DRAFT: 5/2/2019

North Carolina Healthy Opportunities Pilots
Complete List of Condensed Service Definitions

This document provides a draft listing of Pilot services and "condensed service definitions," including a service description, eligibility standards, a payment approach, and provider qualifications. It serves as the primary meeting material for the May 7, 2019 meeting of the Advisory Panel for the North Carolina Healthy Opportunities Pilot Service Fee Schedule. The primary purpose of these service definitions is to inform pricing decisions and, as such, they reflect assumptions regarding how the services will typically (or "on average") be delivered. In reviewing these draft materials, it is important to keep in mind some key caveats.

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

Domain	Draft Pilot Service
Housing	1. Housing Navigation, Support and Sustaining Services 2. Housing Quality and Safety Inspection 3. Housing Move-In Support 4. Reinstatement of Essential Utilities 5. Home Remediation and Accessibility Services 6. One-Time Payment for Security Deposit and First Month's Rent 7. Short-Term Post Hospitalization Housing
Interpersonal Violence and Toxic Stress	8. IPV Case Management Services 9. Violence Intervention Services 10. Short-Term Dyadic Therapy Services 11. Long-Term Dyadic Therapy Services 12. Evidence-Based Parenting Curriculum 13. Home Visiting Services
Food	14. Food Access Case Management Services 15. Medical Nutrition Therapy (Individual) 16. Evidence-Based Group Nutrition Class 17. Diabetes Prevention Program 18. Fruit and Vegetable Prescription 19. Healthy Food Box (For Pick-Up) 20. Healthy Food Box (Delivered) 21. Healthy Meal (For Pick-Up) 22. Healthy Meal (Home Delivered) 23. Medically Tailored Home Delivered Meal
Transportation	24. Direct Transportation 25. Reimbursement for Public or Private Transportation
Cross-Domain	26. Holistic High Intensity Enhanced Case Management 27. Medical Respite 28. Assessment for Linkages to Health-Related Legal Supports

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

HOUSING: 7 Services

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
Housing Navigation, Support and Sustaining Services	Provision of one-to-one case management and/or educational services to prepare an enrollee and, if needed, an enrollee's family for stable, long-term housing (e.g. identifying housing preferences and developing a housing support plan), and to support an enrollee in maintaining stable, long-term housing. (e.g. development of independent living skills, ongoing monitoring and updating of housing support plan). Activities may include: ***Housing Navigation and Support*** • Assisting the enrollee to identify housing preferences and needs. • Connecting the enrollee to social services for housing-related medical needs. • Assisting the enrollee to select adequate housing and complete a housing application. • Assisting the enrollee to develop a housing support and crisis plan to support living independently in their own home. • Assisting to complete reasonable accommodation requests. • Identifying vendor(s) for and coordinating housing inspection, housing move-in, remediation and accessibility services. • Assisting with budgeting for housing/living expenses (including coordination of payment for first month's rent and short-term post hospitalization rental payments). • Coordinating transportation for enrollees to housing-related services necessary to obtain housing (e.g. apartment/home visits). • Coordinating the enrollee's move into stable housing including by assisting with the following: ○ Logistics of the move (e.g., arranging for moving company or truck rental); ○ Utility set-up at move-in; ○ Obtaining furniture/commodities to support stable housing	One enrollee	Per member per month payment	• Enrollee is assessed to be currently experiencing homelessness, are at risk of homelessness and those whose quality/safety of housing are adversely affecting their health. • Enrollee is willing to participate in hour-long sessions with a case manager and collaborative efforts to pursue stable housing. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	When possible, this service should be provided by a coordinated housing team that may include the following members: Sample Housing Case Manager Qualifications • **Typical Education**: Bachelor's degree in social work or other related human services field, or equivalent • **Typical Experience:** Three years of relevant work experience including with vulnerable populations *(e.g. those who are chronically homeless, have substance use disorder, etc.),* or equivalent Sample Leasing Agent Qualifications • **Typical Education:** N/A • **Typical Experience:** Three years of relevant work experience in real estate, or equivalent.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	• 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 with completing additional or new reasonable accommodation requests. • Supporting the enrollee in the development of independent living skills. • Connecting the enrollee to education/training on landlords' role, rights and responsibilities. • Assisting the enrollee in reducing risk of eviction with conflict resolution skills. • Coordinating transportation for enrollees to housing-related services necessary to sustain housing. • Referral to legal support to address needs related to finding and maintaining stable housing.				Sample Peer Support Specialist Qualifications • **Typical Education:** N/A • **Typical Experience:** Individual with experience in a peer support role that offers help to enrollees facing similar situations, based on shared understanding, respect and mutual empowerment for people in similar situations. When access to a coordinated housing team is unavailable, the housing case manager will be responsible for managing all aspects of this service.
Housing Quality and Safety Inspection	A housing quality and safety assessment by a certified professional includes assessment of potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Inspections may include: • Inspection of building interior and living spaces for the following: ○ Adequate space for individual/family moving in; ○ Suitable indoor air quality and ventilation; ○ Adequate and safe water supply; ○ Sanitary facilities, including kitchen, bathroom and living spaces ○ Adequate electricity and thermal environment (e.g. window condition) and absence of electrical hazards; ○ potential lead exposure; ○ Conditions that may affect health (e.g. presence of chemical irritants, mold, pests); ○ Conditions that may affect safety.	One housing inspec-tion	Cost-based reimbursement up to a cap	• Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	Certified housing inspector or equivalent

