



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

## Solicitation Addendum

**Solicitation Number:** 30-2019-052 DHB  
**Solicitation Description:** Healthy Opportunities Lead Pilot Entity Request for Proposal (RFP)  
**Solicitation Opening Date and Time:** February 14, 2020 at 2:00 PM ET  
**Addendum Number:** 7  
**Addendum Date:** December 23, 2019  
**Purpose of Addendum:** Changes to the RFP  
**Contract Contact:** Deidra C. Jones, Contract Specialist  
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### NOTICES:

1. The Request for Proposal opening date is hereby extended to February 14, 2020 at 2:00 PM ET.
2. Letters of Community Support as required in Attachment B: Offeror's Response to Technical Evaluation Questions, Question #4, and Attachment J: Letters to be Submitted with Response **must be submitted by the Offeror as part of its proposal**. Any letters sent by supporting organizations directly to the Department or by any means other than inclusion with a formal response to this RFP will not be considered.

### INSTRUCTIONS:

1. Return one properly executed copy of this Addendum with response. Failure to sign and return this Addendum may result in the rejection of Offeror's proposal.
2. Carefully read, review and adhere to all notices, instructions and changes to the RFP in this Addendum.
3. Following are the Department's revisions to the RFP.

1. **The RFP Issued/Posted date on page 3, Execution Page** is hereby changed to November 5, 2019 to reflect the date the RFP was issued on the State’s Interactive Purchasing System.
2. **Section II. General Procurement Information and Notice to Offerors, D. Schedule and Important Events, 1** is revised and restated in its entirety as follows:

**D. Schedule and Important Events**

1. The Department will make every effort to adhere to the schedule detailed below in *Table 1. RFP Schedule*. The Department reserves the right to adjust the schedule and will post an Addendum on the IPS website for any schedule changes occurring prior to the opening of proposals.

Table 1: RFP Schedule

Activity	Responsible Party	Due Date
Issue Request for Proposal	Department	November 5, 2019
Preproposal Conference	Department	November 15, 2019 at 11:30 AM ET
Deadline to Submit Written Questions	Offeror	November 19, 2019 at 2:00 PM ET
Issue Addendum with Responses to Questions	Department	December 23, 2019
Deadline to Submit Proposals	Offeror	February 14, 2020 at 2:00 PM ET
Conduct Evaluation of Proposals	Department	February 14, 2020 to May 14, 2020.
Contract Award	Department	May 15, 2020

3. **Section III. Definitions, Contract Term, General Terms and Conditions, Other Provision & Protections** is revised to add the following definition between 15. Human Service Organization (HSO) and 16. Implementation Plan:

15.5 Implementation **Period**: The time between the Contract Effective Date and February 28, 2021 during which Pilot participating entities build the capacity and infrastructure to participate in the Pilot program and prepare for Pilot service delivery.

4. **Section III. Definitions, Contract Term, General Terms and Conditions, Other Provision & Protections** is revised to add the following definition between 31. Pilot Participant and 32. Preliminary HSO Network:

31.5 **Pilot-Participating Entity:** An entity that plays a direct role in implementation of the Healthy Opportunities Pilot Program. Pilot-participating entities include the Department, Prepaid Health Plans, Lead Pilot Entities, human service organizations, and care managers, but does not include other interested community stakeholders or healthcare providers.

5. **Section III. Definitions, Contract Term, General Terms and Conditions, Other Provision & Protections** is revised to add the following definition between 35. Rural County and 36. Shared Savings:

35.5 **Service Delivery Period:** The time between March 1, 2021 and October 31, 2024 when Pilot services will be delivered to Pilot participants. The Service Delivery Period is divided into five sub-periods to align with State Fiscal Years.

6. **Section V. Scope of Services, A. Administration and Management, 3) Lead Pilot Entity Governance, b) Governance Scope of Services, iv).** is revised and restated in its entirety with the following:

iv) Contractor shall submit the following information to the Department as required in Attachment N2: LPE Milestones and Due Dates:

- A. Names of the individuals on the LPE's governing body;
- B. The governing body's bylaws;
- C. Policies, procedures, and other information detailing the operations and authority of the governing body, including decisions or types of decisions subject to a vote of the governing body.

7. **Section V. Scope of Services, C. Local Pilot Geographic Region, 2) Local Pilot Geographic Region Scope of Services, d) and e)** are revised and restated in their entirety with the following:

d) The Contractor's Local Pilot Region must include a minimum of 240,000 total Medicaid Members across all counties based on enrollment figures in *Attachment G: County Medicaid Enrollment and Classification* or meet the alternative described in subsection e) of this Section.

e) As an alternative to the requirement set forth in subsection d) of this section, the Contractor's Local Pilot Region must be composed exclusively of counties with 45,000 or fewer Medicaid Members per county based on enrollment figures in *Attachment G: County Medicaid Enrollment and Classification*.

8. **Attachment B: Offeror’s Response to Technical Evaluation Questions** is revised and restated in its entirety with the *First Revised and Restated Attachment B: Offeror’s Response to Technical Evaluation Questions*, and any references to Attachment B in the RFP are revised accordingly.

## FIRST REVISED AND RESTATED ATTACHMENT B: OFFEROR’S RESPONSE TO TECHNICAL EVALUATION QUESTIONS

### Instructions and Page Limitations:

Offeror must respond to all questions in *First Revised and Restated Attachment B: Offeror’s Response to Technical Evaluation Questions* by **inserting its response in the appropriate non-shaded rows and spaces provided and noting the exact location where any related attachments, documents or other related materials can be found**. The Offeror must confirm adherence to and describe its approach to meet the requirements of the Contract as indicated. This includes providing a detailed narrative, diagrams, exhibits, examples, sketches, descriptive literature and/or detailed information specifically tailored for the Healthy Opportunities Lead Pilot program.

The Department requests the Offeror adhere to the page limit guidelines for each section listed below in *Table 3: Attachment B Response Page Guidelines*. The page guidelines assigned in Table 3 are not related to the evaluation scoring or criteria and should not be interpreted as a reference to scoring weight or importance. Completion of tables within questions, if applicable, and supplemental materials, such as letters, draft plans and policies, diagrams and flowcharts, requested as part of the Offeror’s *LPE Pilot Program Proposal* will not be counted toward page guidelines where noted within each evaluation question. The Offeror’s detailing of any limitations and/or issues with meeting the Department’s expectations or requirements will not be counted toward page guidelines, provided the Offeror describes the limitations/issues in the separate field provided within the evaluation question. Additional materials provided beyond what is requested in the evaluation questions may not be considered for evaluation.

The Offeror may use up to an additional ten (10) pages in total if it needs additional space to provide a complete response to questions. The Offeror may use the ten (10) pages on one question or spread the additional pages across several questions, being sure that the total number of additional pages does not exceed ten (10) pages. **The Offeror shall indicate in each question if the additional pages are utilized.**

If applicable, organizations that join as a newly formed entity should provide responses regarding the prior relevant experience and capabilities of each entity that makes up the newly formed entity. Offerors that plan to subcontract with other entities to execute some Pilot responsibilities may include and reference the subcontractors’ experience as part of their responses if Offer has completed *Attachment I: Proposed LPE Subcontractors* and the subcontractor has provided a letter of subcontracting intent.

**Table 3: Attachment B Response Page Guidelines**

RFP Section	Number of Pages
Section V.A. Administration and Management	30
Section V.B. Lead Pilot Entity and Prepaid Health Plan Contracts	5
Section V.C. Lead Pilot Geographic Region	10
Section V.D. LPE and HSO Network Management	30
Section V.F. Quality Improvement and Pilot Program Evaluation	30
Additional pages used throughout Attachment B Response	10
<b>Total Number of Pages for Response to Attachment B</b>	<b>115</b>

## Technical Evaluation Questions

### Section V. A. Administration and Management

The Department requests the response to this section be limited to 30 pages.

#### Background and Experience:

1. Offeror must confirm it meets the eligibility requirements of V.A.2) b)

Offeror confirms       Offeror does not confirm

2. Describe Offeror's ability to meet the Department's goals described in Section V.A. 2) a) and requirements of V.A. 2) b). The description must include:
- Organization, physical location, history, and mission, including description of how the Pilot relates to the organization's history and mission;
  - Community connections; and
  - Current primary projects or initiatives.

Offeror's Response:

3. Describe Offeror's relevant experience performing similar roles to those detailed in this RFP, including, but not limited to:
- Coordinating with HSOs to provide social services;
  - Engaging in initiatives or projects with healthcare providers or payers;
  - Providing training and/or quality improvement support;
  - Financial management;
  - Convening stakeholders for knowledge sharing; and
  - Data management and analytics.

If Offeror is a newly formed entity, past organizational experience shall count towards response. All experience described should be within the past five (5) years of the date the RFP is issued by the Department.

Offeror's Response:

4. Offeror's response to the RFP must include a minimum of 10 Letters of Community Support (**letters do NOT count toward page limit**) describing, at a minimum, the organizations' experiences working with the

Offeror and detailed information regarding why the Offeror would be an effective Lead Pilot Entity in the community. See *Attachment J: Letters to be Submitted with Response* for a summary of the letters Offeror may have to submit with its response and additional instructions. At least one Letter of Community Support must be submitted by a Department of Social Services within the proposed region. Remaining Letters of Community Support should be submitted from entities such as:

- a. Health systems, provider organizations, federally qualified health centers or rural health clinics
- b. Behavioral health agencies or behavioral health provider organizations
- c. Local health departments
- d. Human service organizations
- e. Other community stakeholders, such as community health foundations, associations, local government officials (e.g., county managers, county commissioners).

Offeror's Response – Attach Letters of Community Support and provide exact location in Offeror's response (e.g., page number, attachment, appendix or exhibit number and title) where the letters can be found:

**Governance:**

5. In accordance with requirements in Section V.A.3) Lead Pilot Entity Governance, describe Offeror's proposed approach to establishing and operating the LPE-specific governing body, including:
- a. The decisions or types of decisions subject to the body's vote; and

Offeror's Response:

- b. How the governing body will oversee the LPE's use of its funds.

Offeror's Response:

6. In accordance with requirements in Section V.A.3) Lead Pilot Entity Governance, describe how Offeror will ensure that it can manage change to respond to real-time learning (e.g., from Lead Pilot Entity participation in learning collaboratives or results of annual Rapid Cycle Assessments) and the need for regular quality improvement in Pilot program implementation while retaining oversight by its Pilot-specific governing body.

Offeror's Response:

7. Describe how Offeror will ensure representation on the governing body as required by Section V.A.3) b) ii). Include any organizations identified by Offeror to ask for a representative and those

that have already agreed to provide an individual for representation. Include in the response the benefits that having a representative from those organizations will bring to the Pilot program.

Offeror's Response:

8. Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues       Offeror has limitations or issues described below:

### ***Staffing and Facilities***

9. Describe how Offeror will meet the requirements of Section V.A.4) Staffing and Facilities. Include a proposed organizational chart that identifies the titles and role(s) for each position that will have Pilot-related responsibilities, and the efforts Offeror will take to hire appropriate staff.  
***Organizational chart does NOT count toward page limit.***

Offeror's Response:

10. Identify any positions that have already been filled whether through a new hire or by an individual currently employed by the Offeror. For any positions already filled, include the individuals' credentials, if applicable, and experience specific to the identified role by including a resume or biography for the individual.

