

North Carolina Department of Health and Human Services
Healthy Opportunities Pilots RFI
Supplemental Service Description Template

Organization Name: _____

Service Description Template:

Category	Response
<p>I. Current Operations</p> <p><i>Based on the organization's current state, provide responses to the following questions.</i></p>	
Service Name	
<p>Select Pilot Service(s) from Appendix A that best align(s) with the named service.</p> <p><i>(Include one or more services from Appendix A, depending on how the Respondent provides currently provides services)</i></p>	
<p>Service Description</p> <p><i>(Describe the core activities and/or goods included in this service. Reference established, standardized protocols if available)</i></p>	
<p>Cost Elements</p> <p><i>(List the core cost components to provide this service, which may include direct and indirect costs)</i></p>	
<p>Frequency</p> <p><i>(Describe how often the service is provided (e.g., daily, weekly, monthly, as needed))</i></p>	

<p>Duration</p> <p><i>(Describe the average duration of the service (e.g., six (6) weeks, six (6) months))</i></p>	
<p>Setting</p> <p><i>(e.g., in-person, telephonic)</i></p>	
<p>Target Population & Eligibility Standards</p> <p><i>(Complete any applicable details for the population receiving the service)</i></p>	<ul style="list-style-type: none"> • <i>Age Group:</i> • <i>Target Population (e.g. Veterans, Elderly, LGBTQ, etc.):</i> • <i>Target Physical/Behavioral Health Condition (e.g. Cardiovascular disease, Substance Use Disorder, etc.):</i> • <i>Other Eligibility Standards (e.g., enrollee readiness, restrictions, etc.):</i>
<p>Service Provider Qualifications</p> <p><i>(e.g., minimum credential, training or licensing expectations)</i></p>	
<p>Staffing Ratios</p> <p><i>(Reference a normal panel size or staffing ratio for this service, if applicable)</i></p>	

<p>OPTIONAL: Evidence Base</p> <p><i>(Cite research on the effectiveness of your intervention, if available, especially related to healthcare outcomes)</i></p>	
<p>OPTIONAL: Existing Billing Code(s)</p> <p><i>(Provide any applicable HCPCS or other billing code routinely used with the service for the purpose of reimbursement)</i></p>	
<p>II. Future State</p> <p><i>To complete the following questions, consider how you would suggest this service be defined and paid for if it were incorporated into the Pilot service Fee Schedule.</i></p>	
<p>Preferred Unit of Service</p> <p><i>(e.g., 15-minute session, one (1) delivered meal one (1) per diem)</i></p>	
<p>Preferred Payment Approach</p> <p><i>(e.g., one-time payment for a service delivered, monthly payment per person receiving a bundle of services, one-time payment per visit)</i></p>	

Appendix A: Federally Approved Pilot Services

Service Sub-Category	Service #	Enhanced Case Management Services
Housing		
Housing and Tenancy Supports	H1	Assisting the individual with identifying preferences related to housing (e.g., type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration
	H2	Supports to assist the individual in budgeting for housing/living expenses, including financial literacy education on budget basics and locating community-based consumer credit counseling bureaus.
	H3	Assisting the individual to connect with social services to help with finding housing necessary to support individual in meeting their medical care needs. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan.
	H4	Assisting the individual with housing application and selection process, including filling out housing applications and obtaining and submitting appropriate documentation
	H5	Assisting the individual to develop a housing support plan based on upon the functional needs assessment, including establishing measurable goal(s) as part of the overall person-centered plan
	H6	Developing a crisis plan, which must identify prevention and early intervention services if housing is jeopardized
	H7	Participating in the person-centered plan meetings to assist the individual in determination or with revisions to housing support plan
	H8	Assisting the individual to review, update and modify his or her housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers
	H9	Assisting the individual to complete reasonable accommodation requests as needed to obtain housing
	H10	Supporting individuals in the development of independent living skills, such as skills coaching, financial counseling and anger management
	H11	Connecting the individual to education and training on tenants' and landlords'

