Guidance on Duplicative Medicaid and Healthy Opportunities Pilot Services
March 2024

Overview

The Healthy Opportunities Pilot program (HOP) provides non-medical, evidence-based services to help meet the social needs and improve the health outcomes of eligible Medicaid enrollees.

To qualify for HOP services, members must meet HOP eligibility criteria and be enrolled in a health plan that operates in a Pilot region. Health plans participating in HOP will include Standard Plans, Tailored Plans, and Local Management Entity-Managed Care Organizations (LME/MCOs, for individuals in NC Medicaid Direct).[1] HOP will launch for the LME/MCO population eligible for Tailored Care Management beginning May 15, 2024. Upon Tailored Plan launch, Tailored Plans in the three HOP regions will launch HOP; eligible populations in LME/MCOs will transition to a Tailored Plan and continue to have access to HOP.

Standard Plans, Tailored Plans, and LME/MCOs offer different types of Medicaid services and the Department has identified some HOP services to be duplicative of services available to members through these health plans. The federal government requires that North Carolina ensure members do not receive HOP services that duplicate Medicaid services, State-Funded Services, or other available federal/state/local publicly funded services in order for members' needs to be met by the most appropriate service available and to prevent Medicaid funds from paying for duplicative services for a single individual. Throughout this document, Medicaid services (including In Lieu of Services (ILOS), 1915(i) services, and 1915(c) waiver services), State-Funded Services, or other available federal/state/local publicly funded services are referred to as "Medicaid/other services".

Table 1 below provides an overview of the types of services offered by Standard Plans, Tailored Plans, and LME/MCOs that may be duplicative of HOP services. Eligibility criteria vary across services; therefore, individuals will only be able to obtain a service if they meet the relevant eligibility criteria. For example, only individuals enrolled in the 1915(c) Innovations Waiver can obtain Innovations Waiver services. North Carolina has determined that there is a greater risk of duplication of HOP services in Tailored Plans and LME/MCOs, compared to Standard Plans, because only Tailored Plans and LME/MCOs will offer State-Funded Services, 1915(c) Innovations Waiver, and 1915(i) home and community-based services (see appendix for list of Tailored Plan and LME/MCO services that have been identified as duplicative of HOP services). For any given member, a Standard Plan, Tailored Plan, or LME/MCO must not authorize any HOP service for that member that is duplicative of a Medicaid/other service that is available to the member.

This guidance is intended to provide clarity and additional information for health plans and care managers on what constitutes a duplicative service and lays out responsibilities to ensure duplication of Medicaid/other services and HOP services does not occur.

[1] HOP launched for the Standard Plan population in 2022. Information on HOP launch for additional Medicaid populations (e.g., Tribal Option, Children and Families Specialty Plan, NC Medicaid Direct populations not eligible for Tailored Care Management) will be released at a future date.

Table 1. Service Types with Potential for HOP Service Duplication**						
	Medicaid State Plan Services	**In Lieu of Services (ILOS)***	**1915(i) Services†**	**1915(c) Innovations Waiver Services†**	**State-Funded Services§**	**Transitions to Community Living (TCL)^**
Standard Plan	✓	✓				
Tailored Plan	✓	✓	✓	✓	✓	✓
LME/MCO	✓	✓	✓	✓	✓	✓

Table Notes

*****ILOS are offered at the discretion of each health plan; therefore, the specific ILOS offered to members vary for each health plan.

†1915(i) services and 1915(c) Innovations Waiver services are home and community-based services (HCBS) that provide opportunities for eligible Tailored Plan and LME/MCO members to obtain services in their own home or community rather than institutions. 1915(c) TBI Waiver services are not applicable to this guidance, as these services are not available in counties currently served by HOP.

§ Eligible Tailored Plan and LME/MCO members may also access State-Funded Services for mental health, intellectual or developmental disabilities (I/DD), traumatic brain injury (TBI) and substance abuse services.

**In addition to the Medicaid/other services listed in Table 1, health plan members may also have access to other federal/state/local services, resources, or programs (e.g., SNAP/WIC, Resource Intensive Comprehensive Case Management (RICCM) pilot, Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant).

^Transitions to Community Living (TCL) services are available to eligible adult individuals living with serious mental illnesses. Services provided through TCL include both Medicaid and State-Funded Services.

What Does It Mean For A HOP Service To Be Duplicative of Another Medicaid/Other Service?