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	• Inspection of building exterior and neighborhood for the following: ○ Suitable neighborhood safety and building security; ○ Condition of building foundation and exterior, including building accessibility; and, ○ Condition of equipment for heating, cooling/ventilation and plumbing. Housing Quality and Safety Inspections may be conducted for individuals who are moving into new housing units or for individuals who are currently in housing that may be adversely affecting their health or safety.				
Housing Move-In Support	Housing move-in support services are non-recurring set-up expenses. Allowable expenses include but are not limited to the following: • Moving expenses required to occupy and utilize the housing (e.g., moving service to transport an individual's belongings from current location to new housing/apartment unit, delivery of new or used furniture, etc.) • Non-refundable, utility set-up costs for utilities essential for habitable housing (e.g., initial payments to activate heating, electricity, water, and gas). • Discrete goods to support an enrollee's transition to stable housing as part of this service. These may include, for example: ○ Essential furnishings (e.g., beds and frames, dressers, dining table and chairs); ○ Bedding (e.g., sheets, pillowcases and pillows); ○ Basic kitchen utensils and dishes; ○ Bathroom supplies (e.g., shower curtains and towels); ○ Cribs; ○ Cleaning supplies. Housing move-in support services are available for individuals who are moving into housing from homelessness or shelter, or for individuals who are moving from their current housing to a new place of residence due to one or more of the reasons listed under "eligibility standards."	One enrollee	Cost-based reimbursement for vendor services and discrete goods with an annual per enrollee cap.	• Enrollee is moving into housing/apartment unit due to one or more of the following reasons: ○ Transitioning from homelessness or shelter to stable housing; ○ Evicted from current housing; ○ Current housing is deemed unhealthy, unsafe or uninhabitable by a certified inspector; ○ Occurrence of a natural disaster. • Services cannot be obtained from other financial sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving	• Case manager to coordinate move, utility set up and discrete goods (e.g., first night box). • Contractor/vendor certified to assist with move-in/utility set-up.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
				duplicative support through other federal, state, or locally-funded program.	
Reinstatement of Essential Utilities	The Reinstatement of Essential Utilities service is a non-recurring payment to resolve arrears related to unpaid utility bills and restart the service if it has been discontinued in a Pilot enrollee's home, putting the individual at risk of homelessness or otherwise adversely impacting their health (e.g., in cases when medication must be stored in a refrigerator). This service may be used in association with essential home utilities that have been discontinued (e.g., heating, electricity, water, and gas).	One enrollee	Cost-based reimbursement for vendor services and utility-related arrears with an annual per enrollee cap.	• Enrollee demonstrates the capacity to cover future, ongoing payments for utilities that are reinstated. • Services cannot be obtained from other financial sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	Contractor/vendor certified to assist with utility reinstatement
Home Remediation and Accessibility Services	Home remediation and accessibility services are furnished to eliminate potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. • **Remediation**: Home repairs and remediation for issues that affect an enrollee's health. Goods and services 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, air conditioners, and non-toxic pest control supplies, air-conditioning unit, etc.*).* ○ Specialized staff time to identify deficiencies in housing conditions, train users on remediation goods (e.g. how to install	One enrollee	Cost-based reimbursement for vendor services and discrete goods with a per enrollee annual cap.	• Enrollee must be moving into a new housing unit or must reside in a housing unit that is adversely affecting his/her health or safety. • Landlord has agreed to approved home modifications *(if applicable).* • Landlord has agreed to keep rent at current rate for a period of twenty-four months after receiving Pilot Home Remediation and Accessibility Services *(if applicable)*. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the	• Contractor/vendor authorized to perform health-related home remediation and accessibility modifications, or equivalent. • Specialized staff trained in use of home health/accessibility goods (e.g., air filters or vacuums), or equivalent.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	and replace an air filter) and conduct up to 3 follow-up reviews to ensure remediation goods are maintained and serve as an effective long-term solution. ○ Home repairs/remediation for issues like pests/mold (e.g. pest or removal of moldy carpeting, or lead abatement). • **Accessibility:** Home modifications to improve accessibility of the home. Activities may include: ○ Specialized staff time to identify deficiencies in housing conditions, train users on remediation/accessibility goods and conduct up to 3 follow-up reviews to ensure modifications are maintained and serves as an effective long-term solution. ○ Home modifications to improve accessibility and safety of housing (e.g., installation of entrance ramps, grab bars in bathtubs). Home remediation and accessibility services may be conducted for individuals who are moving into new housing units or for individuals who are currently in housing that is adversely affecting their health or safety. For enrollees who reside in rental units, landlord must sign an agreement allowing home quality and safety modifications that improve the enrollee's health.			enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	
One-Time Payment for Security Deposit and First Month's Rent	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: • Pass a housing quality and safety inspection • Meet fair market rent and reasonableness check • Meet a debarment check	One enrollee	One-time cost-based reimbursement with a per enrollee cap	• Enrollee has the ability to afford ongoing rental payments (either through current income or other funding source); • This pilot service is furnished only to the extent that the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal,	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.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
				state, or locally-funded program.	
Short-Term Post Hospitalization Housing	Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual's imminent homelessness at discharge. Housing should provide enrollees with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed. Allowable settings for short-term post-hospitalization housing services include, for example: • Independent respite setting; • Shelters in which the enrollee has access to their own private room; • Non-refundable motel/hotel vouchers for short-term, transitional, emergency situations; • Apartment/housing for rent. Services may not be provided in a congregate setting.	One enrollee	Monthly cost-based reimbursement with an annual per enrollee cap.	• Enrollee is imminently homeless post-hospitalization, excluding emergency department visits. • This Pilot service is furnished only to the extent that the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	Property manager/operator (e.g. landlord, hotel/motel manager, shelter administrator) must be willing to maintain a satisfactory, private room for the enrollee throughout the duration of their stay, unless there are appropriate and fair grounds for eviction.