Offeror's Response:

11. Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues       Offeror has limitations or issues described below:

### ***Electronic System(s) of Record***

12. In accordance with requirements in Sections V.A.5). Invoicing and Electronic Systems of Record, Offeror must describe its electronic system(s) of record, including NCCARE360, and how the system(s) will meet the requirements set forth in Attachment P: LPE System Requirements.

Offeror is not required to provide information in its response for any “to be determined” system. At a minimum, Offeror’s response must address the following:

- a. Recording and tracking the status of LPE-PHP contracts;
- b. Accepting, storing and tracking LPE-HSO contracts to participate in the network;

Offeror’s Response:

- c. Distributing, recording, and tracking capacity building payments to HSOs;
- d. Accepting, recording, tracking capacity building funds received and expended; and

Offeror’s Response:

- e. Accepting, recording, tracking value-based payments distributed to HSOs.

Offeror’s Response:

**13.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

- Offeror has no limitation or issues       Offeror has limitations or issues described below:

### **Implementation Plan**

**14.** In accordance with requirements in Section V.A.6) Implementation Plan, Offeror’s response must include a detailed initial Implementation Plan (***the initial Implementation Plan does NOT count toward page limit***) that identifies the timelines for completing key activities associated with the pre-Pilot service delivery period. The initial Implementation Plan shall:

- a. Identify the implementation team, if in place; the project manager, and a day-to-day implementation contact.
- b. Include timelines for the following activities:
  - i. Establishing the implementation team, identifying the project manager, and selecting a day-to-day implementation contact, if all or some are not in place;
  - ii. Hiring and training Pilot program staff;
  - iii. Establishing a Pilot-specific governing body;
  - iv. Contracting with HSOs;
  - v. Contracting with PHPs;
  - vi. Preparing IT systems for Pilot Service delivery; and



vii. Providing initial trainings and convenings for Pilot stakeholders

Offeror's Response – Attach initial implementation plan that provides the required information and any additional implementation activities, steps or tasks and provide exact location in Offeror's response (e.g., page number, attachment, appendix or exhibit number and title) where the implementation plan can be found. Offeror may include any narrative associated with its proposed implementation below:

**15.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues       Offeror has limitations or issues described below:

***Systems Testing and Lead Pilot Entity Readiness Evaluation***

**16.** In accordance with requirements in Section V.A.7) Systems Testing and Lead Pilot Entity Readiness Evaluation, the Offeror must:

a. Confirm that it will fully participate in and meet the Department's requirements in accordance with Section V.A.7; and

Offeror confirms       Offeror does not confirm

b. Describe how it will meet those requirements.

Offeror's Response:

**17.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues       Offeror has limitations or issues described below:

***Non-Discrimination and Cultural Competency***

**18.** Offeror must confirm it will meet the requirements of Sections V.A.8) Non-Discrimination and V.A.9). Cultural Competency.

Offeror confirms       Offeror does not confirm

**19.** Offeror must describe how it will meet the requirements of Sections V.A.8) Non-Discrimination and V.A.9). Cultural Competency, including a description of its approach and any relevant experience, to ensuring the provision of culturally competent services in the delivery of its LPE obligations, for example in the provision of training and technical assistance, convening community stakeholders, and other LPE services provided.

Offeror's Response:

**20.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues       Offeror has limitations or issues described below:

**Section V. B. Lead Pilot Entity and Prepaid Health Plan Contracts**

**The Department requests the response to this section be limited to 5 pages.**

***LPE and PHP Contracts***

**21.** The Offeror shall confirm its adherence to meeting the Department's expectations and requirements for Section V.B. *LPEs and PHPs Contracts*.

Offeror confirms       Offeror does not confirm

**22.** The Offeror shall describe its approach to meeting the Department's expectations and requirements for Section V.B. *LPEs and PHPs Contracts*. Description must include Offeror's relevant experience in engaging and/or contracting with health care payers, including, but not limited to, insurance companies or other comparable entities, health care providers, and/or federal, state, and local government entities.

Offeror's Response:

23. Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues       Offeror has limitations or issues described below:

**Section V. C. Local Pilot Geographic Region**

**The Department requests the response to this section be limited to 10 pages.**

**Local Pilot Geographic Region**

24. The Offeror shall confirm its adherence to meeting the Department’s expectations and requirements for *Section V. C. Local Pilot Geographic Region*.

Offeror confirms       Offeror does not confirm

25. The Offeror shall describe its approach to meeting the Department’s expectations and requirements for *Section V. C. Local Pilot Geographic Region*. Offeror’s response must include the following:

a. *Completed Attachment F: Proposed Local Pilot Geographic Boundaries (Does not count toward page limit);*

Offeror’s Response – Provide exact location in Offeror’s response (e.g., page number, attachment, appendix or exhibit number and title) where Attachment F can be found:

b. Approach and rationale for choosing the counties in which it will offer Pilot services, including, but not limited to, why the proposed region would benefit from a Pilot program, the extent to which the region is prepared to host a Pilot program, and any special issues or considerations associated with the proposed region; and

Offeror’s Response:

c. Approach, including any relevant experience, to facilitating cross-county collaboration, and how it plans to operationalize cross-county collaboration as part of the Pilot Program. As a part of this response, the Offeror shall include examples of relevant business cases that demonstrate the approach, experience and understanding of needs, barriers and challenges to cross-county collaboration and how they can be addressed.

Offeror’s Response:

26. Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues

Offeror has limitations or issues described below:

**Section V. D. LPE and HSO Network Management**

**The Department requests the response to this section be limited to 30 pages**

***HSO Network Plan***

**27.** The Offeror shall confirm its adherence to meeting the Department’s expectations and requirements for *Section V.D. LPE and HSO Network Management*.

Offeror confirms

Offeror does not confirm

**28.** The Offeror shall describe its approach to meeting the Department’s expectations and requirements for *Section V.D. LPE and HSO Network Management*.

Offeror’s response shall include an initial HSO Network Plan which must address the following:

- a. The process and methodology for the distribution of community resource needs against available HSOs and HSO capacity to serve those needs;

Offeror’s Response:

- b. A description of LPE activities used to develop the initial HSO network plan;
- c. A description of the specific metrics LPE used to develop the initial HSO network plan against the Department’s efficiency and adequacy standards, including any proposed use of any specific time and distance standards;

Offeror’s Response:

- d. A list of HSOs that have submitted a letter of intent to participate in the Offeror’s initial network plan. While an application and contracting process will be required to be included in the HSO Network, the full application and contracting process is not required to include the HSO in the Offeror’s initial network plan; a letter of intent is sufficient;
- e. For each HSO in the initial network plan, information on the geographic regions it would serve and the Pilot services that it would provide;

Offeror's Response:

- f. A set of questions that will form the Offeror's HSO Network Application, in accordance with Section V.D.2) e). *HSO Application and Assessment Process (Does NOT count toward page limit.);*

Offeror's Response:

- g. The outreach process the Offeror will use to identify and assess HSOs for the network;

Offeror's Response:

- h. How the Offeror will ensure an appropriate and reasonable number and mix of HSOs to meet adequacy and efficiency needs; and
- i. The Offeror's planned evaluation process.

Offeror's Response:

**29.** The Offeror must include with its proposal the Letters of Intent for Preliminary Network from HSOs listed in response to Question 28.d. above. *See Attachment J: Letters to be Submitted with Response* for a summary of the letters Offeror may have to submit with its response and additional instructions.

Offeror's Response – Attach Letters of Intent for Preliminary Network and provide exact location in Offeror's response (e.g., page number, attachment, appendix or exhibit number and title) where the letters can be found:

**30.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

- Offeror has no limitation or issues       Offeror has limitations or issues described below:

***HSO Network Standards and Requirements***

**31.** In accordance with requirements in Section V.D.2) b) Establish the HSO Network, if the Offeror anticipates gaps in its network's ability to deliver all Pilot services within its Local Pilot region, the Offeror must describe these gaps and strategies it will undertake to address these gaps, including using technical assistance and/or the use of capacity building funds. If the Offeror anticipates no gaps in its HSO network, the Offeror must describe in detail why no such gaps are anticipated.

Offeror's Response:

32. Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues       Offeror has limitations or issues described below:

***Establish the HSO Network***

33. In accordance with requirements in Section V.D.2.a). HSO Network Standards and Requirements, the Offeror shall describe its approach, including any relevant experience contracting with HSOs or other service provider organizations, including the key contract terms and duration of the contractual relationship, and how this approach, or any relevant experience will benefit the Pilot Program.

Offeror's Response:

34. Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues       Offeror has limitations or issues described below:

***HSO Readiness Review***

35. Offeror must confirm its adherence to meeting Section V.D.2).h). HSO Readiness Review.

Offeror confirms       Offeror does not confirm

36. Offeror must describe its approach to meeting Section V.D.2).h). HSO Readiness Review. Description must include:

a. Any relevant experience, to assessing other organizations' readiness to participate in initiatives, and how it plans to assess the readiness of its HSO network.

Offeror's Response:

b. The Offeror's HSO readiness assessment tool it will use to develop its HSO network and ensure that its contracted HSOs are ready for pilot participation by the beginning of Service Delivery. ***(The Readiness Assessment Tool does NOT count toward page limit)***

Offeror's Response:

37. Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues

Offeror has limitations or issues described below:

### ***HSO Program Integrity and Monitoring***

**38.** In accordance with the requirements in Section V.D.2) i). HSO Program Integrity and Monitoring, the Offeror shall describe its approach in assessing and monitoring the performance of a contracted or collaborating entity in meeting its contractual obligations. Offeror's description must include:

a. Experience relevant to monitoring and assessing its contracted HSO network

Offeror's Response:

b. A description of how it will:

- i. Monitor for Contract Performance (e.g., program compliance, accurate spending, accurate reporting, data quality, etc.)
- ii. Monitor for Fraud, Waste and Abuse
- iii. Manage the need for substantive, ongoing monitoring while minimizing administrative burden on network HSOs

Offeror's Response:

**39.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues

Offeror has limitations or issues described below:

### **Section V.F. Quality Improvement and Pilot Program Evaluation**

**The Department requests the response to this section be limited to 30 pages.**

#### ***Assessing and Improving HSO Performance***

**40.** The Offeror shall confirm its adherence to meeting the Department's expectations and requirements for *Section V.F. Quality Improvement and Pilot Program Evaluation*.

Offeror confirms

Offeror does not confirm

**41.** The Offeror shall describe its approach to meeting the Department's expectations and requirements for *Section V.F. Quality Improvement and Pilot Program Evaluation*. Offeror's response must include:

- a. Experience in identifying external organizations’ needs or challenges, providing support and technical assistance, and improving organizations’ performance as described in Sections V.F.2.a) Assessing and Improving HSO Performance, V.F.2.b) Convening Pilot-Participating Entities and Community Stakeholders, and V.F.2.c) Training and Technical Assistance

Offeror’s Response:

- b. In its response about experience, the Offeror must provide one or more past business cases and describe:
  - i. The type of organization the Offeror was working with (e.g., HSO, health care provider, care management agency).
  - ii. The type of challenges the organization was experiencing.
  - iii. The type of assistance the Offeror provided to the organization to overcome the challenges.
  - iv. How this assistance provided to the organization ultimately improved the performance of or met the need of the organization.