A HOP service is considered duplicative if it provides the same service or activity that is available to a member through a Medicaid/other service.

A HOP service can be duplicative of a Medicaid/other service either in part (i.e., the HOP service is a component of a more comprehensive Medicaid/other service) or in whole (i.e., the HOP service is the same as the Medicaid/other service). The federal government requires that members do not obtain HOP services that are duplicative of Medicaid/other services for which they are eligible. When a member is eligible for a HOP service that is duplicative of a Medicaid/other service that a member is eligible for, the member should be referred to the Medicaid/other service. For example, if a member is eligible for a security deposit/first month's rent through both a 1915(i) service and HOP, the member must access funding for the security deposit/first month's rent through the 1915(i) service (see scenario 1 in appendix).

Certain Medicaid/other services may have a financial limit (e.g., $5000 over 5 years) that caps the amount of funding a member can receive through the service. In the event a member reaches the financial limit of a Medicaid/other service but still has unmet needs, a member may access a duplicative

HOP service only to cover a separate item initially not covered by the Medicaid/other service. For example, if a member reaches the financial limit of a 1915(c) service and is not able to cover needed home remediation services, the member may access home remediation services through HOP, as HOP provides funding for a separate item/activity than what was covered under the 1915(c) service. However, if a member obtains funding for home modifications through the 1915(c) Waiver, the member cannot access additional funding for that same modification through HOP.

See appendix for scenarios of duplicative services and examples of when a member can access a duplicative HOP service after reaching the financial limit on a Medicaid/other service.

What Role do Care Managers Play in Ensuring No Duplication Occurs?

Care managers serving HOP enrollees can be based at a health plan or at a Designated Pilot Care Management Entity such as a Clinical Integrated Network (CIN), Advanced Medical Home+ (AMH+), or Care Management Agency (CMA). As part of their role in delivering ongoing care management to members (regardless of HOP eligibility and enrollment), care managers should be knowledgeable about existing Medicaid services and other services that are available to meet members' non-medical needs. Through their interactions with members (e.g., via existing care management assessments conducted with members), care managers can identify Medicaid/other services that are available to address members' non-medical needs (e.g., ILOS, State-funded services, SNAP/WIC). If a Medicaid/other service is available that can meet a member's needs instead of a HOP service, and the member is eligible for those services, care managers must refer the member to the Medicaid/other service, including by helping the member to enroll in SNAP, WIC, or other programs, if appropriate. For members who are experiencing food insecurity, there may be instances where individuals are receiving federally funded SNAP/WIC services but still have unmet needs. In this instance, care managers may refer members to HOP food services (e.g., Healthy Food Box, Fruit and Vegetable Prescription) that complement SNAP/WIC benefits and help to address the member's unmet needs (see scenario 6 in the appendix).