INTERPERSONAL VIOLENCE / TOXIC STRESS: 6 Services

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
IPV Case Management Services	This service covers a set of activities that aim to support an individual in maintaining long-term stability after exiting an abusive relationship or addressing sequelae of the relationship. These activities may include: • Ongoing safety planning/management • Linkages to child care and after-school programs and community engagement activities • Referral to legal support to address needs such as obtaining orders of protection, negotiating child custody agreements, or removing legal barriers to obtaining new housing (excluding legal representation) • Referral to and provision of domestic violence shelter or emergency shelter • Referral to and support in maintaining non-shelter housing, and other tenancy-sustaining services consistent with those described in "Housing Navigation, Support and Sustaining Services" if needed • Coordination of transportation for the enrollee that is necessary to meet the goals of the IPV Case Management service • Informal or peer counseling and advocacy related to recipients' needs and concerns. These may include accompanying the recipient to appointments, providing informal counseling during periods of anxiety or emotional distress, or encouraging constructive parenting activities and self-care.	One enrollee	Monthly payment authorized for 3 month interval	• Enrollee requires ongoing engagement over a time period lasting longer than 72 hours. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	• All staff providing this service should be trained in safety, privacy and confidentiality. • Staff providing counseling services should be bachelors prepared • Individuals providing legal guidance (as opposed to peer advocacy) should have paralegal training and experience or a JD or equivalent.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
Violence Intervention Services	This service covers the delivery of services to support individuals who are at risk for being involved in community violence (i.e., violence that does not occur in a family context). Individuals may be identified based on being the victim of a previous act of crime, membership in a group of peers who are at risk, or based on other criteria. Once identified, peer mentors and case managers provide: • Individualized counseling related to de-escalation skills and alternative approaches to conflict resolution • Linkages to housing, education and employment opportunities. • Peer mentors are expected to conduct regular outreach to their mentees, to maintain situational awareness of their mentees' milieu, and to travel to conflict scenes where their mentees may be involved in order to provide in-person de-escalation support.	One enrollee	Per member per month payment	• Individual must have experienced significant violent injury or be determined as at risk for experiencing significant violence by a case manager or by violence intervention prevention program staff members (with case manager concurrence) • Individual must be community-dwelling (i.e., not incarcerated). • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in • the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	• All staff providing this service should be trained in safety, privacy, confidentiality, de-escalation and conflict resolution. • Case managers are should be bachelors prepared • Peer mentors should have a completed peer mentor training program
Long Term Dyadic Therapy Service	This service covers the delivery of long-term dyadic therapy to a child/adolescent at risk for or with an attachment disorder, or as a diagnostic tool to determine an attachment disorder, and the child's/adolescent's parent(s) or other primary caregivers (e.g., grandparents or foster parents). This service aims to support families in addressing the sequelae of adverse childhood experiences and toxic stress that may contribute to adverse health outcomes. This service is distinct from the group parenting classes (see Evidence-Based Parenting Curriculum service) in the following ways: • There is no group component. Sessions are limited to one individual or an individual and family/caregiver(s). • Rather than a specific evidence-based parenting curriculum, treatments are based on evidence-based therapeutic principles (for example, trauma-focused cognitive-behavioral therapy)	One enrollee	Per member per month payment	• The covered individual is 21 years old or younger • The covered individual is at risk for or has an attachment disorder that can be addressed through dyadic therapy not otherwise covered under Medicaid. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	Staff should be licensed clinicians at the masters level or above.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	• Treatment is delivered by a licensed clinician				
