issues are identified and potential strategies reviewed with an enrollee, the service provider is expected to connect the beneficiary to an organization or individual that can provide legal representation with non-Pilot resources.</p>
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	Services are provided in short sessions that generally total no more than 10 hours.

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Setting	Various settings are appropriate, including at a shelter, home of the enrollee or home of family member or friend, supportive housing or HSO site.
Eligibility Standards	<ul style="list-style-type: none"> • Service does not cover legal representation. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
Provider Descriptors	
Service Provider Qualifications	<ul style="list-style-type: none"> • All staff providing this service should be trained in safety, privacy and confidentiality. • Individuals providing legal guidance should have paralegal training and experience, legal supervision or a JD or equivalent.
Staffing Ratios	Under development
Payment Information	
Payment Unit	One hour of legal guidance
Payment Approach	One fee per hour of delivered service; HSOs may submit one invoice that aggregates total hours spent delivering services over a time period (e.g., weekly, monthly).
Billing Thresholds / Limits <i>(if applicable)</i>	HSOs may not bill for time spent on legal representation.
Cost Elements	<ul style="list-style-type: none"> • Time for legal advisor • Fees associated with filing documents or obtaining court records, as long as the activities were completed as part of legal support and not legal representation • Indirect costs associated with delivering the service(s)