Healthy Opportunities Pilot Update

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Healthy Opportunities Pilot Overview

Why Do We Need the Healthy Opportunities Pilots?

The Healthy Opportunities Pilots (the Pilots) present an unprecedented opportunity to provide selected evidence-based, non-medical interventions to Medicaid enrollees to address social needs within Medicaid managed care.

- Access to high-quality medical care is critical, but research shows up to 80 percent of a person's health is determined by social and environmental factors and the behaviors that emerge as a result.

- Pilot entities—including PHPs, Care Management Teams, Network Leads, and Human Service Organizations—will all play coordinated but distinct roles to provide "whole person care" to Pilot enrollees.

- The Pilots will test the impact of offering non-medical services on health outcomes and costs, with the ultimate goal of making them statewide offerings of the Medicaid managed care program

The primary goal of the Healthy Opportunities Pilot is to learn!

Healthy Opportunities Pilots

> CMS authorized up to $650 million in state and federal Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid enrollees.

Pilot funds will be used to:

- **Cover the cost of federally-approved Pilot services**
  - *NC DHHS has developed 29 service definitions and a fee schedule to reimburse entities that deliver these non-clinical services*
  - *The fee schedule will promote value and increasingly link payment to outcomes*

- **Support capacity building in first two years to establish Network Leads and strengthen the ability of human service organizations (HSOs) to deliver Pilot services**
  - *NC DHHS procured three Network Leads with deep roots in their community that will facilitate collaboration across the healthcare and human service providers through building partnerships.*

- **Provide administrative, care management, and value-based payments**
  - *A small amount of Pilot funds will be used for PHP and NL administrative payments, care management payments, and value-based payments*

NC's priority "Healthy Opportunities" domains
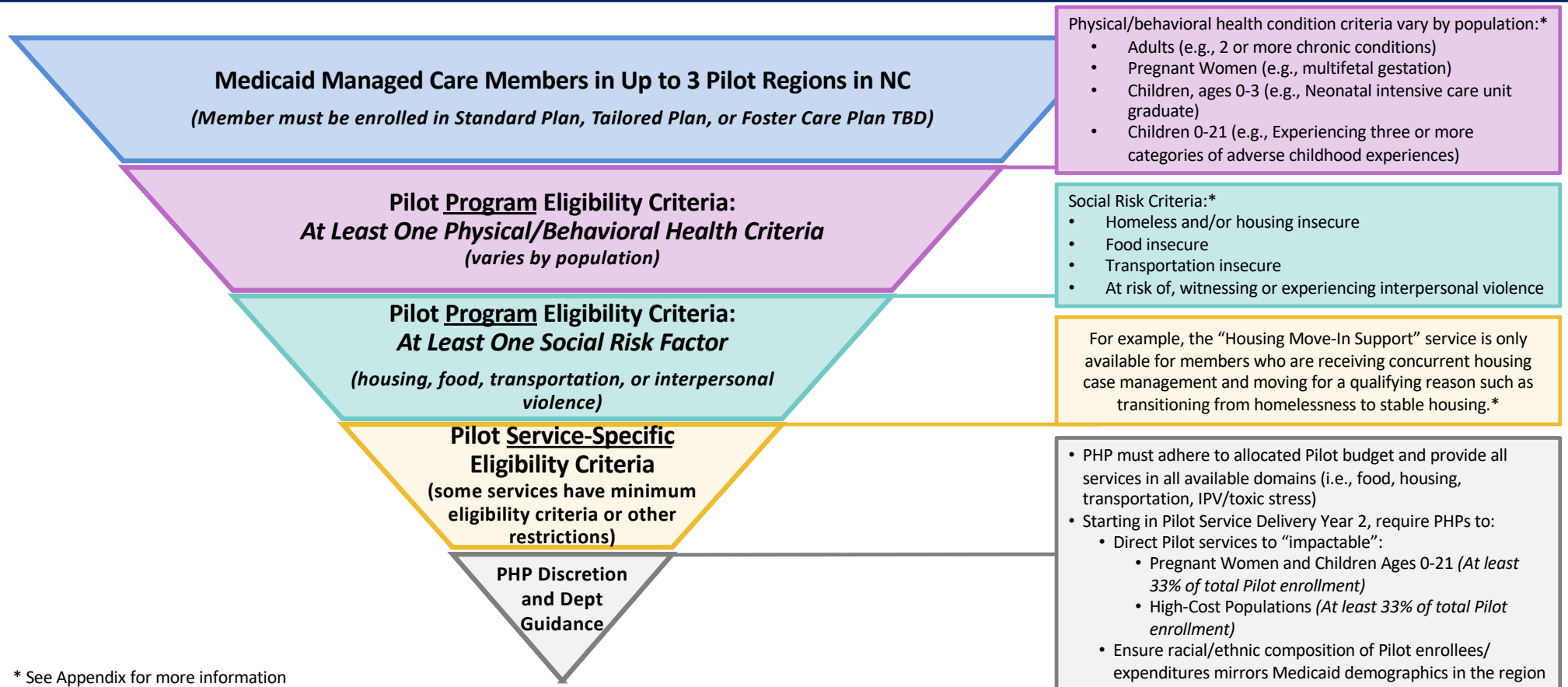
| Housing | Food | Transportation | Interpersonal Safety | Cross-Domain |