Short Term Dyadic Therapy Service	This service covers the delivery of short-term dyadic therapy to a child/adolescent at risk for or with an attachment disorder, or as a diagnostic tool to determine an attachment disorder, and the child's/adolescent's parent(s) or other primary caregivers (e.g., grandparents or foster parents). This service aims to support families in addressing the sequelae of adverse childhood experiences and toxic stress that may contribute to adverse health outcomes. This service is distinct from the group parenting classes (see "Evidence-Based Parenting Curriculum") in the following ways: • There is no group component. Sessions are limited to one individual or an individual and family/caregiver(s). • Rather than a specific evidence-based parenting curriculum, treatments are based on evidence-based therapeutic principles (for example, trauma-focused cognitive-behavioral therapy) • Treatment is delivered by a licensed clinician	One hour of individual or family therapy	One fee per hour of delivered service; HSOs may submit one invoice that aggregates total hours spent delivering services over a time period (e.g., weekly, monthly).	• The covered individual is 21 years old or younger • The covered individual is at risk for or has an attachment disorder that can be addressed through dyadic therapy not otherwise covered under Medicaid. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	Staff should be licensed clinicians at the masters level or above.
Evidence-Based Parenting Curriculum	Evidence-based parenting curricula are meant to provide: • Group and one-on-one instruction from a trained facilitator • Written and audiovisual materials to support learning • Additional services to promote attendance and focus during classes Evidence-based parenting classes are offered to families that may be at risk of disruption due to parental stress or difficulty coping with parenting challenges, or child behavioral or health issues. These services are also appropriate for newly reunited families following foster care placement or parental incarceration.	One enrollee	Two payments per enrollee: partial payment at the outset based on enrollment in course; remainder of payment if enrollee completes 75%	• Eligibility standards align with each curriculum's eligibility standards • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service.	Providers must be certified through a pre-approved curriculum and demonstrate fidelity to the curriculum protocols

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	Evidence-based parenting classes are distinct from the dyadic psychotherapy services in the following ways: • They include a group instruction component, and are not solely delivered on a 1:1 basis • They are delivered by a facilitator who is trained in the specific curriculum but is not required to be a licensed clinician Pre-approved curricula for this service include: • Triple P (Tracks 3, 4 and 5) • The Incredible Years • Strengthening Families		of full curricula.	• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	
Home Visiting Services	Evidence-based home visiting services are meant to provide: • One-one observation, instruction and support from a trained case manager who may be a licensed clinician • Written and/or audiovisual materials to support learning Evidence-based home visiting services are offered to families that may be at risk of disruption due to parental stress or difficulty coping with parenting challenges, or child behavioral or health issues. These services are also appropriate for newly reunited families following foster care placement or parental incarceration. Evidence-based home visiting services are distinct from the evidence-based parenting curricula in the following ways: • They are solely delivered on a 1:1 basis, at the recipient's location • As 1:1 services, they are more driven by the recipient's needs during a particular session than a curriculum delivered to a group • They are delivered by a facilitator who may be, but is not required to be, a licensed clinician Pre-approved curricula for this service include: • Child First	One enrollee	Two payments per enrollee: partial payment at the outset based on enrollment in course; remainder of payment if enrollee completes 75% of full curriculum.	• Eligibility standards align with each model's eligibility standards • Services cannot be obtained from other financial sources. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	Providers must be certified through a pre-approved model and demonstrate fidelity to the model protocols

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	• Family Connects • Nurse Family Partnership • Attachment and Biobehavioral Catchup • Early Head Start – Home Based • Healthy Families America • Home Instruction for Parents of Preschool Youngsters • Parents as Teachers • Safe Care - Augmented				