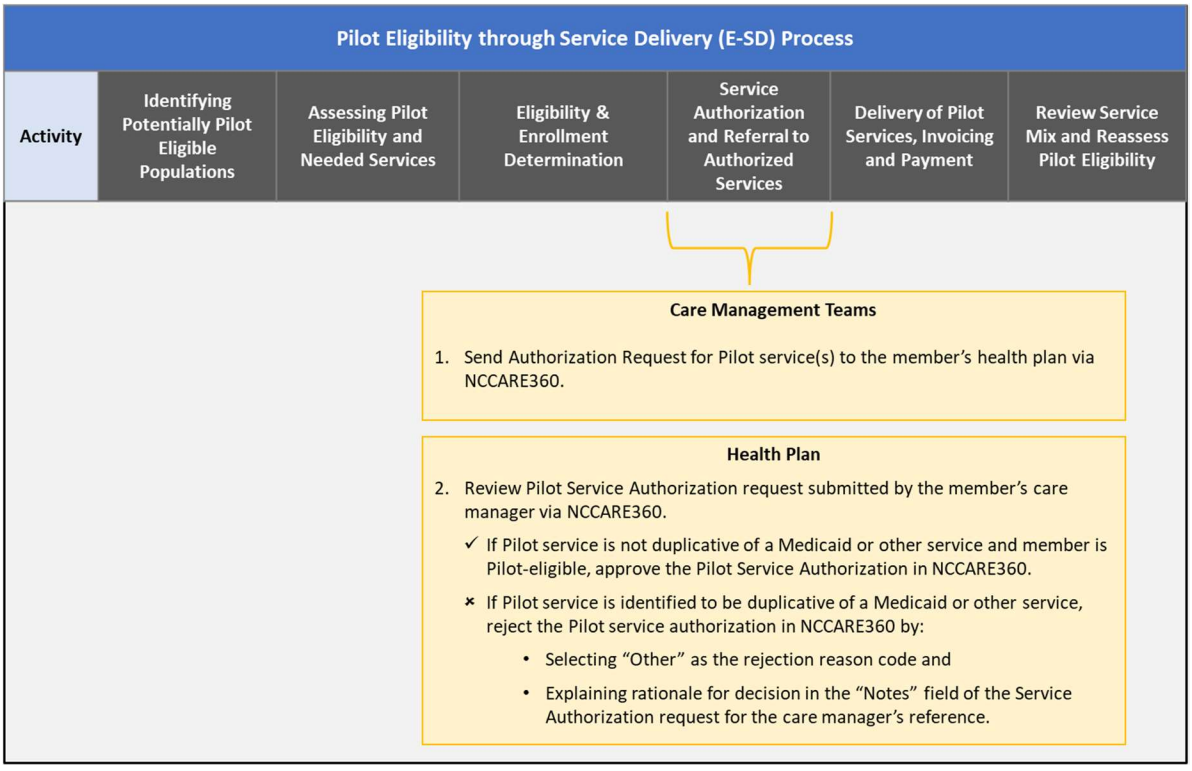
When submitting a service authorization request for a HOP service(s) in NCCARE360, either for new members identified as potentially HOP-eligible or existing HOP enrollees, care mangers must also assess to the best of their ability whether a member is currently obtaining a Medicaid/other service that is duplicative of a HOP service (e.g., identifying duplicative services through the comprehensive care management assessment, through a review of the member's Care Plan/ISP, or member attestation). In the event that care managers are unsure if a HOP service would be duplicative of an existing Medicaid/other service a member is obtaining, the care manager can flag the potentially duplicative service when sending the Authorization Request in NCCARE360 for that service to the member's health plan by noting the name of the potentially duplicative service in the notes section of the Authorization Request. The health plan will proceed to review the notes section and as part of the HOP service authorization process will determine whether the Medicaid/other service flagged by the care manager is or is not duplicative of the recommended HOP service before deciding to accept or reject the Authorization Request.

What Role do Health Plans Play in Ensuring No Duplication Occurs?

The Department's contracts with Standard Plans, Tailored Plans, and LME/MCOs serving HOP regions include requirements for ensuring members do not receive HOP services that duplicate any type of Medicaid/other service. Notably, health plans have a responsibility at the time of HOP service

authorization to make best efforts and validate that no Medicaid/other service the member is eligible for is available and would better meet the member's needs. Best efforts is defined as 1) the health plan's understanding of eligibility for its own covered services (e.g., Medicaid State Plan services, waiver services, and State-Funded Services) 2) the health plan's understanding of other federal/State/locally funded services and programs[2] and 3) Department resources available to assist with this effort, including this guidance. In the event a health plan identifies that a Medicaid/other service can meet a member's needs instead of a HOP service, the health plan must ensure the member is referred to the Medicaid/other service, including by helping the member to enroll in SNAP, WIC, or other programs, if appropriate. Similarly, if the health plan identifies a HOP service authorization submitted for a member is duplicative of a Medicaid/other service currently being used by the member, the health plan must not authorize the HOP service. For members who are experiencing food insecurity, there may be instances where individuals are receiving federally funded SNAP/WIC services but still have unmet needs. In this instance, health plans may authorize HOP food services (e.g., Healthy Food Box, Fruit and Vegetable Prescription) that complement SNAP/WIC benefits and help to address the member's unmet needs.

When a health plan rejects a HOP service authorization because it has identified that the requested HOP service would duplicate a Medicaid/other service, the health plan should select the reason code "Other" and explain the rationale for the decision to the care manager through the rejection "Note" field (e.g., the health plan identified a non-HOP service that can meet the member's needs or member is obtaining a duplicative service).



[2] Availability of other federal/State/locally funded services and programs may vary across health plans and HOP regions. Health plans and care managers may become aware of other federal/State/locally funded services and programs through community and member engagement.