Who is Eligible for Healthy Opportunities Pilot Services?

Medicaid Managed Care Members in Up to 3 Pilot Regions in NC

(Member must be enrolled in Standard Plan, Tailored Plan, or Foster Care Plan TBD)

Physical/behavioral health condition criteria vary by population:*
- Adults (e.g., 2 or more chronic conditions)
- Pregnant Women (e.g., multifetal gestation)
- Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)
- Children 0-21 (e.g., Experiencing three or more categories of adverse childhood experiences)

Pilot _Program_ Eligibility Criteria:
At Least One Physical/Behavioral Health Criteria
(varies by population)

Social Risk Criteria:*
- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

Pilot _Program_ Eligibility Criteria:
At Least One Social Risk Factor

(housing, food, transportation, or interpersonal violence)

For example, the "Housing Move-In Support" service is only available for members who are receiving concurrent housing case management and moving for a qualifying reason such as transitioning from homelessness to stable housing.*

Pilot _Service-Specific_ Eligibility Criteria
(some services have minimum eligibility criteria or other restrictions)

PHP Discretion and Dept Guidance

- PHP must adhere to allocated Pilot budget and provide all services in all available domains (i.e., food, housing, transportation, IPV/toxic stress)
- Starting in Pilot Service Delivery Year 2, require PHPs to:
  - Direct Pilot services to "impactable":
    - Pregnant Women and Children Ages 0-21 *(At least 33% of total Pilot enrollment)*
    - High-Cost Populations *(At least 33% of total Pilot enrollment)*
  - Ensure racial/ethnic composition of Pilot enrollees/ expenditures mirrors Medicaid demographics in the region

* See Appendix for more information

What Services Can Members Receive Through the Pilots?

North Carolina's 1115 waiver specifies 29 services that can be covered by the Pilot. Services include:

Housing

- Housing navigation, support and sustaining services
- Inspection for housing safety and quality
- Housing move-in support
- Essential utility set-up
- Home remediation services
- Home accessibility and safety modifications
- Healthy home goods
- One-time payment for security deposit and first month's rent
- Short-term post hospitalization housing

Food

- Food and nutrition access case management
- Evidence-based group nutrition class
- Diabetes Prevention Program
- Fruit and vegetable prescription
- Healthy food box (pick-up or delivered)
- Healthy meal (pick-up or delivered)
- Medically Tailored Home Delivered Meal

Transportation

- Reimbursement for health-related public or private transportation
- Transportation case management

Interpersonal Safety

- Interpersonal safety case management*
- Violence intervention services*
- Evidence-based parenting curriculum
- Home visiting services
- Dyadic therapy*

Cross-Domain

- Holistic high-intensity enhanced case management*
- Medical respite
- Linkages to health-related legal supports*

