**Public Feedback Form**

**Instructions and Timeline for Submitting Responses**

The Department encourages all interested stakeholders to submit feedback on draft service definitions and pricing inputs using this form.

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

**Information about Respondent**

**Organization Name(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Type (if applicable):**

\_\_\_ Human services

\_\_\_ Social service agency

\_\_\_ Foundation

\_\_\_ Advocacy Group

\_\_\_ County-based agency or department

\_\_\_ Coalition or association

\_\_\_ Health clinic

\_\_\_ Health System

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feedback on Pilot Service Definitions & Pricing Assumptions**

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

**General Feedback:**

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