FOOD: 10 Services

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications

Food Access Case Management Services	Provision of one-on-one case management and/or educational services to assist an individual in addressing food insecurity. Activities may include:
	• Assisting an individual in accessing school meals or summer lunch programs, including but not limited to:
	  ○ Helping to identify programs for which the individual is eligible
	  ○ Helping to fill out and track applications
	• Assisting an individual in accessing other community-based food resources, such as food pantries, farmers market voucher programs, cooking classes, Child and Adult Care Food programs, or other, including but not limited to:
	  ○ Helping to identify resources that are accessible and appropriate for the individual
	  ○ Accompanying individual to community sites to ensure resources are accessed
	• Advising enrollee on transportation-related barriers to accessing community food resources
	
	It is the Department's expectation that Medicaid care managers will assist all eligible individuals to enroll in SNAP and WIC and secure their enrollment through existing SNAP and WIC assistance resources. Food Access Case Managers will address more complex and specialized needs. However, if under exceptional services a Food Access Case Manager identifies an individual for whom all other forms of assistance have been ineffective, they are permitted to assist the individual with completing enrollment, including activities such as addressing documentation challenges or contacting staff at a local SNAP or WIC agency to resolve issues, or otherwise.
		30 minute interaction	One payment per unit	• Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan.
				• Enrollee is not currently receiving duplicative support through other Pilot services.
				• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.
					• **Typical Education**: Bachelor's degree in social work or other related human services field, or equivalent
					• **Typical Experience:** Minimum of one year of relevant work experience, particularly related to SNAP and WIC applications and community resources for food security.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
Medical Nutrition Therapy (Individual)	An interaction between a registered dietitian (RD) and an enrollee or enrollee's guardian for the purpose of evaluating and making recommendations regarding the enrollee's nutritional status.	One 15-minute increment	One payment per unit	• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN)
Evidence-Based Group Nutrition Class	This service covers the provision of an evidence-based or evidence-informed nutrition related course to a group of individuals who are Medicaid enrollees or are parents of Medicaid enrollees. The purpose of the course is to provide hands-on, interactive lessons to enrollees, on topics including but not limited to: • Increasing fruit and vegetable consumption • Creating healthy balanced meals • How to stretch food dollars and maximize food resources • Hands-on food preparation Facilitators may choose from evidence-based curricula, such as: • Cooking Matters (for Kids, Teens, Adults) • A Taste of African Heritage (for Kids, Adults) • Expanded Food and Nutrition Education Program	One enrollee	Two payments per enrollee: partial payment at the outset based on enrollment in course; remainder of payment if enrollee completes 75% of full curricula.	• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	Facilitators must be trained in the specific curricula being offered, and additionally may be certified as a registered dietician, health coach, community health worker, or equivalent.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	For curricula not outlined above, an organization must follow an evidence-based curricula that is approved by DHHS, in consultation with the Lead Pilot Entity and PHPs.				
Diabetes Prevention Program	Provision of a CDC-recognized "Diabetes Prevention Program", which is a healthy living course delivered to a group of individuals by a trained lifestyle coach designed to prevent or delay type 2 diabetes. The program focuses on healthy eating and physical activity for those with prediabetes. The program must comply with CDC Diabetes Prevention Program Standards and Operating Procedures.	One enrollee	Two payments per enrollee: partial payment at the outset based on enrollment in course; remainder of payment if enrollee completes 75% of full curricula.	• Enrollee has prediabetes. • Enrollee is 18 years of age or older. • Enrollee is not pregnant at the time of enrollment. • Enrollee cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	Facilitators must be trained in the specific curricula being offered, and additionally may be certified as a registered dietician, health coach, community health worker, or equivalent.
Fruit and Vegetable Prescription	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: • Grocery stores • Farmers markets • Mobile markets • "Community-supported agriculture" programs (CSA) • Corner stores A voucher transaction may be facilitated manually or electronically, depending on the most appropriate method for a given food retail setting.	One voucher for one enrollee	Cost based reimbursement for price of voucher plus a percentage add-on for indirect costs associated with delivering the service up to a monthly per enrollee cap	• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	N/A

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
Healthy Food Box (For Pick-Up)	A healthy food box for pick-up consists of an assortment of nutritious foods provided to an enrollee in a community setting, aimed at promoting improved nutrition for the service recipient. It is designed to supplement the daily food needs for food-insecure individuals with diet or nutrition-related chronic illness. It is not intended to be used as an individual's primary food source. Healthy food boxes when possible should be furnished using a client choice model and provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.	One food box for one enrollee	Cost based reimbursement for value of food box plus a percentage add-on for indirect costs associated with coordinating and delivering the service up to a monthly per enrollee cap	• Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Enrollee has initiated effort to enroll in SNAP/WIC if eligible and not currently enrolled. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	• Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN), to ensure food boxes meet nutrition standards and develop nutrition education materials • Provider entity will need to meet food safety requirements
Healthy Food Box (Delivered)	A healthy food box for delivery consists of an assortment of nutritious foods that is delivered to an enrollee's home, aimed at promoting improved nutrition for the service recipient. It is designed to supplement the daily food needs for food-insecure individuals with diet or nutrition-related chronic illness. It is not intended to be used as an individual's primary food source. Healthy food boxes when possible should be provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.	One food box for one enrollee	Cost based reimbursement for value of food box plus a percentage add-on for indirect costs associated with coordinating and delivering the service up to a monthly per enrollee cap	• Enrollee does not have capacity to shop for self or get to food distribution site or have adequate social support to meet these needs. • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Enrollee has initiated effort to enroll in SNAP/WIC if eligible and not currently enrolled. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan.	• Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN), to ensure food boxes meet nutrition standards and develop nutrition education materials. • Provider entity will need to meet food safety requirements