* Sensitive services will be phased in

Pilot Entities' Roles & Responsibilities

Sample Regional Pilot

👤 =Pilot Enrollee

North Carolina

Prepaid Health Plan | **Prepaid Health Plan** | **Prepaid Health Plan**

👤 **Care Managers** | 👤 **Care Managers** | 👤 **Care Managers**

Network Lead

Human Service Organizations (HSOs)

👤 | **HSO** | **HSO** | **HSO**
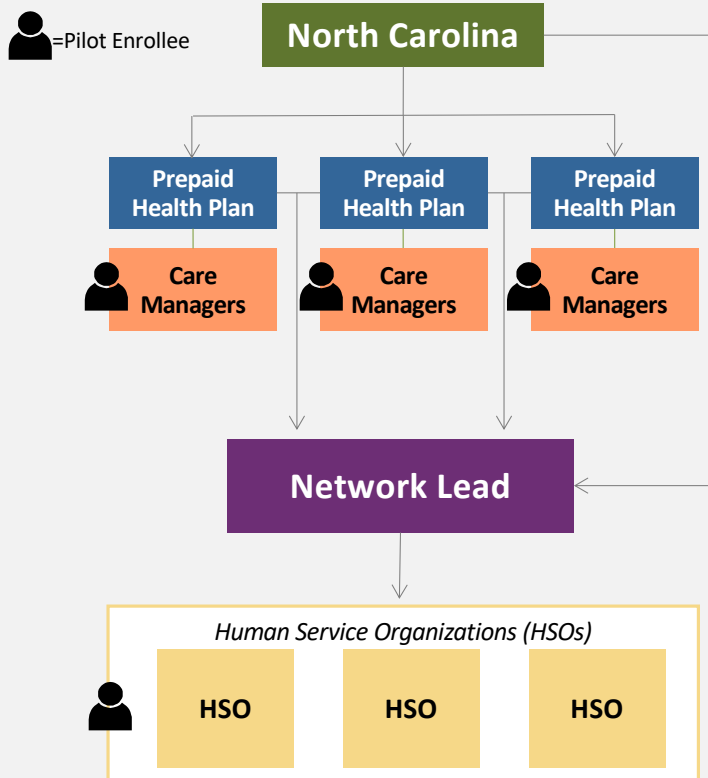
Key Entities' Roles in the Pilots

- **Prepaid Health Plans (PHPs):**
  - Approve which of their enrollees qualify for Pilot services and which services they qualify to receive
  - Ensure the provision of integrated care management to Pilot enrollees
  - Manage a Pilot budget and pay HSOs for delivery of Pilot services to their Pilot enrollees

- **Care Managers:**
  - Frontline Medicaid care management providers located at Tier 3 Advanced Medical Homes, Local Health Departments, and PHPs managing beneficiaries' integrated care
  - Assess beneficiary eligibility for Pilot, identify recommended Pilot services, refer Pilot enrollee to a Pilot HSO, and manage coordination of Pilot services, in addition to managing physical and behavioral health needs
  - Track enrollee progress over time

- **Network Leads:**
  - Develop, manage, and oversee a network of HSOs
  - Receive, track and validate invoices from HSOs and work with PHP to ensure accurate invoices are paid
  - Provide support and technical assistance for HSO network
  - Convene Pilot entities to share best practices

- **Human Service Organizations:**
  - Frontline social service providers that contract with the Network Lead to deliver Pilot services to Pilot members
  - Submit invoices and receive reimbursement for services delivered
  - Support identification of potential Pilot-enrollees by connecting them to their PHP or CM

Overview of Healthy Opportunities Pilot Journey

Eligibility, Service Authorization, Referral, Service Delivery, Invoicing, and Payment Activities