Requirements for ILOS & State-Funded Services

The Department encourages health plans to continue to propose and offer a robust set of ILOS to both HOP and non-HOP enrollees who can benefit from these services. For health plans serving HOP regions, health plans may identify that a HOP service can be duplicative of an ILOS.[3] Given that ILOS vary by health plan, each health plan is best positioned to identify which specific services they offer are duplicative of HOP services. Health plans have a responsibility at the time of HOP service authorization to validate that no Medicaid/other service, including ILOS, would better meet the member's needs. If there is a HOP service and an ILOS that are duplicative and both meet a member's needs (i.e., the HOP service and the ILOS essentially offer the same or substantially similar services), the member should be referred to the ILOS rather than the HOP service (see scenario 2 in the appendix).

Currently, ILOS are submitted by health plans to the Department for approval. Moving forward as part of this process, for all newly proposed ILOS, health plans serving HOP regions will identify whether a proposed ILOS is duplicative of a HOP service when submitting the new ILOS to the Department for approval. For already approved ILOS, health plans will need to submit a one-time report to the Department identifying which existing, approved ILOS are duplicative of a HOP service.

For members who are currently obtaining a State-Funded Service, members should not be referred to a HOP service that duplicates or displaces the existing State-Funded Service (e.g., the member should continue to receive the State-Funded Service).

For more information on HOP, please visit the Department's HOP webpage, and direct any questions to a HOP representative directly or by emailing medicaid.healthyopportunities@dhhs.nc.gov.

[3] The Department is in the process of updating health plans' contracts to clearly reflect that health plans must consider whether ILOS they offer are duplicative to Pilot services.

Appendix.

Appendix A. Scenarios for Duplicative Services[4]

Scenario 1: Navigating 1915(i) and Duplicative HOP Service for LME/MCO Member

- Joe is an NC Medicaid Direct member enrolled in an LME/MCO who is engaged in Tailored Care Management. Joe has a serious mental illness (SMI) and meets the eligibility criteria for 1915(i) services. He needs assistance affording the security deposit and first month's rent to transition to safe and affordable housing in his community.
- ***Risk of Service Duplication***: Payment for security deposit and first month's rent is available through both the 1915(i) Community Transition service and the HOP One-Time Payment for Security Deposit and First Month's Rent service.
- Since Joe meets the eligibility criteria for 1915(i) services, he must obtain assistance affording the security deposit and first month's rent through the 1915(i) Community Transition service.

Scenario 2: Navigating ILOS and Duplicative HOP Service for Standard Plan Member

- Anna is a Standard Plan member with asthma who needs assistance with mold remediation in her home to ensure her health and safety.
- ***Risk of Service Duplication***: Mold remediation is available both through an ILOS offered by her Standard Plan called Environmental Modifications and the HOP Home Remediation Service.
- Anna should access mold remediation through the Environmental Modifications ILOS offered by her Standard Plan and should not be referred to the HOP Home Remediation Service.
- Anna may be referred to other HOP service(s) that are not duplicative of the Environmental Modifications ILOS, if needed.

[4] LME/MCO scenarios will also apply to Tailored Plans. Upon Tailored Plan launch, both LME/MCOs and Tailored Plans will offer Medicaid State Plan services, In Lieu of Services (ILOS), 1915(i) services, 1915(c) Innovations Waiver services, State-Funded Services, and Transitions to Community Living (TCL) (see table 1).

Scenario 3: Navigating 1915(c) Innovation Waiver Service and Duplicative HOP Service for LME/MCO Member

Sophie is an NC Medicaid Direct member enrolled in an LME/MCO who is engaged in Tailored Care Management. She has SMI and multiple sclerosis and needs assistance installing a wheelchair entrance ramp to improve the accessibility and safety of her housing.

***Risk of Service Duplication*:** Home modifications to install a wheelchair entrance ramp is available through both the HOP Home Accessibility and Safety Modifications service and the 1915(c) Innovations Waiver Home Modifications service offered by her LME/MCO. However, since Sophie does not have an I/DD and is not enrolled in the 1915(c) Waiver, she is not eligible for the 1915(c) Waiver Home Modifications service.

Sophie can be referred to the HOP Home Accessibility and Safety Modifications service because there is no Medicaid/other service that can meet her needs.

Scenario 4: Permitted Scenario Navigating 1915(c) Waiver Services with Financial Limit and HOP Service for LME/MCO Member

Henry is an NC Medicaid Direct member enrolled in an LME/MCO who is engaged in Tailored Care Management. Henry has an I/DD and is enrolled in the 1915(c) Innovations Waiver. Henry needs assistance affording multiple housing-related services including first month's rent/security deposit and utility set-up.