		role, rights, and responsibilities
	H12	Assisting in reducing risk of eviction by providing services such as services that help the enrollee improve his or her conflict resolution skills, coaching, role-playing and communication strategies targeted towards resolving disputes with landlords and neighbors; communicate with landlords and neighbors to reduce the risk of eviction; address biopsychosocial behaviors that put housing at risk; and provide ongoing support with activities related to household management
	H13	Assessing potential health risks to ensure living environment is not adversely affecting occupants' health
	H14	Providing services that will assist the individual with moving into stable housing, including arranging the move, assessing the unit's and individual's readiness for move-in, and providing assistance (excluding financial assistance) in obtaining furniture and commodities. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
	H15	Providing funding related to utility set-up and moving costs provided that such funding is not available through any other program. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
Housing Quality and Safety Improvement Services	H16	Repairs or remediation for issues such as mold or pest infestation if repair or remediation provides a cost-effective method of addressing occupant's health condition, as documented by a health care professional, and remediation is not covered under any other provision such as tenancy law. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
	H17	Modifications to improve accessibility of housing (e.g., ramps, rails) and safety (e.g., grip bars in bathtubs) when necessary to ensure occupant's health and modification is not covered under any other provision such as the Americans with Disabilities Act.
Legal Assistance	H18	Assistance with connecting the enrollee to expert community resources to address legal issues impacting housing and thereby adversely impacting health, such as assistance with breaking a lease due to unhealthy living conditions. This Pilot service does not include legal representation or payment for legal representation.
Securing House	H19	Provide a one-time payment for security deposit and first month's rent provided that such finding is not available through any other program. This

Payments		payment may only be made once for each enrollee during the life of the demonstration, except for state determined extraordinary circumstances such as a natural disaster. This Pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee’s care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
Short-Term Post-Hospitalization	H20	Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual’s imminent homelessness provided that such a service is not available under any other programs. Temporary housing may not be in a congregate setting. To the extent temporary housing services are available under other programs, this service could cover connecting the individual to such program and helping them secure housing through that program.
Food		
Food Support Services	F1	Assist the enrollee with applications for SNAP and WIC
	F2	Assist the enrollee with identifying and accessing school-based food programs
	F3	Assist the enrollee with locating and referring enrollees to food banks or community-based summer and after-school food programs
	F4	Nutrition counseling and education, including on healthy meal preparation
	F5	Providing funding for meal and food support from food banks or other community-based food programs, including funding for the preparation, accessibility to, and food for medical condition specific “healthy food boxes,” provided that such supports are not available through any other program. Meal and food support services must be provided according to the enrollee’s care plan and must not constitute a “full nutritional regimen” (three meals per day per person).
Meal Delivery Services	F6	Providing funding for targeted nutritious food or meal delivery services for individuals with medical or medically-related special dietary needs provided such funding cannot be obtained through any other source. Meals provided as part of this service must be provided according to the enrollee’s care plan and must not constitute a “full nutritional regimen” (3 meals per day, per person).
Transportation		
Non-emergency health-related transportation	T1	Transportation services to social services that promote community engagement.
	T2	Providing educational assistance in gaining access to public or mass transit, including access locations, Pilot services available via public transportation, and

		how to purchase transportation passes.
	T3	Providing payment for public transportation (i.e., bus passes or mass transit vouchers) to support the enrollee’s ability to access Pilot services and other community-based and social services, in accordance with the individual’s care plan.
	T4	Providing account credits for cost-effective private forms of transportation (taxi, ridesharing) in areas without access to public transit. Pilot transportation services must be offered in accordance with an enrollee’s care plan, and transportation services will not replace non-emergency medical transportation as required under 42 CFR 431.53. Whenever possible, the enrollee will utilize family, neighbors, friends, or community agencies to provide transportation services.
Interpersonal Violence (IPV)/Toxic Stress		
Interpersonal Violence-Related Transportation	I1	Transportation services to/from IPV service providers for enrollees transitioning out of a traumatic situation.
IPV and Parenting Support Resources	I2	Assistance with linkages to community-based social service and mental health agencies with IPV expertise.
	I3	Assistance with linking to high quality child care and after-school programs.
	I4	Assistance with linkages to programs that increase adults' capacity to participate in community engagement activities.
	I5	Providing navigational services focusing on identifying and improving existing factors posing a risk to the safety and health of victims transitioning out of traumatic situations (i.e., obtaining a new phone number, updating mailing addresses, securing immediate shelter and longer-term housing, school arrangements to minimize disruption of school schedule, connecting enrollees to medical-legal partnerships to address overlap between healthcare and legal needs).
Legal Assistance	I6	Assistance with directing the enrollee to available legal services within the legal system for interpersonal violence related issues, such as securing a Domestic Violence Protection Order. This Pilot service does not include legal representation or payment for legal representation.
Child-Parent Support	I7	Evidence-based parenting support programs (i.e., Triple P – Positive Parenting Program, the Incredible Years, and Circle of Security International).
	I8	Evidence-based home visiting services by licensed practitioners to promote enhanced health outcomes, whole person care and community integration.

	19	Dyadic therapy treatment for children and adolescents at risk for or with an attachment disorder, or as a diagnostic tool to determine an attachment disorder.
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