Activity	Identifying Potentially Pilot Eligible Populations	Assessing Pilot Eligibility and Needed Services	Eligibility Determination & Service Authorization	Referral to Authorized Services	Delivery of Pilot Services, Invoicing and Payment	Review Service Mix and Reassess Pilot Eligibility
Entity Responsible & Tasks	**PHP** Phases in "no wrong door" approach; accepting Pilot referrals from all sources *Referrals* **Care Manager** **Provider** **HSO** **Member/ Family**	**Care Manager** 1. *Assesses Pilot eligibility* 2. *Recommends Pilot services and confirms service-specific eligibility* 3. *Obtains consents* 4. *Documents Pilot eligibility and service recs. in PESA*	**PHP** 1. *Reviews PESA to determine eligibility & authorize services* 2. *Documents Pilot enrollment in system of record* **Care Manager** *For select services, determine eligibility and authorize "pre-approved" Pilot services*	**Care Manager** *Refers Pilot enrollee to authorized service using NCCARE360* **HSO** *Accepts referral using NCCARE360*	**HSO** *Delivers authorized Pilot service and transmits invoice to NL* **LPE** *Reviews invoices and sends validated invoices to PHP for payment* **PHP** *Processes invoices and pays HSOs for authorized Pilot services delivered; submits encounters to DHB*	**Care Manager** 1. *Reviews service mix every 3 months* 2. *Reassesses for Pilot eligibility every 6 months*

How Will the Pilots be Evaluated?

Evaluation Phases

- **Rapid cycle assessments:** To gain "real-time" insights on whether Pilots are operating as intended, if services are having their intended effects, and what mid-course adjustments need to be made to improve delivery of effective services

- **Summative Evaluation:** To assess the global impact of the Pilots, learn which interventions are effective for specific populations, and plan for incorporation into the Medicaid program

Key Learning Objectives

- **Evaluate the effectiveness** of select, evidence-based, non-medical interventions and the role of the Network Lead in improving health outcomes and reducing health care costs for high-risk members

- **Leverage evaluation findings** to embed cost-effective interventions that improve health outcomes into the Medicaid program statewide to promote sustainability

- **Support the sustainability** of delivering non-medical services identified as effective through the evaluation, including by strengthening the capabilities of HSOs and partnerships with health care payers and providers

Hypotheses Tested

- Network Leads will enable **effective delivery of Pilot services**

- The Pilot program will increase rates of Medicaid enrollees **screened** for social risk factors and **connected to** services that address these risk factors

- The Pilot program **will improve the qualifying social risk factors, health outcomes, healthcare utilization, and healthcare costs of participants** (overall and by sub-populations)

Implementation Milestones

North Carolina DHHS Awarded Three Network Lead Regions in May 2021

Network Leads and Their Regions

Access East, Inc.

Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt
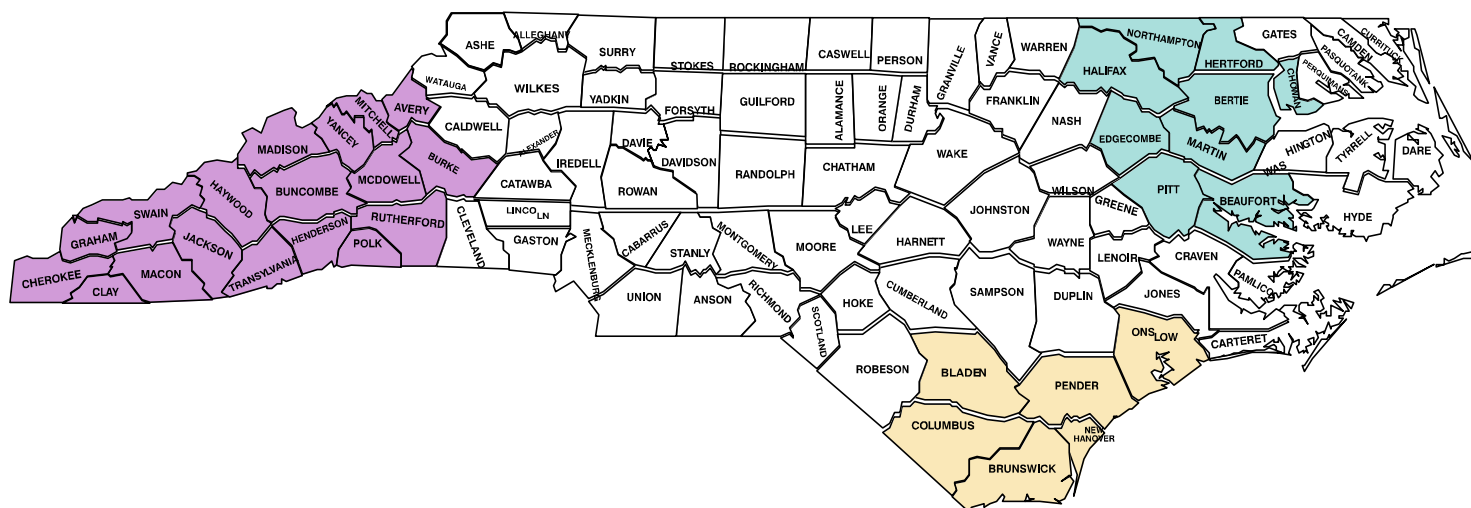
Impact Health/Dogwood Health Trust)

Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

Community Care of the Lower Cape Fear (CCLCF)

Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender

Responsibilities of Healthy Opportunities Network Leads

- **Develop, manage, and oversee a network of contracted HSOs**, which will deliver Pilot services to eligible members in the Local Pilot Region.
  - HSO networks must:
    - Include an appropriate and reasonable number and mix of HSOs to provide services across the Local Pilot Region addressing all of the Healthy Opportunities Priority Domains
    - Meet minimum network adequacy and network efficiency standards
    - Ensure the delivery of high-quality Pilot services
- **Be embedded in the local community**. Have strong connections to, and understanding of, the communities served.
- **Serve as a connection between the Department, PHPs and HSOs,** using Department-developed model contracts
- **Monitor its HSO network** to ensure the delivery of timely and high-quality Pilot services; addressing any service delivery performance issues or under- or overpayments; and notifying DHB if it suspects any network fraud, waste, or abuse
- **Distribute capacity building funds to its network of HSOs**
- **Review invoices from HSOs and submit them to member's PHP;** facilitate payment dispute resolution on behalf of HSOs
- **Provide technical assistance** to HSOs and **organize convenings** for Pilot-participating entities to share best practices
- **Collect and report to DHB and PHPs on qualitative and quantitative data** that will be used for monitoring and evaluation
- Network Leads are not meant to be member-facing organizations. The member's care manager and PHP should still be their points of contact.

Initial HSO Networks at a Glance

Network Lead	HSO Directory	Domain				
		Food	Transportation	Housing	Interpersonal Safety	Cross-Domain
Access East	HSO Network - Access East, Inc.	9	4	3	3	3
Community Care of the Lower Cape Fear	Cape Fear HOP HSO Network Directory - Google Sheets	11	5	10	8	6
Impact Health	Network - Impact Health	29	8	17	9	11