Offeror’s Response:

**42.** The Offeror shall describe its approach to meeting the requirements of Section V.F.2.f) Value-Based Payment to Support Quality Improvement. The response must include Offeror’s relevant experience in engaging with healthcare payers or providers to understand individuals’ healthcare utilization, costs, and outcomes.

Offeror’s Response:

**43.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

- Offeror has no limitation or issues
- Offeror has limitations or issues described below:

***Convening Pilot Participating Entities and Community Stakeholders***

**44.** Offeror shall describe its approach to meeting the requirements of Section V.F.2.b) Convening Pilot-Participating Entities and Community Stakeholders. The response must include the following:

- a. Relevant experience convening diverse stakeholders and facilitating meetings around issues requiring collaboration.



Offeror's Response:

- b. In accordance with requirements in Section V.F. A preliminary approach convening Pilot participating entities (contracted HSOs, care managers, PHPs), how the Offeror will solicit input from Pilot-participating entities on Pilot program implementation status and challenges, and example key topics for discussion during convenings.

Offeror's Response:

- c. The critical stakeholders in the Pilot region, why they are important to Pilot program implementation, and how the Offeror will engage with them over the course of the Pilot program.

Offeror's Response:

**45.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

- Offeror has no limitation or issues       Offeror has limitations or issues described below:

***Training and Technical Assistance***

**46.** The Offeror shall describe its approach to meeting the requirements of Section V.F.2.c). Training and Technical Assistance. The response must include:

- a. Relevant experience providing trainings or technical assistance to assist contracted entities to improve performance.

Offeror's Response:

- b. The types of trainings and technical assistance it anticipates providing (both itself and/or through contracted agencies) to contracted HSOs based on identified issues and barriers.

Offeror's Response:

- c. Its approach to advising care managers at local care management entities on HSOs in the Pilot network and technical assistance on how to connect Pilot enrollees to services.

Offeror's Response:

**47.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues       Offeror has limitations or issues described below:

***Program Evaluation and Reporting***

**48.** The Offeror shall describe its approach to meet the requirements of Section V.F.2.g) Program Evaluation and Oversight. The response must include:

a. Relevant experience participating in quantitative and qualitative program evaluations, retention of data, and reporting.

Offeror's Response:

b. A description of any existing systems it has that collects data and generates reports in support of programmatic monitoring and evaluation, including a description of its existing:

- i. Electronic system(s) of record,
- ii. Data analytic tools, analytic software products, or report generation systems,
- iii. Staff and their relevant and data analytic qualifications, and
- iv. Applicable data analytic and reporting policies and procedures.

Offeror's Response:

**49.** The Offeror shall describe how it will meet the requirements of Section V.F.2.h) Submit Timely, Accurate, Complete Data for Pilot Program Evaluation. The response must include:

a. Any relevant experience collecting and submitting timely and accurate data to another entity on a regular basis;

Offeror's Response:

b. The file formats Offeror has used to transmit data and whether it has experience with submitting machine-readable data; and

Offeror's Response:

c. Any Experience monitoring and evaluating the quality, completeness, and accuracy of data it collects or transmits. The Offeror must describe steps or interventions it has taken to improve data quality when issues have been identified.

Offeror's Response:

**50.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

Offeror has no limitation or issues

Offeror has limitations or issues described below:

**Remainder of Page Intentionally Blank**

9. **Attachment C3: Offeror’s Response to Funding and Budget Evaluation Questions** is revised and restated in its entirety with the *First Revised and Restated Attachment C3: Offeror’s Response to Funding and Budget Evaluation Questions*, and any references to Attachment C3 in the RFP are revised accordingly.

**FIRST REVISED AND RESTATED ATTACHMENT C3: OFFEROR’S RESPONSE TO FUNDING AND BUDGET EVALUATION QUESTIONS**

**Instructions and Page Limitations:**

Offeror must respond to all questions in *First Revised and Restated Attachment C3: Offeror’s Response to Funding and Budget Evaluation Questions* by inserting its response in the appropriate non-shaded rows and spaces provided and noting the exact location where any related attachments, documents or other related materials can be found. The Offeror must confirm adherence to and describe its approach to meet the requirements of the Contract as indicated. This includes providing a detailed narrative, diagrams, exhibits, examples, sketches, descriptive literature and/or detailed information specifically tailored for the Healthy Opportunities Lead Pilot program.

The Department requests the Offeror adhere to the page limit guidelines for each section listed below in *Table 4: Attachment C3 Response Page Guidelines*. The page guidelines assigned in the Table 4 are not related to the evaluation scoring or criteria and should not be interpreted as a reference to scoring weight or importance. Completion of tables within questions, if applicable, and supplemental materials, such as letters, draft plans and policies, diagrams, flowcharts and worksheets, requested as part of the Offeror’s *LPE Pilot Program Proposal* will not be counted toward page guidelines where noted within each evaluation question. The Offeror’s detailing of any limitations and/or issues with meeting the Department’s expectations or requirements will not be counted toward page guidelines provided the Offeror describes these limitations/issues in the separate field provided within the evaluation question. Additional supplemental materials provided beyond what is requested in the evaluation questions may not be considered for evaluation.

**Table 4: Attachment C3 Response Page Guidelines**

<b>RFP Section</b>	<b>Number of Pages</b>
Section V.E. Funding and Payments	13
Attachment C2 LPE Capacity Building Budget Proposal Narrative	no limit
Additional pages used throughout Attachment C3 Response	2
<b>Total Number of Pages for Response to Attachment C3</b>	<b>15</b>

## Funding and Budget Evaluation Questions

### Section V. E. Funding and Payments

The Department requests the response to this section be limited to 10 pages.

#### Capacity Building

1. The Offeror shall confirm its adherence to meeting the Department's expectations and requirements for *Section V.E. Funding Flow and Payments*.

Offeror confirms       Offeror does not confirm

2. The Offeror shall describe its approach to meeting the Department's expectations and requirements for *Section V.E. Funding Flow and Payments*  
Offeror's response must include:
- a. A request for two years of capacity building funding for the Department's review and approval according to the Department's submission template, as described in *Attachment C2: LPE Capacity Building Budget Proposal*. **Does NOT count toward page limit.** The request must include:
    - i. Amounts for the LPE to spend on its organization's needs;

Offeror's Response:

- ii. A proposed funding amount for distribution to HSOs to support their needs of at least 51% of the total two-year capacity building budget request. This requested funding amount may be revised after awards when the selected Lead Pilot Entity has a better understanding of its full HSO network and its HSOs' needs; and

Offeror's Response:

- iii. A detailed budget narrative, as required by *Attachment C2: LPE Capacity Building Budget Proposal*, that includes, but is not limited to, a description of how the Offeror has ensured that the budget request is for no more than the minimum amount of capacity building dollars required to effectively implement Pilot responsibilities and support HSO capacity building; a detailed description of how the Offeror developed the budget; a review of major cost drivers in the budget; and a discussion of any of the risks associated with the proposed budget and the Offeror's strategies for mitigating them.

Offeror's Response:

b. A description of Offeror’s proposed approach to soliciting and evaluating HSOs’ capacity building funding requests and overseeing distribution as required by Section V.E.4. HSO Capacity Building Scope of Services. The description must include:

- i. The criteria that will be used to evaluate HSOs’ requests for capacity building funds, including as part of the HSO Network Application, which must be submitted with the response to this RFP, as described in *Section V.D.2) e). HSO Application and Assessment Process*;

Offeror’s Response:

ii. The Offeror’s approach to distributing capacity building funds to HSOs; and

Offeror’s Response:

iii. How the Offeror plans to conduct oversight of and monitor the HSOs’ use of distributed capacity building funding.

Offeror’s Response:

***HSO Payments for Delivered Pilot Program Services***

**3.** The Offeror shall confirm its adherence to meeting the Department’s expectations and requirements for *Section V.E.6) HSO Payments for Pilot Program Services*.

Offeror confirms                       Offeror does not confirm

**4.** Offeror shall describe how it will meet the requirements of Section V.E.6) HSO Payments for Pilot Program Services. Offeror must provide in its response:

- a. One or more specific examples of its organization’s prior experience with assisting organizations with documenting services delivered to ensure they receive payment for those services; and

Offeror’s Response:

b. The proposed criteria it will use to assess HSO performance to identify high performing HSOs for distribution of value-based payments.

Offeror’s Response:

**5.** Offeror must describe any limitations and/or issues meeting the requirements of this section or affirmatively respond there are no limitations or issues.

<input type="checkbox"/> Offeror has no limitation or issues below:	<input type="checkbox"/> Offeror has limitations or issues described

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10. **Attachment M: Federally Approved Healthy Opportunities Pilot Services** is revised and restated in its entirety with the *First Revised and Restated Attachment M: Federally Approved Healthy Opportunities Pilot Services* as follows, and any references to Attachment M in the RFP are revised accordingly:

#### **FIRST REVISED AND RESTATED ATTACHMENT M: HEALTHY OPPORTUNITIES PILOT SERVICE FEE SCHEDULE**

As required by North Carolina's [Medicaid Reform Demonstration 1115 Waiver](#), the Department developed a Healthy Opportunities Pilot Service Fee Schedule ("fee schedule") for the Healthy Opportunities Pilot Program. This attachment contains the fee schedule approved by the Centers for Medicare and Medicaid Service (CMS) that will be in place when Pilot service delivery begins. It includes a service name, unit of service, service rate, and service definition for twenty-nine approved Pilot services. Service definitions provide additional detail on each Pilot service, including a service description, anticipated frequency, duration, and setting of service delivery, as well as minimum eligibility criteria for receiving the service. Prepaid Health Plans (PHPs) will have some discretion to determine when to authorize Pilot services for those meeting minimum eligibility criteria to further target and maximize the value of Pilot expenditures, subject to Department guidelines.

To establish the fee schedule, the Department conducted a rigorous and transparent year-long process to develop service definitions, gather data on cost inputs, and identify reference points for pricing when available (e.g., similar services offered under home and community-based services waivers). This work included gathering data directly from North Carolina human service organizations through an RFI, multiple meetings with stakeholders, input from subject matter experts within the Department, and consultation with local and national experts. The Department contracted with an actuarial firm to develop the service rates, which are based on existing benchmarks when available or on the estimated average market cost – including administrative costs – of providing a Pilot service.

Additional notes regarding the fee schedule are as follows:

- The service definitions and rates in the fee schedule are final as approved by CMS and not subject to change prior to the initial service delivery period. No additional services may be added, nor can any of the prices be changed prior to Service Delivery Period I. After Service Delivery Period I, the Department may update the fee schedule based on results from rapid-cycle evaluations and to move Pilot service payments towards greater value.
- The Department recognizes that the availability of resources and the cost of providing Pilot services vary in rural versus urban areas of North Carolina. The service definitions and rates address this variation to the extent practicable.
- The Department anticipates publishing guidance that will further clarify how services should be provided and the circumstances under which they can be authorized. For example, the Department anticipates releasing guidance to clarify expectations for preventing the unnecessary use of Pilot services when a beneficiary could be fully served through an alternative means.