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
Healthy Meal (For Pick-Up)	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. Meals must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the Departments of Health and Human Services and Agriculture. Meals may be tailored to meet cultural preferences and specific medical needs.	One meal	One payment per meal delivered	• Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	• Registered Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) (to ensure meals meet nutrition standards) • ServSafe Certification for all kitchen staff • Provider entity will need to meet food safety requirements
Healthy Meal (Home Delivered)	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. Meals must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the Departments of Health and Human Services and Agriculture. Meals may be tailored to meet cultural preferences and specific medical needs.	One meal	One payment per meal delivered	• Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. • Enrollee has a diet or nutrition-related chronic illness, including but not limited to underweight, overweight/obesity, nutritional deficiencies, prediabetes/diabetes, hypertension, cardiovascular disease, gestational diabetes or history of gestational diabetes, history of low birth weight, high risk pregnancy. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	• Registered Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) (to ensure meals meet nutrition standards) • ServSafe Certification for all kitchen staff • Provider entity will need to meet food safety requirements

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
Medically Tailored Home Delivered Meal	Home delivered meal which is medically tailored for a specific disease or condition. This service includes an initial evaluation with a Registered dietician Dietician Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) to assess and develop a medically-appropriate nutrition care plan, as well as the preparation and delivery of the prescribed nutrition care regimen. Meals must be in accordance with nutritional guidelines established by the National Food Is Medicine Coalition, available here, or other appropriate guidelines. Meals may be tailored to meet cultural preferences. For health conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the LPE.	One meal	One payment per meal delivered	• Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs. • Eligible disease states include but are not limited to obesity, failure to thrive, slowed/faltering growth pattern, gestational diabetes, pre-eclampsia, HIV/AIDS, kidney disease, diabetes/pre-diabetes, and heart failure. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service (including participation of family members) as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	• Registered Dietitian Nutritionist (RD/RDN) or North Carolina Licensed Dietitian Nutritionist (LDN) (to assess diet regimen) • ServSafe Certification for all kitchen staff • Provider entity will need to meet food safety requirements

TRANSPORTATION: 2 Services

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
Direct Transportation	Provision of professional, private or semi-private transportation to social services that promote community engagement, health and well-being for enrollees who have barriers to accessing such services. Transportation options may include, for example: • Privately operated transportation (e.g., cars, vans, buses, shuttles) that operates on community-based routes • Privately operated transportation (e.g., cars, vans, buses, shuttles) to predetermined sites (e.g., grocery stores) • Privately operated wheelchair-accessible transport The service may include transportation to/from, for example: • Grocery stores/farmer's markets; • Job interview(s) and/or place of work; • Places for recreation related to health and wellness (e.g. public parks and/or gyms); • Group parenting classes/childcare locations; • Health and wellness-related educational events; • Places of worship, services and other meetings for community support; • Locations where other approved Pilot services are delivered.	1 trip for one passenger	Cost based reimbursement up to a cap per trip	• Family, neighbors and friends are unable to assist with transportation. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	• Commercial driver's license, as applicable. • Some transportation services may need to be provided by a professional with additional qualifications or training (e.g., transportation of an enrollee who is currently experiencing or escaping domestic violence; operation of a wheelchair-accessible vehicle).
Reimbursement for Public or Private Transportation	Provision of vouchers for public transportation or, in areas without public transportation, account credits for taxis/ridesharing mobile applications for transportation of Pilot enrollees to social services that promote community engagement, health and well-being. The service may include transportation to locations indicated in an enrollee's care plan that may include, for example: • Grocery stores/farmer's markets; • Job interview(s) and/or place of work; • Places for recreation related to health and wellness (e.g. public parks and/or gyms);	1 trip for one passenger or family, as described under "eligibility standards."	Cost based reimbursement up to a cap per trip.	• Family, neighbors and friends are unable to assist with transportation • Service is only available for enrollees who do not have access to their own or a family vehicle. • Transportation is permissible for family members only when necessary to achieve treatment goals (e.g. transportation for a	N/A