***Risk of Service Duplication*:** Payment for first month's rent/security deposit and utility set-up is available through both the 1915(c) Community Transition service and the HOP One-Time Payment for Security Deposit and First Month's Rent service.

Since Henry is enrolled in the 1915(c) Waiver, he must obtain assistance for first month's rent/security deposit and utility set-up through the 1915(c) Community Transitions service.

Henry obtains assistance through the 1915(c) Community Transition service and reaches the service's $5,000 financial limit. Henry is still in need of home remediation services, but he has exhausted the funding available through 1915(c) Community Transition service.

Henry can access the Home Remediation Service through HOP to cover his remaining needs because the HOP Home Remediation Service provides funding for a separate item/activity than what was covered under 1915(c) Community Transition service Henry reached the financial limit for.

1915(c) Community Transition service
($5,000 financial limit reached)

- First month's rent: $1550
- Security deposit: $3100
- Utilities: $350
- Home remediation: $0 *(no remaining funding)*

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HOP Home Remediation Service
(funding to meet additional needs not funded through the 1915(c) service)

- Home remediation: up to $5,000

Scenario 5: Non-Permitted Scenario Navigating 1915(c) Waiver Services with Financial Limit and HOP Service for LME/MCO Member

Jane is an NC Medicaid Direct member enrolled in an LME/MCO who is engaged in Tailored Care Management. Jane has an I/DD and is enrolled in the 1915(c) Innovations Waiver. Jane needs assistance with home modifications.

***Risk of Service Duplication*:** Payment for home modifications is available through both the 1915(c) Waiver Home Modifications service and the HOP Home Accessibility and Safety Modifications service.

Since Jane is enrolled in the 1915(c) Waiver, she must obtain assistance funding her needed home modifications through the 1915(c) Waiver Home Modifications service.

Jane's home modifications cost $60,000, but the 1915(c) Waiver service has a financial limit of $50,000. Jane *cannot* access both the 1915(c) Waiver service and additional funding through the HOP Home Accessibility and Safety Modifications service to cover the total cost of her home modifications.

Jane may be referred to other HOP service(s) that are not duplicative of the 1915(c) Home Modifications service, if needed.

1915(c) Home Modifications Device
($50,000 financial limit reached)

- Home modifications: $50,000

HOP Home Accessibility and Safety Modifications Service

- Home modifications: $0, no additional funding can be accessed

Scenario 6: Navigating Federal SNAP/WIC Services and Complementary HOP Service for Standard Plan Member

Roger is a Standard Plan member who is experiencing food insecurity and needs assistance affording nutritious food that can meet his needs.

***Risk of Service Duplication*:** Support to help obtain nutritious food is available through both the HOP Healthy Food Box service and the federally-funded Supplemental Nutrition Assistance Program (SNAP) program. Roger is eligible for, but has not enrolled, in the federal SNAP program.

Roger should receive assistance enrolling in the federal SNAP program. While Roger's application for SNAP is in progress, he may also be referred to the HOP Healthy Food Box service.

If Roger remains food insecure even after receiving SNAP services (e.g., Roger cannot afford sufficient nutritious food to meet his needs with SNAP services alone), Roger can continue receiving the HOP Healthy Food Box service to complement the SNAP services he receives.

Appendix B. List of Duplicative Medicaid/Other Services Available Through Tailored Plans and LME/MCOs

The Department has identified that the 1915(c), 1915(i), State Plan, State-Funded Services, and Transitions to Community Living offered by Tailored Plans and LME/MCOs listed in appendix B are duplicative of HOP service(s). As described in this guidance, in the event a member is eligible for both a Medicaid/other service and HOP service that are duplicative:

- The member must be referred to the Medicaid/other service, and
- The member may not obtain the Medicaid/other service and a duplicative HOP service at the same time.

The Department may update this list in the future. Health plans retain primary responsibility to prevent duplication of services, including for services not on this list that they identify as duplicative (e.g., new Medicaid services authorized by CMS that are duplicative of HOP services).