**Pilot Service Rates**

Service Name	Unit Of Service	Rate or Cap
<b><i>Housing</i></b>		
Housing Navigation, Support and Sustaining Services	PMPM	\$373.66
Inspection for Housing Safety and Quality	Cost-Based Reimbursement Up to A Cap	\$250 per inspection
Housing Move-In Support	Cost-Based Reimbursement Up to A Cap	<ul style="list-style-type: none"> <li>• 1 BR: \$900</li> <li>• 2 BR: \$1,050</li> <li>• 3 BR: \$1,150</li> <li>• 4 BR: \$1,200</li> <li>• 5+ BR: \$1,250</li> </ul>
Essential Utility Set-Up	Cost-Based Reimbursement Up to A Cap	<ul style="list-style-type: none"> <li>• \$500 for utility deposits</li> <li>• \$500 for reinstatement utility payment</li> <li>• \$500 for utility arrears</li> </ul>
Home Remediation Services	Cost-Based Reimbursement Up to A Cap	\$5,000 per year <sup>1</sup>
Home Accessibility and Safety Modifications	Cost-Based Reimbursement Up to A Cap	\$10,000 per lifetime of waiver demonstration <sup>2</sup>
Healthy Home Goods	Cost-Based Reimbursement Up to A Cap	\$2,500 per year
One-Time Payment for Security Deposit and First Month's Rent	Cost-Based Reimbursement Up to A Cap	<ul style="list-style-type: none"> <li>• First month's rent: 110% FMR<sup>3</sup> (based on home size)</li> <li>• Security deposit: 110% FMR (based on home size) x2</li> </ul>
Short-Term Post Hospitalization Housing	Cost-Based Reimbursement Up to A Cap	<ul style="list-style-type: none"> <li>• First month's rent: 110% FMR (based on home size)</li> <li>• Security deposit: 110% FMR (based on home size) x2</li> </ul>

<sup>1</sup> The HSO that coordinates the contractors to deliver the Home Remediation Service will receive \$125 per Home Remediation Service project that costs no more than \$1,250 and will receive \$250 per Home Remediation Service project that costs between \$1,250 and \$5,000.

<sup>2</sup> The HSO that coordinates the contractors to deliver the Home Accessibility and Safety Modification will receive \$250 per Home Accessibility Modification project that costs no more than \$2,500 and will receive \$500 per Home Accessibility and Safety Modification project that costs between \$2,500 and \$10,000.

<sup>3</sup> Fair Market Rent (FMR) standards as established by the U.S. Department of Housing and Urban Development, available here: <https://www.huduser.gov/portal/datasets/fmr.html#2019>.

<b>Interpersonal Violence / Toxic Stress</b>		
IPV Case Management Services	PMPM	\$209.37
Violence Intervention Services	PMPM	\$152.44
Evidence-Based Parenting Curriculum	One class	\$21.50
Home Visiting Services	One home visit	\$63.43
Dyadic Therapy	Per occurrence	\$68.18
<b>Food</b>		
Food and Nutrition Access Case Management Services	15-minute interaction	\$12.51
Evidence-Based Group Nutrition Class	One class	\$21.60
Diabetes Prevention Program	One program <sup>4</sup>	<ul style="list-style-type: none"> <li>• Phase 1: \$264.12</li> <li>• Phase 2: \$99.04</li> </ul>
Fruit and Vegetable Prescription	Cost-Based Reimbursement Up to A Cap	\$200 per month <sup>5</sup>
Healthy Food Box (For Pick-Up)	One food box	<ul style="list-style-type: none"> <li>• Small box: \$85.04</li> <li>• Large box: \$136.06</li> </ul>
Healthy Food Box (Delivered)	One food box	<ul style="list-style-type: none"> <li>• Small box: \$90.04</li> <li>• Large box: \$141.06</li> </ul>
Healthy Meal (For Pick-Up)	One meal	\$4.14
Healthy Meal (Home Delivered)	One meal	\$4.87
Medically Tailored Home Delivered Meal	One meal	\$5.05
<b>Transportation</b>		
Reimbursement for Health-Related Public Transportation	Cost-Based Reimbursement Up to A Cap	\$102 per month
Reimbursement for Health-Related Private Transportation	Cost-Based Reimbursement Up to A Cap	\$204 per month <sup>6</sup>
Transportation PMPM Add-On for Case Management Services	PMPM	\$71.30

<sup>4</sup> The Centers for Disease Control and Prevention recognized Diabetes Prevention Program is offered in two phases, including a minimum of 16 classes in Phase 1 and 6 classes in Phase 2.

<sup>5</sup> The HSO that coordinates the Fruit and Vegetable Prescription service will receive \$5 per person served in a given month.

<sup>6</sup> Repairs to a Pilot enrollee's car may be deemed an allowable, cost-effective alternative to private transportation by the enrollee's Prepaid Health Plan. Reimbursement for this service may not exceed six months of capped private transportation services.

<b>Cross-Domain</b>		
Holistic High Intensity Enhanced Case Management	PMPM	\$470.23
Medical Respite	Per diem	\$206.98
Linkages to Health-Related Legal Supports	15-minute interaction	\$23.83

## **Service Definitions**

### **A. Housing Services**

#### **Housing Navigation, Support and Sustaining Services**

<b>Category</b>	<b>Information</b>
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 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><b>Housing Navigation and Support</b></p> <ul style="list-style-type: none"> <li>• Assisting the enrollee to identify housing preferences and needs.</li> <li>• Connecting the enrollee to social services to help with finding housing necessary to support meeting medical care needs.</li> <li>• Assisting the enrollee to select adequate housing and complete a housing application, including by: <ul style="list-style-type: none"> <li>○ Obtaining necessary personal documentation required for housing applications or programs;</li> <li>○ Supporting with background checks and other required paperwork associated with a housing application</li> </ul> </li> <li>• Assisting the enrollee to develop a housing support and crisis plan to support living independently in their own home.</li> <li>• Assisting the enrollee to develop a housing stability plan and support the follow through and achievement of the goals defined in the plan.</li> <li>• Assisting to complete reasonable accommodation requests.</li> <li>• Identifying vendor(s) for and coordinating housing inspection, housing move-in, remediation and accessibility services.</li> <li>• Assisting with budgeting and providing financial counseling for housing/living expenses (including coordination of payment for first month's rent and short-term post hospitalization rental payments).</li> <li>• Providing financial literacy education and on budget basics and locating community-based consumer credit counseling bureaus</li> </ul>

- Coordinating other Pilot housing-related services, including:
  - Coordinating transportation for enrollees to housing-related services necessary to obtain housing (e.g. apartment/home visits).
  - Coordinating the enrollee’s move into stable housing including by assisting with the following:
    - Logistics of the move (e.g., arranging for moving company or truck rental);
    - Utility set-up and reinstatement;
    - Obtaining furniture/commodities to support stable housing
  - Referral to legal support to address needs related to finding and maintaining stable housing.

***Tenancy Sustaining Services***

- Assisting the enrollee in revising housing support/crisis plan.
- Assisting the enrollee to develop a housing stability plan and support the follow through and achievement of the goals defined in the plan, including assistance applying to related programs to ensure safe and stable housing (e.g., Social Security Income and weatherization programs), or assuring assistance is received from the enrollee’s Medicaid care manager.
- Assisting the enrollee with completing additional or new reasonable accommodation requests.
- Supporting the enrollee in the development of independent living skills.
- Connecting the enrollee to education/training on tenants’ and landlords’ role, rights and responsibilities.
- Assisting the enrollee in reducing risk of eviction with conflict resolution skills.
- Coordinating other Pilot housing-related services, including:
  - Assisting the enrollee to complete annual or interim housing re-certifications.
  - Coordinating transportation for enrollees to housing-related services necessary to sustain housing.
  - Referral to legal support to address needs related to finding and maintaining stable housing.

Activities listed above may occur without the Pilot enrollee present. For homeless enrollees, all services must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.

	The HSO has the option to partner with other organizations to ensure it is able to provide all activities described as part of this service. If desired by the HSO, the Lead Pilot Entity can facilitate partnerships of this kind.
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	On average, individuals require 6-18 months of case management services to become stably housed but individual needs will vary and may continue beyond the 18-month timeframe. Service duration would persist until services are no longer needed, as determined in an individual’s person-centered care plan, contingent on determination of continued Pilot eligibility.
Setting	<ul style="list-style-type: none"> <li>• The majority of sessions with enrollees should be in-person, in a setting desired by the individual. In-person meetings will, on average occur for the first 3 months of service.</li> <li>• Case managers may only utilize telephonic contacts if appropriate.</li> <li>• Some sessions may be “off-site,” (e.g., at potential housing locations).</li> </ul>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee is assessed to be currently experiencing homelessness, are at risk of homelessness and those whose quality/safety of housing are adversely affecting their health. Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan.</li> <li>• Enrollee is not currently receiving duplicative support through other Pilot services.</li> <li>• Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services. Individuals with co-occurring housing and IPV-related needs should receive the Holistic High Intensity Case Management service.</li> <li>• This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

## Inspection for Housing Safety and Quality

Category	Information
Service Name	Inspection for Housing Safety and Quality
Service Description	<p>A housing safety and quality inspection by a certified professional includes assessment of potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Inspections may assess the habitability and/or environmental safety of an enrollee's current or future dwelling. Inspections may include:</p> <ul style="list-style-type: none"> <li>• Inspection of building interior and living spaces for the following: <ul style="list-style-type: none"> <li>○ Adequate space for individual/family moving in;</li> <li>○ Suitable indoor air quality and ventilation;</li> <li>○ Adequate and safe water supply;</li> <li>○ Sanitary facilities, including kitchen, bathroom and living spaces</li> <li>○ Adequate electricity and thermal environment (e.g. window condition) and absence of electrical hazards;</li> <li>○ Potential lead exposure;</li> <li>○ Conditions that may affect health (e.g. presence of chemical irritants, dust, mold, pests);</li> <li>○ Conditions that may affect safety.</li> </ul> </li> <li>• Inspection of building exterior and neighborhood for the following: <ul style="list-style-type: none"> <li>○ Suitable neighborhood safety and building security;</li> <li>○ Condition of building foundation and exterior, including building accessibility; and,</li> <li>○ Condition of equipment for heating, cooling/ventilation and plumbing.</li> </ul> </li> </ul> <p>Inspector must communicate inspection findings to the care or case manager working with the enrollee to ensure referrals to appropriate organizations for additional home remediation and/or modifications, if necessary.</p> <p>This service can cover Housing Quality Standards (HQS) inspections upon move-in to a new residence, or other inspections to identify sub-standard housing that impacts an enrollee's health and safety.</p> <p>This service covers failed inspections and re-inspections.</p> <p>Each housing inspection does not need to include all activities listed in this service description. Service providers should only execute the necessary components of a housing safety and quality inspection as required based on an enrollee's circumstances. Costs for services provided must be commensurate with a vendor's scope of activities.</p>
Frequency (if applicable)	<ul style="list-style-type: none"> <li>• Enrollees may receive ad hoc assessments to identify housing quality, accessibility and safety issues at time of indication as needed when that current housing may be adversely affecting health or safety.</li> </ul>