Note: Network Leads are currently finalizing contracts with HSOs accepted during the first application process. The Department expects HSO networks and the array of services in each region to grow throughout the course of the pilot.
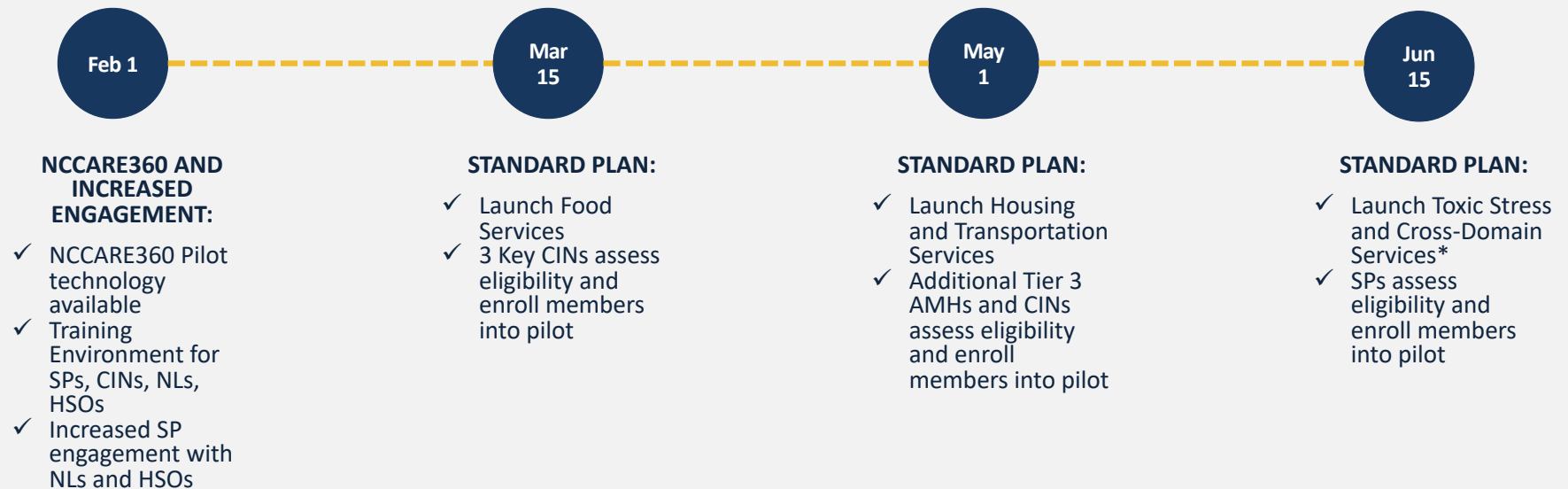
Key Implementation Milestones

- ✓ **May 2021:** Awarded three Network Leads and associated regions
- ✓ **June – December 2021:**
  - ✓ Frequent engagement with Network Leads to provide training, share learnings and track implementation
  - ✓ Disbursed three rounds of capacity building funds
  - ✓ Network Leads formed organizational structures and policies to support the pilots (e.g. hired staff; formed governing bodies; created policies, procedures, and operational plans)
- ✓ **September 2021:**
  - ✓ Released PHP-Network Lead and Network Lead-HSO model contracts
  - ✓ Executed agreement with the Foundation for Health Leadership and Innovation to cover NCCARE360 licenses for Medicaid partners
  - ✓ Network Leads released HSO network applications
- ✓ **October 2021:**
  - ✓ Finalized "Base Pilot Functionality" design in NCCARE360; Unite Us began NCCARE360 development and demos
  - ✓ Accelerated implementation and technology efforts with Standard Plans and CIN engagement

- ✓ **November 2021:**
  - ✓ Updated Pilot fee schedule rates
  - ✓ Standard Plan-Network Lead model contracts executed
  - ✓ Released protocols, companion guides, and report templates for Standard Plans
  - ✓ HSOs began enrolling as providers in NCTracks
  - ✓ Increased engagement with LHDs
- ✓ **December 2021:**
  - ✓ Network Leads began contracting with HSOs
  - ✓ Conducted initial Network Lead readiness reviews
  - ✓ Released Standard Plan-AMH contracting language and care management guidance
  - ✓ Unite Us began releasing NCCARE360 job aids
  - ✓ Finalized call center scripts
  - ✓ Finalized Member Handbook language
  - ✓ Increased engagement with DSS offices
  - ✓ Began work on technical solution to convert invoices into claims
  - ✓ Pilot encounters business rules finalized and distributed
  - ✓ Began connectivity testing with PHPs for end-to-end technology testing

Upcoming Implementation Milestones

- **January 2022:**
    - Perform additional Network Lead and Standard Plan readiness reviews
    - Conduct end-to-end technology testing
    - Review updated Standard Plan pilot policies
    - Finalize NCCARE360 "Advanced Pilot Functionality" requirements
    - Development with DHHS data warehouses to ingest NCCARE360 data

- **February 2022:**
    - NCCARE360 Base Pilot Functionality live; training environment available
    - Standard Plans to finalize pilot contract updates with AMH Tier 3s/CINs

- **March-June 2022:**
    - Launch phased service delivery and enrollment pathways (see next slide)

- **Summer 2022-2023:**
    - Phased NCCARE360 Advanced Pilot Functionality releases

- **TBD:**
    - Launch Pilots for Tailored Plans and Foster Care Plan

Phased Launch Approach: 2022

In an effort to ensure a smooth rollout of the Healthy Opportunities Pilot, the Department will launch the Pilot in phases – growing the array of services available, enrollment pathways, and HSO networks in the first few months of implementation. Pilot technology will improve throughout the course of the pilot as well.