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	• Group parenting classes/childcare locations; • Health and wellness-related educational events; • Places of worship, services and other meetings for community support; • Locations where other approved Pilot services are delivered. Pilot transportation services will not replace non-emergency medical transportation as required in Medicaid. Taxi/ridesharing services may not be utilized in areas where public transportation is an available and efficient option.			mother and child to dyadic therapy). • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	

CROSS-DOMAIN: 3 Services

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
Holistic High Intensity Enhanced Case Management	Provision of one-to-one case management and/or educational services to address co-occurring needs related to housing insecurity, transportation insecurity, food insecurity, and interpersonal violence/toxic stress. This service is only appropriate for enrollees experiencing needs in two or more priority domains across food, housing, transportation, and interpersonal violence/toxic stress. Activities may include those outlined in the following three service definitions: • Housing Navigation, Support and Sustaining Services • Food Access Case Management Services • Sustained IPV Case Management Services Note that case management related to transportation needs are included in the services referenced above. The agency billing for this service must identify a social case manager who remains as the main point of contact for the enrollee and coordinates activities with other professionals working to address the enrollee's social needs.	1 enrollee	Per member per month payment	• Individual is in the highest tier of unmet needs in at least 2 domains. • Eligibility standards included in the following three services: ○ Housing Navigation, Support and Sustaining Services ○ Food Access Case Management Services ○ Sustained IPV Case Management Services • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	• **Typical Education**: Bachelor's degree in social work or other related human services field, or equivalent • **Typical Experience:** Three years of relevant work experience including with vulnerable populations *(*e.g. those who are chronically homeless, have substance use disorder, etc.*),* or equivalent • All staff providing this service should be trained in safety, privacy and confidentiality.
Medical Respite	A short-term, specialized program focused on individuals who are homeless or imminently homeless, have recently been discharged from a hospital setting and require continuous access to medical care. Medical respite services include comprehensive residential care that provides the enrollee the opportunity to rest in a stable setting while enabling access to hospital, medical, and social services that assist in completing their recuperation. Medical respite provides a transitional setting and certain services for individuals who are too ill or frail to	1 enrollee	Per member per month payment	• Individuals who are homeless or imminently homeless, have recently been discharged from a hospital setting and require continuous access to medical care • Enrollee requires access to comprehensive medical care post-hospitalization	The team providing medical respite care must meet all service qualifications included in the following service

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	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: **Short-Term Post-Hospitalization Housing:** Post-hospitalization housing for a short-term period, not to exceed six [6] months, due to an individual's imminent homelessness at discharge. Housing should provide the enrollee with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed. Allowable settings for short-term post-hospitalization housing services include, for example: • Independent respite setting; • Shelters in which the enrollee has access to their own private room; • Non-refundable motel/hotel vouchers for short-term, transitional, emergency situations; • Apartment/housing for rent. Services may not be provided in a congregate setting. **Medically Tailored Meal *(delivered to residential setting)*** Delivered meal which is medically tailored for the specific disease or condition of the enrollee receiving medical respite services. This service includes a consult with a registered dietician to assess and determine a medically-appropriate diet, as well as the preparation and delivery of the approved diet regimen. Meals must be in accordance with nutritional guidelines established by the National Food Is Medicine Coalition, available here, or other appropriate guidelines. Meals may be tailored to meet cultural preferences. For health conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the LPE. **Transportation Services**			• Enrollee requires intensive, hands-on case management to recuperate and heal post-hospitalization. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	descriptions: • Short-Term Post-Hospitalization Housing; • Medically Tailored Meals; • Direct Transportation; • Reimbursement for Transportation; • Holistic Intensive Case Management.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	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. **Holistic High Intensity Enhanced Case Management:** Medical respite services should integrate the provision of one-to-one case management and/or educational services to support an enrollee's short-term residentially-based recuperation and to address co-occurring social needs spanning housing, transportation, food insecurity and interpersonal violence/toxic stress. Activities may include those outlined in the following three service definitions: • Housing Navigation, Support and Sustaining Services; • Food Access Case Management Services; • Sustained IPV Case Management Services.				
Assessment for Linkages to Health-Related Legal Supports	This service consists of assessing an enrollee to identify legal issues that, if addressed, could help to secure or maintain healthy housing and mitigate or eliminate exposure to interpersonal violence or toxic stress. As part of the assessment, the service provider will identify potential options, resources and strategies for addressing those barriers, but will not serve as a legal representative for the beneficiary. The assessment and related guidance and advice may cover areas such as: • Identifying potential strategies and resources for addressing legal barriers to obtaining housing (for example, removing a former partner's debts from credit rating) • Explaining rights related to landlord/tenant disputes and identifying follow up resources • Assessing for the need for and providing information on legal resources and options for interpersonal violence or other forms of toxic stress • Explaining the purpose of an order of protection and the process for obtaining one	One hour of legal guidance	One fee per hour of delivered service; HSOs may submit one invoice that aggregates total hours spent delivering services over a time period (e.g., weekly, monthly).	• Service does not cover legal representation. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded program.	• All staff providing this service should be trained in safety, privacy and confidentiality. • Individuals providing legal guidance should have paralegal training and experience, legal supervision or a JD or equivalent.