	<ul style="list-style-type: none"> <li>Housing Quality Standards (HQS) inspections must occur at enrollee move-in to new place of residence if enrollee will receive “One-Time Payment for Security Deposit” and First Month’s Rent or “Short Term Post Hospitalization Housing” services.</li> </ul>
Duration <i>(if applicable)</i>	Approximately one hour.
Setting	Housing inspection should occur in the enrollee’s current place of residence or potential residence.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>Inspections may be conducted for individuals who are moving into new housing units (e.g., HQS Inspection) or for individuals who are currently in housing that may be adversely affecting their health or safety.</li> <li>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.</li> <li>This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service.</li> <li>Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

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## Housing Move-In Support

Category	Information
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"> <li>• 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 furniture, etc.)</li> <li>• 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"> <li>○ Essential furnishings (e.g., mattresses and beds, dressers, dining table and chairs);</li> <li>○ Bedding (e.g., sheets, pillowcases and pillows);</li> <li>○ Basic kitchen utensils and dishes;</li> <li>○ Bathroom supplies (e.g., shower curtains and towels);</li> <li>○ Cribs;</li> <li>○ Cleaning supplies.</li> </ul> </li> </ul> <p>This service shall not cover used mattresses, cloth, upholstered furniture, or other used goods that may pose a health risk to enrollees.</p>
Frequency <i>(if applicable)</i>	Enrollees that meet minimum service eligibility criteria may receive housing move-in support services when they move into a housing/apartment unit for the first time or move from their current place of residence to a new place of residence. This service may be utilized more than once per year, so long as overall spending remains below the annual cap.
Duration <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.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee must be receiving Housing Navigation, Support and Sustaining Services or Holistic High Intensity Enhanced Case Management. <ul style="list-style-type: none"> <li>○ Enrollees receiving services substantially similar to Housing Navigation, Supports and Sustaining Services through a different funding source (e.g. Medicaid State Plan, a 1915(c)-waiver service, or Housing and Urban Development grant) may still receive this Pilot service if deemed eligible. The provider delivering the substantially similar service must coordinate with the enrollee’s Medicaid care manager (if applicable) to determine the necessity of the Pilot service and ensure appropriate documentation in the enrollee’s care plan.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>• Housing move-in support services are available for individuals who are moving into housing from homelessness<sup>7</sup> 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 “Minimum Eligibility Criteria.”</li> <li>• Enrollee is moving into housing/apartment unit due to one or more of the following reasons: <ul style="list-style-type: none"> <li>○ Transitioning from homelessness or shelter to stable housing;</li> <li>○ Addressing the sequelae of an abusive relationship</li> <li>○ Evicted or at risk of eviction from current housing;</li> <li>○ Current housing is deemed unhealthy, unsafe or uninhabitable by a certified inspector;</li> <li>○ Displaced from prior residence due to occurrence of a natural disaster.</li> </ul> </li> <li>• This Pilot service is furnished only to the extent that the enrollee is unable to meet such expense or when the services cannot be reasonably obtained from other sources.</li> <li>• 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.</li> <li>• This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>
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<sup>7</sup> The Healthy Opportunities Pilots define homelessness by the U.S. Department of Health and Human Services (HHS) definition from Section 330 of the Public Health Service Act (42 U.S.C., 254b) and HRSA/Bureau of Primary Health Care Program Assistance Letter 88-12, Health Care for the Homeless Principles of Practice, available at: <https://www.nhchc.org/faq/official-definition-homelessness/>.

## Essential Utility Set-Up

Category	Information
Service Name	Essential Utility Set-Up
Service Description	<p>The Essential Utility Set Up service is a non-recurring payment to:</p> <ul style="list-style-type: none"> <li>• Provide non-refundable, utility set-up costs for utilities essential for habitable housing.</li> <li>• Resolve arrears related to unpaid utility bills and cover non-refundable utility set-up costs to restart the service if it has been discontinued in a Pilot enrollee's home, putting the individual at risk of homelessness or otherwise adversely impacting their health (e.g., in cases when medication must be stored in a refrigerator).</li> </ul> <p>This service may be used in association with essential home utilities that have been discontinued (e.g., initial payments to activate heating, electricity, water, and gas).</p>
Frequency <i>(if applicable)</i>	Enrollees may receive this service at any point at which they meet service minimum eligibility criteria and have not reached the cap.
Duration <i>(if applicable)</i>	N/A
Setting	<ul style="list-style-type: none"> <li>• An enrollee's home</li> <li>• Utility vendor's office</li> </ul>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee must require service either when moving into a new residence or because essential home utilities have been discontinued or were never activated at move-in and will adversely impact occupants' health if not restored.</li> <li>• Enrollee demonstrates a reasonable plan, created in coordination with care manager or case manager, to cover future, ongoing payments for utilities.</li> <li>• 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.</li> <li>• 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.</li> <li>• This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

## Home Remediation Services

Category	Information
Service Name	Home Remediation Services
Service Description	Evidence-based home remediation services are coordinated and furnished to eliminate known home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Home remediation services may include for example pest eradication, carpet or mold removal, installation of washable curtains or synthetic blinds to prevent allergens, or lead abatement.
Frequency <i>(if applicable)</i>	Enrollees may receive home remediation services at any point at which they meet minimum service eligibility criteria and have not reached the cap.
Duration <i>(if applicable)</i>	N/A
Setting	Home remediation services occur in the enrollee's current place of residence or potential residence.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• 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. <ul style="list-style-type: none"> <li>○ The housing unit may be owned by the enrollee (so long as it is their primary place of residence) or rented.</li> </ul> </li> <li>• Landlord has agreed to and provided signed consent for approved home remediation services prior to service delivery (if applicable).</li> <li>• Landlord has agreed to and provided signed consent to keep rent at current rate for a period of twenty-four months after receiving Pilot Home remediation services prior to service delivery (if applicable).</li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

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## Home Accessibility and Safety Modifications

Category	Information
Service Name	Home Accessibility and Safety Modifications
Service Description	Evidence-based home accessibility and safety modifications are coordinated and furnished to eliminate known home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Home accessibility modifications are adjustments to homes that need to be made in order to allow for enrollee mobility, enable independent and safe living and accommodate medical equipment and supplies. Home modifications should improve the accessibility and safety of housing (e.g., installation of entrance ramps, hand-held shower controls, non-slip surfaces, grab bars in bathtubs, installation of locks and/or other security measures, and reparation of cracks in floor).
Frequency <i>(if applicable)</i>	Enrollees may receive home accessibility modifications at any point at which they meet minimum eligibility criteria and have not reached the cap.
Duration <i>(if applicable)</i>	N/A
Setting	Home accessibility and safety services will occur in the enrollee's current place of residence or potential residence.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• 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. <ul style="list-style-type: none"> <li>○ The housing unit may be owned by the enrollee (so long as it is their primary place of residence) or rented.</li> </ul> </li> <li>• Landlord has agreed to and provided signed consent for approved home accessibility or safety modifications prior to service delivery (if applicable).</li> <li>• Landlord has agreed to and provided signed consent to keep rent at current rate for a period of twenty-four months after approved home accessibility or safety modification prior to service delivery (if applicable).</li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

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## Healthy Home Goods

Category	Information
Service Name	Healthy Home Goods
Service Description	Healthy-related home goods are furnished to eliminate known home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Home-related goods that may be covered include, for example, discrete items related to reducing environmental triggers in the home (e.g., a "Breathe Easy at Home Kit" with EPA-vacuum, air filter, green cleaning supplies, hypoallergenic mattress or pillow covers and non-toxic pest control supplies). Healthy Home Goods do not alter the physical structure of an enrollee's housing unit.
Frequency <i>(if applicable)</i>	Enrollees may receive healthy home goods when there are health or safety issues adversely affecting their health or safety.
Duration <i>(if applicable)</i>	N/A
Setting	Variable. Many times, goods will be given to an enrollee inside the home. Some goods (e.g., air filters) may be given to an enrollee in a location outside the home, including an HSO site or a clinical setting.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

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

Category	Information
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"> <li>• Pass a Housing Quality Standards (HQS) inspection</li> <li>• Meet fair market rent and reasonableness check</li> <li>• Meet a debarment check</li> </ul> <p>For homeless enrollees, all services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.</p>
Frequency <i>(if applicable)</i>	Once per enrollee over the lifetime of the demonstration
Duration <i>(if applicable)</i>	N/A
Setting	N/A
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee must be receiving Housing Navigation, Support and Sustaining Services or Holistic High Intensity Enhanced Case Management. <ul style="list-style-type: none"> <li>○ Enrollees receiving services substantially similar to Housing Navigation, Supports and Sustaining Services through a different funding source (e.g. Medicaid State Plan, a 1915(c)-waiver service, or Housing and Urban Development grant) may still receive this Pilot service if deemed eligible. The provider delivering the substantially similar service must coordinate with the enrollee's Medicaid care manager (if applicable) to determine the necessity of the Pilot service and ensure appropriate documentation in the enrollee's care plan.</li> </ul> </li> <li>• Enrollee must receive assistance with developing a reasonable plan to address future ability to pay rent through a housing stability plan.</li> <li>• Housing unit must pass a Housing Quality Standards (HQS) inspection prior to move-in or, in certain circumstances, a habitability inspection performed by the case manager or other staff. If a habitability inspection is performed, an HQS inspection must be scheduled immediately following move-in.</li> <li>• 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.</li> <li>• This pilot service is provided only to the extent that the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.</li> </ul>

	<ul style="list-style-type: none"><li>• 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.</li><li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li></ul>
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## Short-Term Post Hospitalization Housing

Category	Information
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 from inpatient hospitalization. Housing should provide enrollees with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed and will be limited to housing in a private or shared housing unit. Short-Term Post Hospitalization Housing setting should promote independent living and transition to a permanent housing solution. Services may not be provided in a congregate setting, as defined by the Department.</p> <p>Allowable units for short-term post-hospitalization housing must provide the following for enrollees:</p> <ul style="list-style-type: none"> <li>• Access to a clean, healthy environment that allows enrollees to perform activities of daily living;</li> <li>• Access to a private or semi-private, independent room with a personal bed for the entire day;</li> <li>• Ability to receive onsite or easily accessible medical and case management services, as needed.</li> </ul> <p>Coordination of this service should begin prior to hospital discharge by a medical professional or care team member. The referral to Short-Term Post Hospitalization Housing should come from a member of the individual's care team.</p> <p>For homeless enrollees, all services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.</p>
Frequency <i>(if applicable)</i>	N/A
Duration <i>(if applicable)</i>	Up to six months, contingent on determination of continued Pilot eligibility
Setting	Coordination should begin prior to hospital discharge. Services may not be provided in a congregate setting.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee must receive Housing Navigation, Support and Sustaining Services or Holistic High Intensity Enhanced Case Management in tandem with this service. <ul style="list-style-type: none"> <li>○ Enrollees receiving services substantially similar to Housing Navigation, Supports and Sustaining Services through a different funding source (e.g. Medicaid State Plan, a 1915(c)-waiver service, or Housing and Urban Development grant) may still receive this Pilot service if deemed eligible. The provider delivering the substantially</li> </ul> </li> </ul>



	<p>similar service must coordinate with the enrollee’s Medicaid care manager (if applicable) to determine the necessity of the Pilot service and ensure appropriate documentation in the enrollee’s care plan.</p> <ul style="list-style-type: none"> <li>• Enrollee is imminently homeless post-inpatient hospitalization.</li> <li>• Enrollee must receive assistance with developing a reasonable plan to address future ability to pay rent through a housing stability plan.</li> <li>• Housing unit must pass a Housing Quality Standards (HQS) inspection prior to move-in or, in certain circumstances, a habitability inspection performed by the case manager or other staff. If a habitability inspection is performed, an HQS inspection must be scheduled immediately following move-in.</li> <li>• 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.</li> <li>• This Pilot service is provided only to the extent that the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.</li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other Pilot services.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>
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## B. Interpersonal Violence / Toxic Stress Services