HOP Service		Duplicative Service Available Through Tailored Plans and LME/MCOs	Service Type/Coverage Authority for Duplicative Service				
			1915(c) Innovations Waiver Services	1915(i) Services	Medicaid State Plan Services	State-Funded Services	Transitions to Community Living (TCL)
Housing	Housing Navigation, Support and Sustaining Services[5,6]	Assertive Community Treatment (ACT)			✓	✓	
		Bridge Housing Transitional Program					✓
		Community Support Team (CST)			✓	✓	
		Critical Time Intervention (CTI)				✓	
		Transition Management Services				✓	
	Housing Move-In Support	Community Transition	✓	✓			✓
	Essential Utility Set-Up	Community Transition	✓	✓			✓
	Home Remediation Services	Community Transition	✓	✓			✓
	Home Accessibility and Safety Modifications	Home Modifications	✓				
	Healthy Home Goods	Individual Goods and Services	✓				
	Inspection for Housing Safety and Quality	Housing Quality Standards Inspection					✓

[5] Services duplicative of the Pilot "Housing Navigation, Support and Sustaining Services" are also duplicative of the Pilot "Holistic High Intensity Enhanced Case Management" service, as the former is one of three Pilot services encompassed within the "Holistic High Intensity Case Management" service.

[6] An individual who is receiving a service duplicative of Pilot Housing Navigation, Support and Sustaining Services is still eligible for the following Pilot services: Inspection for Housing Safety and Quality, Housing Move-In Support, One-Time Payment for Security Deposit and First Month's Rent, Short-Term Post Hospitalization Housing. The provider delivering the service duplicative of the Pilot Housing Navigation, Support and Sustaining Services must coordinate with the enrollee's Medicaid care manager to determine the necessity of the Pilot service and ensure appropriate documentation in the enrollee's care plan.

HOP Service		Duplicative Service Available Through Tailored Plans and LME/MCOs	Service Type/Coverage Authority for Duplicative Service				
			1915(c) Innovations Waiver Services	1915(i) Services	Medicaid State Plan Services	State-Funded Services	Transitions to Community Living (TCL)
	One-Time Payment for Security Deposit and First Month's Rent	Community Transition	✓	✓			✓
		Family Living (Low and Moderate Intensity)				✓	
		Group Living (Low, Moderate and High)				✓	
		Rental Subsidy					✓
		Supervised Living (I-VI Residents)				✓	
		Supervised Living (Low/Moderate)				✓	
	Short-Term Post Hospitalization Housing	Bridge Housing Transitional Program					✓
Food	Food and Nutrition Access Case Management Services[7]	Tailored Care Management			✓		
		Assertive Community Treatment (ACT)			✓	✓	
		Community Support Team (CST)			✓	✓	
		Critical Time Intervention (CTI)				✓	
		Peer Support Services			✓	✓	
		Psychosocial Rehabilitation			✓	✓	
		Transition Management Services				✓	
	Healthy Meal (Home Delivered)	Home Delivered Meals	✓				
	Medically Tailored Home Delivered Meal	Home Delivered Meals	✓				
IPV	Home Visiting Services	Intensive In-Home Services			✓	✓	
		Multi-Systemic Therapy (MST)			✓	✓	
Cross-Domain	Holistic High Intensity Enhanced Case Management[8]	Assertive Community Treatment (ACT)			✓	✓	
		Community Support Team			✓	✓	
		Bridge Housing Transitional Program					✓
		Community Support Team (CST)			✓	✓	
		Critical Time Intervention (CTI)				✓	
		Peer Support Services			✓	✓	
		Psychosocial Rehabilitation			✓	✓	
		Transition Management Services				✓	

[7] Services duplicative of the Pilot "Food and Nutrition Access Case Management Services" are also duplicative of the Pilot "Holistic High Intensity Enhanced Case Management" service, as the former is one of three Pilot services encompassed within the "Holistic High Intensity Case Management" service.

[8] Members engaged in Tailored Care Management are eligible to receive HOP Holistic High Intensity Enhanced Case Management, but may only receive a combination of Housing Navigation, Support and Sustaining Services and IPV Case Management through this service (i.e., may not receive HOP Food and Nutrition Access Case Management as part this service).

Appendix C. HOP Services that Require HOP Housing Navigation, Support and Sustaining Services

As described in the HOP Fee Schedule, an individual who is receiving a service duplicative of HOP Housing Navigation, Support and Sustaining Services is still eligible for the following HOP services:

- Inspection for Housing Safety and Quality,
- Housing Move-In Support,
- One-Time Payment for Security Deposit and First Month's Rent,
- Short-Term Post Hospitalization Housing.

The provider delivering the service duplicative of the HOP Housing Navigation, Support and Sustaining Services must coordinate with the enrollee's Medicaid care manager to determine the necessity of the HOP service and ensure appropriate documentation in the enrollee's care plan.