Service Name	Service Description	Payment Unit	Payment Approach	Eligibility Standards	Provider Qualifications
	This service is meant to address the needs of an individual who may require or benefit from legal expertise, as opposed to the more general support that can be offered by a case manager or peer advocate. Legal representation is not covered by this service. After issues are identified and potential strategies reviewed with an enrollee, the service provider is expected to connect the beneficiary to an organization or individual that can provide legal representation with non-Pilot resources.				

Initial Services List from 1115 Waiver STCs

Domain	Category	Sub-Category
Food	Food Support Services	Assist the enrollee with applications for SNAP and WIC
Food	Food Support Services	Assist the enrollee with identifying and accessing school based food programs
Food	Food Support Services	Assist the enrollee with locating and referring enrollees to food banks or community-based summer and after-school food programs
Food	Food Support Services	Nutrition counseling and education, including on healthy meal preparation
Food	Food Support Services	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).
Food	Meal Delivery Services	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).
Housing	Housing and Tenancy Supports	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
Housing	Housing and Tenancy Supports	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.
Housing	Housing and Tenancy Supports	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.

Housing	Housing and Tenancy Supports	Assisting the individual with housing application and selection process, including filling out housing applications and obtaining and submitting appropriate documentation
Housing	Housing and Tenancy Supports	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
Housing	Housing and Tenancy Supports	Developing a crisis plan, which must identify prevention and early intervention services if housing is jeopardized
Housing	Housing and Tenancy Supports	Participating in the person centered plan meetings to assist the individual in determination or with revisions to housing support plan
Housing	Housing and Tenancy Supports	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
Housing	Housing and Tenancy Supports	Assisting the individual to complete reasonable accommodation requests as needed to obtain housing
Housing	Housing and Tenancy Supports	Supporting individuals in the development of independent living skills, such as skills coaching, financial counseling and anger management
Housing	Housing and Tenancy Supports	Connecting the individual to education and training on tenants' and landlords' role, rights, and responsibilities
Housing	Housing and Tenancy Supports	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
Housing	Housing and Tenancy Supports	Assessing potential health risks to ensure living environment is not adversely affecting occupants' health
Housing	Housing and Tenancy Supports	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.

Housing	Housing and Tenancy Supports	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	Housing Quality and Safety Improvement Services	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.
Housing	Housing Quality and Safety Improvement Services	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.
Housing	Legal Assistance	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.
Housing	Securing House Payments	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 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.
Housing	Short-Term Post-Hospitalization	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.
Interpersonal Violence (IPV)/ Toxic Stress	Interpersonal Violence-Related Transportation	Transportation services to/from IPV service providers for enrollees transitioning out of a traumatic situation.
Interpersonal Violence (IPV)/ Toxic Stress	IPV and Parenting Support Resources	Assistance with linkages to community-based social service and mental health agencies with IPV expertise.
Interpersonal Violence (IPV)/ Toxic Stress	IPV and Parenting Support Resources	Assistance with linking to high quality child care and after-school programs.

Interpersonal Violence (IPV)/ Toxic Stress	IPV and Parenting Support Resources	Assistance with linkages to programs that increase adults' capacity to participate in community engagement activities.
Interpersonal Violence (IPV)/ Toxic Stress	IPV and Parenting Support Resources	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).
Interpersonal Violence (IPV)/ Toxic Stress	Legal Assistance	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.
Interpersonal Violence (IPV)/ Toxic Stress	Child-Parent Support	Evidence-based parenting support programs (i.e., Triple P – Positive Parenting Program, the Incredible Years, and Circle of Security International).
Interpersonal Violence (IPV)/ Toxic Stress	Child-Parent Support	Evidence-based home visiting services by licensed practitioners to promote enhanced health outcomes, whole person care and community integration.
Interpersonal Violence (IPV)/ Toxic Stress	Child-Parent Support	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.
Transportation	Non-emergency health-related transportation	Transportation services to social services that promote community engagement.
Transportation	Non-emergency health-related transportation	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.
Transportation	Non-emergency health-related transportation	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.
Transportation	Non-emergency health-related transportation	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.