### IPV Case Management Services

Category	Information
Service Name	IPV Case Management Services
Service Description	<p>This service covers a set of activities that aim to support an individual in addressing sequelae of an abusive relationship. These activities may include:</p> <ul style="list-style-type: none"> <li>• Ongoing safety planning/management</li> <li>• Assistance with transition-related needs, including activities such as obtaining a new phone number, updating mailing addresses, school arrangements to minimize disruption of school schedule</li> <li>• Linkages to child care and after-school programs and community engagement activities</li> <li>• Linkages to community-based social service and mental health agencies with IPV experience, including trauma-informed mental health services for family members affected by domestic violence, including witnessing domestic violence</li> <li>• 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)</li> <li>• Referral to and provision of domestic violence shelter or emergency shelter, if safe and appropriate permanent housing is not immediately available, or, in lieu of shelter, activities to ensure safety in own home</li> <li>• Coordination with a housing service provider if additional expertise is required</li> <li>• Coordination of transportation for the enrollee that is necessary to meet the goals of the IPV Case Management service</li> <li>• Informal or peer counseling and advocacy related to enrollees' needs and concerns. These may include accompanying the recipient to appointments, providing support during periods of anxiety or emotional distress, or encouraging constructive parenting activities and self-care.</li> </ul> <p>Activities listed above may occur without the Pilot enrollee present. The HSO has the option to partner with other organizations to ensure it is able to provide all activities described as part of this service. If desired by the HSO, the Lead Pilot Entity can facilitate partnerships of this kind.</p>
Frequency (if applicable)	As needed
Duration (if applicable)	Service duration would persist until services are no longer needed as determined in an individual's person-centered care plan, contingent on determination of continued Pilot eligibility.

Setting	Various settings are appropriate, including at a shelter, home of the enrollee or home of friend or relative, supportive housing, clinical or hospital setting, enrollee’s residence, HSO site, or other community setting deemed safe and sufficiently private but accessible to the enrollee.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee requires ongoing engagement.<sup>8</sup></li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other Pilot services.</li> <li>• Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services. Individuals with co-occurring housing and IPV-related needs should receive the Holistic High Intensity Case Management service.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

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<sup>8</sup> This service is not intended for single or highly intermittent cases often handled through crisis hotlines. The pre-authorized three-month interval is designed to address the unpredictable needs and engagement level for those with a sustained relationship with a human services organization.

**Violence Intervention Services**

Category	Information
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 Support Specialists and case managers provide:</p> <ul style="list-style-type: none"> <li>• Individualized psychosocial education related to de-escalation skills and alternative approaches to conflict resolution</li> <li>• Linkages to housing, food, education, employment opportunities, and after-school programs and community engagement activities.</li> </ul> <p>Peer Support Specialists are expected to conduct regular outreach to their mentees, to maintain situational awareness of their mentees’ milieu, and to travel to conflict scenes where their mentees may be involved in order to provide in-person de-escalation support. Activities listed above may occur without the Pilot enrollee present.</p> <p>The service should be informed by an evidence-based program such as (but not limited to) Cure Violence.</p>
Frequency (if applicable)	As needed
Duration (if applicable)	Service duration would persist until services are no longer needed as determined in an individual’s person-centered care plan, contingent on determination of continued Pilot eligibility.
Setting	Various settings are appropriate, including at an individual’s home, school, HSO site, or other community setting deemed safe and sufficiently private but accessible to the enrollee.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Individual must have experienced 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)</li> <li>• Individual must be community-dwelling (i.e., not incarcerated).</li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

## Evidence-Based Parenting Curriculum

*Note: North Carolina has priced one approved curriculum and will finalize a full list of allowable curricula and associated prices after selection of Pilot regions.*

Category	Information
Service Name	Evidence-Based Parenting Classes
Service Description	<p>Evidence-based parenting curricula are meant to provide:</p> <ul style="list-style-type: none"> <li>• Group and one-on-one instruction from a trained facilitator</li> <li>• Written and audiovisual materials to support learning</li> <li>• Additional services to promote attendance and focus during classes</li> </ul> <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/out of home placement or parental incarceration. This service description outlines one approved curriculum: Incredible Years (Parent) – Preschool/School.</p> <p>This service should be delivered in a trauma-informed, developmentally appropriate, and culturally relevant manner.</p>
Frequency (if applicable)	N/A
Duration (if applicable)	18-20 sessions, typically lasting 2-2.5 hours each.
Setting	Services may be provided in a classroom setting or may involve limited visits to recipients' homes.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

## Home Visiting Services

*Note: North Carolina has priced one approved curriculum and will finalize a full list of allowable curricula and associated prices after selection of Pilot regions.*

Category	Information
Service Name	Home Visiting Services
Service Description	<p>Home Visiting services are meant to provide:</p> <ul style="list-style-type: none"> <li>• One-one observation, instruction and support from a trained case manager who may be a licensed clinician</li> <li>• Written and/or audiovisual materials to support learning</li> </ul> <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/out of home placement or parental incarceration. This service description outlines one approved curriculum: Parents As Teachers.</p> <p>This service should be delivered in a trauma-informed, developmentally appropriate, and culturally relevant manner.</p>
Frequency (if applicable)	N/A
Duration (if applicable)	<ul style="list-style-type: none"> <li>• Families with one or no high-needs characteristics should get at least 12 home visits annually</li> <li>• Families with two or more high-needs characteristics should receive at least 24 home visits annually</li> <li>• Home visits last approximately 60 minutes</li> <li>• Home visits provided beyond 6 months are contingent on determination of continued Pilot eligibility</li> </ul>
Setting	Various settings are appropriate, including at an individual's home, school, HSO site, or other community setting deemed safe and sufficiently private but accessible to the enrollee.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

## Dyadic Therapy Services

Category	Information
Service Name	Dyadic Therapy Services
Service Description	<p>This service covers the delivery of dyadic therapy to benefit a child/adolescent at risk for or with an attachment disorder, a behavioral or conduct disorder, a mood disorder, an obsessive-compulsive disorder, post-traumatic stress disorder, or as a diagnostic tool to assess for the presence of these disorders. This service only covers therapy provided to the parent or caregiver of a Pilot enrolled child to address the parent's or caregiver's behavioral health challenges that are negatively contributing to the child's well-being. This is not a group-based therapy. Sessions are limited to the parent(s) or caregiver(s) of the child/adolescent. Treatments are based on evidence-based therapeutic principles (for example, trauma-focused cognitive-behavioral therapy). When appropriate, the Pilot enrolled child should but is not required to receive Medicaid-covered behavioral health or dyadic therapy services as a complement to this Pilot service.</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>
Frequency (if applicable)	As needed
Duration (if applicable)	As needed, contingent on determination of continued Pilot eligibility
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.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• The covered individual is 21 years old or younger</li> <li>• The parent or caregiver recipient of this service cannot be eligible to receive this service as a Medicaid covered service.</li> <li>• The covered individual is at risk for or has a disorder listed above that can be addressed through dyadic therapy directed at the covered individual's parent or caregiver, delivered together or separately, that is not otherwise covered under Medicaid.</li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.</li> </ul>

## C. Food Services

### Food and Nutrition Access Case Management Services

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



Setting	<ul style="list-style-type: none"> <li>• May be offered: <ul style="list-style-type: none"> <li>○ At a community setting (e.g. community center, health care clinic, Federally Qualified Health Center (FQHC), food pantry, food bank)</li> <li>○ At an enrollee’s home (for home-bound individuals)</li> <li>○ Via telephone or other modes of direct communication</li> </ul> </li> </ul>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other Pilot services.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

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## Evidence-Based Group Nutrition Class

Category	Information
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. 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"> <li>• Increasing fruit and vegetable consumption</li> <li>• Preparing healthy, balanced meals</li> <li>• Growing food in a garden</li> <li>• Stretching food dollars and maximizing food resources</li> </ul> <p>Facilitators may choose from evidence-based curricula, such as:</p> <ul style="list-style-type: none"> <li>• Cooking Matters (for Kids, Teens, Adults)<sup>9</sup></li> <li>• A Taste of African Heritage (for Kids, Adults)<sup>10</sup></li> </ul> <p>For curricula not outlined above, an organization must follow an evidence-based curriculum that is approved by DHHS, in consultation with the Lead Pilot Entity and PHPs.</p>
Frequency (if applicable)	Typically, weekly
Duration (if applicable)	Typically, six weeks
Setting	Classes may be offered in a variety of community settings, including but not limited to health clinics, schools, YMCAs, Head Start centers, community gardens, or community kitchens.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high-risk pregnancy.</li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

<sup>9</sup> More information on Cooking Matters available at: <http://cookingmatters.org/node/2215>

<sup>10</sup> More information on A Taste Of African Heritage available at: <https://oldwayspt.org/programs/african-heritage-health/atoah-community-cooking-classes>

## Diabetes Prevention Program

Category	Information
Service Name	Diabetes Prevention Program
Service Description	<p>Provision of the CDC-recognized “Diabetes Prevention Program” (DPP), which is a healthy living course delivered to a group of individuals by a trained lifestyle coach designed to prevent or delay type 2 diabetes. The program focuses on healthy eating and physical activity for those with prediabetes.</p> <p>The program must comply with CDC Diabetes Prevention Program Standards and Operating Procedures.<sup>11</sup></p>
Frequency (if applicable)	Minimum of 16 sessions in Phase I; Minimum of 6 sessions in Phase II, according to CDC Standards and Operating Procedures.
Duration (if applicable)	Typically, one year, contingent on determination of continued Pilot eligibility
Setting	Intervention is offered at a community setting, clinical setting, or online, as part of the approved DPP curriculum.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee must: <ul style="list-style-type: none"> <li>○ Be 18 years of age or older,</li> <li>○ Have a BMI <math>\geq 25</math> (<math>\geq 23</math> if Asian),</li> <li>○ Not be pregnant at the time of enrollment</li> <li>○ Not have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment,</li> <li>○ Have one of the following: <ul style="list-style-type: none"> <li>▪ A blood test result in the prediabetes range within the past year, or</li> <li>▪ A previous clinical diagnosis of gestational diabetes, or,</li> <li>▪ A screening result of high risk for type 2 diabetes through the “Prediabetes Risk Test”<sup>12</sup></li> </ul> </li> </ul> </li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

<sup>11</sup> CDC Diabetes Prevention Program Standards and Operating Procedures, available at: <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>

<sup>12</sup> Available at: <https://www.cdc.gov/prediabetes/takethetest/>

## Fruit and Vegetable Prescription

Category	Information
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"> <li>• Grocery stores</li> <li>• Farmers markets</li> <li>• Mobile markets</li> <li>• Community-supported agriculture (CSA) programs</li> <li>• Corner stores</li> </ul> <p>A voucher transaction may be facilitated manually or electronically, depending on the most appropriate method for a given food retail setting. The cost associated with coordinating the provision of services are included.</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), contingent on determination of continued Pilot eligibility
Setting	Enrollees spend vouchers at food retailers. Human service organizations administer and coordinate the service in a variety of settings: engaging with enrollees in the community (e.g. health care and community-based settings) to explain the service, administering food retailer reimbursements and other administrative functions from their office, and potentially meeting with food retailers in the field.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high-risk pregnancy.</li> <li>• If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> <li>○ Be enrolled in SNAP and/or WIC, or</li> <li>○ Have submitted a SNAP and/or WIC application within the last 2 months, or</li> <li>○ Have been determined ineligible for SNAP and/or WIC within the past 12 months</li> </ul> </li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

### Healthy Food Box (For Pick-Up)

Category	Information
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. This service does not constitute a full nutritional regimen (three meals per day per person).</p> <p>Healthy food boxes should be furnished using a client choice model when possible and should be provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.</p>
Frequency (if applicable)	Typically, weekly
Duration (if applicable)	<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"> <li>• Food is sourced and warehoused by a central food bank, and then delivered to community settings by the food bank.</li> <li>• 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.</li> </ul>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high-risk pregnancy.</li> <li>• If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> <li>○ Be enrolled in SNAP and/or WIC, or</li> <li>○ Have submitted a SNAP and/or WIC application within the last 2 months, or</li> <li>○ Have been determined ineligible for SNAP and/or WIC within the past 12 months</li> </ul> </li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

### Healthy Food Box (Delivered)

Category	Information
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. This service does not constitute a full nutritional regimen (three meals per day per person).</p> <p>Healthy food boxes should be provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.</p>
Frequency (if applicable)	Typically weekly
Duration (if applicable)	<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"> <li>• Food is sourced and warehoused by a central food bank.</li> <li>• Food boxes are delivered to enrollee’s home.</li> </ul>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee does not have capacity to shop for self or get to food distribution site or have adequate social support to meet these needs.</li> <li>• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high-risk pregnancy.</li> <li>• If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> <li>○ Be enrolled in SNAP and/or WIC, or</li> <li>○ Have submitted a SNAP and/or WIC application within the last 2 months, or</li> <li>○ Have been determined ineligible for SNAP and/or WIC within the past 12 months</li> </ul> </li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> <li>• 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.</li> </ul>

## Healthy Meal (For Pick-Up)

Category	Information
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,<sup>13</sup> and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Agriculture.<sup>14</sup> Meals may be tailored to meet cultural preferences and specific medical needs. This service does not constitute a full nutritional regimen (three meals per day per person).</p>
Frequency (if applicable)	Frequency of meal services will differ based on the severity of the individual's needs.
Duration (if applicable)	Service would continue until services are no longer needed as indicated in an individual's person-centered care plan, contingent on determination of continued Pilot eligibility.
Setting	<ul style="list-style-type: none"> <li>Meals are offered for pick-up in a community setting, for example at a food pantry, community center, or a health clinic.</li> </ul>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs.</li> <li>Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high-risk pregnancy.</li> <li>If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> <li>Be enrolled in SNAP and/or WIC, or</li> <li>Have submitted a SNAP and/or WIC application within the last 2 months, or</li> <li>Have been determined ineligible for SNAP and/or WIC within the past 12 months</li> </ul> </li> <li>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.</li> <li>Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

<sup>13</sup> Dietary Reference Intakes available at: <https://www.nal.usda.gov/fnic/dietary-reference-intakes>.

<sup>14</sup> Most recent version of the Dietary Guidelines for Americans is available at: <https://health.gov/dietaryguidelines/2015/guidelines/>.

## Healthy Meal (Home Delivered)

Category	Information
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,<sup>15</sup> and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Agriculture.<sup>16</sup> Meals may be tailored to meet cultural preferences and specific medical needs. This service does not constitute a full nutritional regimen (three meals per day per person).</p>
Frequency (if applicable)	Meal delivery services for enrollees requiring this service will differ based on the severity of the individual’s needs. On average, individuals receive 2 meals per day (or 14 meals per week).
Duration (if applicable)	Service would continue until services are no longer needed as indicated in an individual’s person-centered care plan, contingent on determination of continued Pilot eligibility.
Setting	Meals are delivered to enrollee’s home.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs.</li> <li>• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, or high-risk pregnancy.</li> <li>• If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> <li>○ Be enrolled in SNAP and/or WIC, or</li> <li>○ Have submitted a SNAP and/or WIC application within the last 2 months, or</li> <li>○ Have been determined ineligible for SNAP and/or WIC within the past 12 months</li> </ul> </li> <li>• 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.</li> <li>• This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

<sup>15</sup> Dietary Reference Intakes available at: <https://www.nal.usda.gov/fnic/dietary-reference-intakes>.

<sup>16</sup> Most recent version of the Dietary Guidelines for Americans is available at: <https://health.gov/dietaryguidelines/2015/guidelines/>.



## Medically Tailored Home Delivered Meal

Category	Information
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 Dietitian Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) to assess and develop a medically-appropriate nutrition care plan, the preparation and delivery of the prescribed nutrition care regimen, and regular reassessment at least once every 3 months.</p> <p>Meals must be in accordance with nutritional guidelines established by the National Food Is Medicine Coalition (FIMC) <a href="#">or other appropriate guidelines</a>.<sup>17</sup> Meals may be tailored to meet cultural preferences. For health conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the LPE. This service does not constitute a full nutritional regimen (three meals per day per person).</p>
Frequency (if applicable)	Meal delivery services for enrollees requiring this service will differ based on the severity of the individual's needs. On average, individuals receive 2 meals per day (or 14 meals per week).
Duration (if applicable)	Service would continue until services are no longer needed as indicated in an individual's person-centered care plan, contingent on determination of continued Pilot eligibility.
Setting	<ul style="list-style-type: none"> <li>• Nutrition assessment is conducted in person, in a clinic environment, the enrollee's home, or telephonically as appropriate.</li> <li>• Meals are delivered to enrollee's home.</li> </ul>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs.</li> <li>• 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.</li> <li>• If potentially eligible for SNAP and/or WIC, the enrollee must either: <ul style="list-style-type: none"> <li>○ Be enrolled in SNAP and/or WIC, or</li> <li>○ Have submitted a SNAP and/or WIC application within the last 2 months, or</li> <li>○ Have been determined ineligible for SNAP and/or WIC within the past 12 months</li> </ul> </li> <li>• 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.</li> </ul>

<sup>17</sup> FIMC standards available at:

<https://static1.squarespace.com/static/580a7cb9e3df2806e84bb687/t/5ca66566e5e5f01ac91a9ab4/1554408806530/FIMC+Nutriton+Standards-Final.pdf>.

	<ul style="list-style-type: none"><li>• Enrollee is not currently receiving duplicative support through other Pilot services.</li><li>• This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service.</li><li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li></ul>
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## D. Transportation Services

### Reimbursement for Health-Related Public Transportation

Category	Information
Service Name	Reimbursement for Health-Related Public Transportation
Service Description	<p>Provision of health-related transportation for qualifying Pilot enrollees through vouchers for public transportation.</p> <p>This service may be furnished to transport Pilot enrollees to non-medical services that promote community engagement, health and well-being. The service may include transportation to locations indicated in an enrollee's care plan that may include, for example:</p> <ul style="list-style-type: none"> <li>• Grocery stores/farmer's markets;</li> <li>• Job interview(s) and/or place of work;</li> <li>• Places for recreation related to health and wellness (e.g., public parks and/or gyms);</li> <li>• Group parenting classes/childcare locations;</li> <li>• Health and wellness-related educational events;</li> <li>• Places of worship, services and other meetings for community support;</li> <li>• Locations where other approved Pilot services are delivered.</li> </ul> <p>Pilot transportation services will not replace non-emergency medical transportation as required in Medicaid.</p>
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	N/A
Setting	N/A
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Family, neighbors and friends are unable to assist with transportation</li> <li>• Public transportation is available in the enrollee's community.</li> <li>• Service is only available for enrollees who do not have access to their own or a family vehicle.</li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other Pilot services.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

## Reimbursement for Health-Related Private Transportation

Category	Information
Service Name	Reimbursement for Health-Related Private Transportation
Service Description	<p>Provision of private health-related transportation for qualifying Pilot enrollees through one or more of the following services:</p> <ul style="list-style-type: none"> <li>• Community transportation options (e.g., local organization that organizes and provides transportation on a volunteer or paid basis)</li> <li>• Direct transportation by a professional, private or semi-private transportation vendor (e.g., shuttle bus company or privately-operated wheelchair-accessible transport)<sup>18</sup></li> <li>• Account credits for taxis or ridesharing mobile applications for transportation</li> </ul> <p>Private transportation services may be utilized in areas where public transportation is not an available and/or not an efficient option (e.g., in rural areas).</p> <p>The following services may be deemed allowable, cost-effective alternatives to private transportation by a Pilot enrollee’s Prepaid Health Plan (PHP):<sup>19</sup></p> <ul style="list-style-type: none"> <li>• Repairs to an enrollee’s vehicle</li> <li>• Reimbursement for gas mileage, in accordance with North Carolina’s Non-Emergency Medical Transportation clinical policy<sup>20</sup></li> </ul> <p>This service may be furnished to transport Pilot enrollees to non-medical services that promote community engagement, health and well-being. The service may include transportation to locations indicated in an enrollee’s care plan that may include, for example:</p> <ul style="list-style-type: none"> <li>• Grocery stores/farmer’s markets;</li> <li>• Job interview(s) and/or place of work;</li> <li>• Places for recreation related to health and wellness (e.g. public parks and/or gyms);</li> <li>• Group parenting classes/childcare locations;</li> <li>• Health and wellness-related educational events;</li> <li>• Places of worship, services and other meetings for community support;</li> </ul>

<sup>18</sup> An organization providing non-emergency medical transportation in North Carolina is permitted to provide this Pilot service. However, the organization will only receive reimbursement when an individual is transported in accordance with the Pilot service requirements, including that the service is furnished to transport Pilot enrollees to non-medical services that promote community engagement, health and well-being.

<sup>19</sup> Repairs to a enrollee’s vehicle and reimbursement for gas mileage may be particularly likely to be cost-effective alternatives in rural areas of North Carolina but may also applicable in other areas of the State with limited public transportation.

<sup>20</sup> Reimbursement for gas mileage must be in accordance with North Carolina’s Non-Emergency Medical Transportation (NEMT) Policy, available at: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NC/NC-18-011.pdf>.

	<ul style="list-style-type: none"> <li>Locations where other approved Pilot services are delivered.</li> </ul> <p>Pilot transportation services will not replace non-emergency medical transportation as required in Medicaid.</p>
Frequency <i>(if applicable)</i>	As needed
Duration <i>(if applicable)</i>	N/A
Setting	N/A
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>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.</li> <li>Enrollee is not currently receiving duplicative support through other Pilot services.</li> <li>Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

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## Transportation PMPM Add-On for Case Management Services

Category	Information
Service Name	Transportation PMPM Add-On for Case Management Services
Service Description	<p>Reimbursement for coordination and provision of transportation for Pilot enrollees provided by an organization delivering one or more of the following case management services:</p> <ul style="list-style-type: none"> <li>• Housing Navigation, Support and Sustaining Services</li> <li>• IPV Case Management</li> <li>• Holistic High Intensity Enhanced Case Management</li> </ul> <p>This service is for transportation needed to meet the goals of each of the case management services listed above. Transportation must be to and from appointments related to identified case management goals. For example, an organization providing Housing Navigation, Support and Sustaining Services may transport an individual to potential housing sites. An organization providing IPV case management may transport an individual to peer support groups and sessions.</p> <p>Transportation will be managed or directly provided by a case manager or other HSO staff member. Allowable forms of transportation include, for example:</p> <ul style="list-style-type: none"> <li>• Use of HSO-owned vehicle or contracted transportation vendor;</li> <li>• Use of personal car by HSO case manager or other staff member;</li> <li>• Vouchers for public transportation;</li> <li>• Account credits for taxis/ridesharing mobile applications for transportation (in areas without access to public transportation).</li> </ul> <p>Organizations that provide case management may elect to either receive this PMPM add-on to cover their costs of providing and managing enrollees' transportation or may use the "Reimbursement for Health-Related Transportation" services—public or private—to receive reimbursement for costs related to enrollees' transportation (e.g., paying for an enrollee's bus voucher). Organizations will have the opportunity to opt in or out of the PMPM add-on annually. Organizations that have opted in for the PMPM add-on may not separately bill for "Reimbursement for Health-Related Transportation" services.</p>

## E. Cross-Domain Services

### Holistic High Intensity Enhanced Case Management

Category	Information
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 and interpersonal violence/toxic stress, and as needed transportation and food insecurities. Activities may include those outlined in the following three service definitions:</p> <ul style="list-style-type: none"> <li>• Housing Navigation, Support and Sustaining Services</li> <li>• Food and Nutrition Access Case Management Services</li> <li>• IPV Case Management Services</li> </ul> <p>Note that case management related to transportation needs are included in the services referenced above.</p> <p>Activities listed above may occur without the Pilot enrollee present. The HSO has the option to partner with other organizations to ensure it is able to provide all activities described as part of this service. If desired by the HSO, the Lead Pilot Entity can facilitate partnerships of this kind.</p>
Frequency (if applicable)	As needed
Duration (if applicable)	Service duration would persist until services are no longer needed as determined in an individual's person-centered care plan, contingent on determination of continued Pilot eligibility.
Setting	<ul style="list-style-type: none"> <li>• Most sessions with enrollees should be in-person, in a setting desired by the individual. In-person meetings will, on average occur for the first 3 months of service.</li> <li>• Case managers may only utilize telephonic contacts if deemed appropriate.</li> <li>• Some sessions may be "off-site," (e.g., at potential housing locations).</li> </ul>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Enrollee must concurrently require both Housing Navigation, Support and Sustaining Services and IPV Case Management services.</li> <li>• 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.</li> <li>• Enrollee is not currently receiving duplicative support through other Pilot services.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

## Medical Respite

Category	Information
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 stable 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><b>Short-Term Post-Hospitalization Housing:</b>            Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual’s imminent homelessness at discharge. Housing should provide enrollees with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed and will be limited to housing in a private or shared housing unit. Short-Term Post Hospitalization Housing setting should promote independent living and transition to a permanent housing solution. Services may not be provided in a congregate setting, as defined by the Department.</p> <p>Allowable units for short-term post-hospitalization housing must provide the following for enrollees:</p> <ul style="list-style-type: none"> <li>• Access to a clean, healthy environment that allows enrollees to perform activities of daily living;</li> <li>• Access to a private or semi-private, independent room with a personal bed for the entire day;</li> <li>• Ability to receive onsite or easily accessible medical and case management services, as needed.</li> </ul> <p>Coordination of this service should begin prior to hospital discharge by a medical professional or team member. The referral to medical respite should come from a member of the individual’s care team.</p> <p>For homeless enrollees, all services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.</p>



	<p><b>Medically Tailored Meal (<i>delivered to residential setting</i>)</b>  Home delivered meal which is medically tailored for a specific disease or condition. This service includes an initial evaluation with a Registered Dietitian 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 (FIMC) <a href="#">or other appropriate guidelines</a>.<sup>21</sup> Meals may be tailored to meet cultural preferences. For health conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the LPE. This service does not constitute a full nutritional regimen (three meals per day per person).</p> <p><b>Transportation Services</b>  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. <i>Refer to service definitions for Reimbursement for Health-Related Public Transportation and Reimbursement for Health-Related Private Transportation for further service description detail.</i></p> <p>Medical respite program staff are required to check-in regularly with the individual’s Medicaid care manager to coordinate physical, behavioral and social needs.</p>
Frequency (if applicable)	N/A
Duration (if applicable)	Up to six months, contingent on determination of continued Pilot eligibility.
Setting	<ul style="list-style-type: none"> <li>• The majority of the services will occur in the allowable short-term post-hospitalization housing settings described in the service description.</li> <li>• Some services will occur outside of the residential setting (e.g., transportation to wellness-related activities/events, site visits to potential housing options).</li> </ul>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Individuals who are homeless or imminently homeless, have recently been discharged from a hospital setting and require continuous access to medical care.</li> </ul>

<sup>21</sup> FIMC Standards available at:  
<https://static1.squarespace.com/static/580a7cb9e3df2806e84bb687/t/5ca66566e5e5f01ac91a9ab4/1554408806530/FIMC+Nutriton+Standards-Final.pdf>.

	<ul style="list-style-type: none"><li>• Enrollee should remain in Medical Respite only as long as it is indicated as necessary by a healthcare professional.</li><li>• Enrollee requires access to comprehensive medical care post-hospitalization</li><li>• Enrollee requires intensive, in-person case management to recuperate and heal post-hospitalization.</li><li>• 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.</li><li>• Enrollee is not currently receiving duplicative support through other Pilot services.</li><li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li></ul>
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## Linkages to Health-Related Legal Supports

Category	Information
Service Name	Linkages to Health-Related Legal Supports
Service Description	<p>This service will assist enrollees with a specific matter with legal implications that influences their ability to secure and/or maintain healthy and safe housing and mitigate or eliminate exposure to interpersonal violence or toxic stress. This service may cover, for example:</p> <ul style="list-style-type: none"> <li>• Assessing an enrollee to identify legal issues that, if addressed, could help to secure or maintain healthy and safe housing and mitigate or eliminate exposure to interpersonal violence or toxic stress, including by reviewing information such as specific facts, documents (e.g., leases, notices, and letters), laws, and programmatic rules relevant to an enrollee’s current or potential legal problem;</li> <li>• Helping enrollees understand their legal rights related to maintaining healthy and safe housing and mitigating or eliminating exposure to interpersonal violence or toxic stress (e.g., explaining rights related to landlord/tenant disputes, explaining the purpose of an order of protection and the process for obtaining one);</li> <li>• Identifying potential legal options, resources, tools and strategies that may help an enrollee to secure or maintain healthy and safe housing and mitigate or eliminate exposure to interpersonal violence or toxic stress (e.g., providing self-advocacy instructions, removing a former partner’s debts from credit rating);</li> <li>• Providing advice to enrollees about relevant laws and course(s) of action and, as appropriate, helping an enrollee prepare “pro se” (without counsel) documents.</li> </ul> <p>This service is meant to address the needs of an individual who requires legal expertise, as opposed to the more general support that can be offered by a care manager, case manager or peer advocate. The care manager or case manager coordinating this service must clearly identify the scope of the authorized health-related legal support within the enrollee’s care plan.</p> <p>This service is limited to providing advice and counsel to enrollees and does not include “legal representation,” such as making contact with or negotiating with an enrollee’s potential adverse party (e.g., landlord, abuser, creditor, or employer) or representing an enrollee in litigation, administrative proceedings, or alternative dispute proceedings.</p> <p>After issues are identified and potential strategies reviewed with an enrollee, the service provider is expected to connect the enrollee to an organization or individual that can provide legal representation and/or additional legal support with non-Pilot resources.</p>
Frequency (if applicable)	As needed when minimum eligibility criteria are met

Duration <i>(if applicable)</i>	Services are provided in short sessions that generally total no more than 10 hours.
Setting	Various settings are appropriate. Services described above may be provided via telephone or other modes of direct communication (with or without the Pilot enrollee present) or in person, as appropriate, including, for example, the home of the enrollee, another HSO site, or other places convenient to the enrollee.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> <li>• Service does not cover legal representation.</li> <li>• 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.</li> <li>• The enrollee's Medicaid care manager or HSO case manager is responsible for clearly defining the scope of the authorized health-related legal support services.</li> <li>• Enrollee is not currently receiving duplicative support through other Pilot services.</li> <li>• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.</li> </ul>

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11. **Attachment R: Certification of Financial Condition and Legal Action Summary** is revised and restated in its entirety with the *First Revised and Restated Attachment R: Certification of Financial Condition and Legal Action Summary* as follows:

FIRST REVISED AND RESTATED ATTACHMENT R: CERTIFICATION OF FINANCIAL CONDITION AND LEGAL ACTION SUMMARY

The Offeror must complete and sign this Attachment and include the required documents as indicated herein.

**The undersigned hereby certifies that:**

- The Offeror has **included<sup>1</sup>** the following documents with this completed *Certification Of Financial Condition And Legal Action Summary*.
  - a.  Audited or reviewed financial statements (preferably audited) prepared by an independent Certified Public Accountant (CPA for the two most recent fiscal years, including at a minimum balance sheet, income statement, and cash flow statement for each year. Must provide the contact information for the CPA/audit firm.
  - b.  The current Month End Balance Sheet and Year-to-Date Income Statement at the time of proposal submission.
  - c.  The most recent corporate tax filing OR independent audit report. If submitting the independent audit report, it must include contact information for the audit firm.
- The Offeror is in sound financial condition and, if applicable, has received an unqualified audit opinion for the latest audit of its financial statements.
- The Offeror has **included<sup>2</sup>** a brief statement outlining and describing its financial stability.
- The Offeror has no outstanding liabilities, including tax and judgment liens, to the Internal Revenue Service or any other government entity.
- The Offeror is current in all amounts due for payments of federal and state taxes and required employment-related contributions and withholdings.
- The Offeror is not the subject of any current litigation or findings of noncompliance under federal or state law.
- The Offeror has not been the subject of any past or current litigation, findings in any past litigation, or findings of noncompliance under federal or state law that may impact in any way its ability to fulfill the requirements of this Contract.
- The Offeror acknowledges that this is a continuing certification, and the Offeror shall notify the Department within fifteen (15) calendar days of any material change to any of the representations made herein.

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<sup>1</sup> Failure to provide audited or reviewed financial statements for the two most recent fiscal years may result in disqualification.

<sup>2</sup> Failure to provide a statement outlining and describing financial stability may result in disqualification.

If any one or more of the foregoing boxes is NOT checked, the Offeror shall explain the reason in the space below:

Offerors are encouraged to explain any negative financial information in its financial statement below and are encouraged to provide documentation supporting those explanations:

By completing this Certification of Financial Condition and Legal Action Summary, the Offeror confirms documents are attached as indicated herein and affirms the ability to financially support implementation and on-going costs associated with this Contract, and the individual signing certifies he or she is authorized to make the foregoing statements on behalf of the Offeror.

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Signature

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Date

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Printed Name

**Execute Addendum #7:**

**Offeror:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Name and Title (Typed):** \_\_\_\_\_

**Date:** \_\_\_\_\_