Feb 1

Mar 15

May 1

Jun 15

NCCARE360 AND INCREASED ENGAGEMENT:

- ✓ NCCARE360 Pilot technology available
- ✓ Training Environment for SPs, CINs, NLs, HSOs
- ✓ Increased SP engagement with NLs and HSOs

STANDARD PLAN:

- ✓ Launch Food Services
- ✓ 3 Key CINs assess eligibility and enroll members into pilot

STANDARD PLAN:

- ✓ Launch Housing and Transportation Services
- ✓ Additional Tier 3 AMHs and CINs assess eligibility and enroll members into pilot

STANDARD PLAN:

- ✓ Launch Toxic Stress and Cross-Domain Services*
- ✓ SPs assess eligibility and enroll members into pilot

*Interpersonal violence services and certain cross-domain services may not be available by June 15

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Appendix

Pilot Eligibility: Physical/Behavioral Health Criteria

Medicaid members must meet at least one physical/behavioral health criteria and one social risk factor to be eligible for the Pilot program.

Eligibility Category	Age	Physical/Behavioral Health Criteria (at least one, per eligibility category)
Adults	21+	• 2 or more chronic conditions. Chronic conditions that qualify an individual for pilot enrollment include: BMI over 25, blindness, chronic cardiovascular disease, chronic pulmonary disease, congenital anomalies, chronic disease of the alimentary system, substance use disorder, chronic endocrine and cognitive conditions, chronic musculoskeletal conditions, chronic mental illness, chronic neurological disease and chronic renal failure, in accordance with Social Security Act section 1945(h)(2). • Repeated incidents of emergency department use (defined as more than four visits per year) or hospital admissions.
Pregnant Women	n/a	• Multifetal gestation • Chronic condition likely to complicate pregnancy, including hypertension and mental illness • Current or recent (month prior to learning of pregnancy) use of drugs or heavy alcohol • Adolescent ≤ 15 years of age • Advanced maternal age, ≥ 40 years of age • Less than one year since last delivery • History of poor birth outcome including: preterm birth, low birth weight, fetal death, neonatal death
Children	0-3	• Neonatal intensive care unit graduate • Neonatal Abstinence Syndrome • Prematurity, defined by births that occur at or before 36 completed weeks gestation • Low birth weight, defined as weighing less than 2500 grams or 5 pounds 8 ounces upon birth • Positive maternal depression screen at an infant well-visit
	0-20	• One or more significant uncontrolled chronic conditions or one or more controlled chronic conditions that have a high risk of becoming uncontrolled due to unmet social need, including: asthma, diabetes, underweight or overweight/obesity as defined by having a BMI of 85th %ile for age and gender, developmental delay, cognitive 67 impairment, substance use disorder, behavioral/mental health diagnosis (including a diagnosis under DC: 0-5), attention deficit/hyperactivity disorder, and learning disorders • Experiencing three or more categories of adverse childhood experiences (e.g. Psychological, Physical, or Sexual Abuse, or Household dysfunction related to substance abuse, mental illness, parental violence, criminal behavioral in household) • Enrolled in North Carolina's foster care or kinship placement system

Pilot Eligibility: Social Risk Factors

Medicaid members must meet at least one physical/behavioral health criteria and one social risk factor to be eligible for the Pilot program.

Risk Factor	Definition
Homelessness and housing insecurity	Homelessness, as defined in U.S. Department of Health and Human Services 42 CFR § 254(h)(5)(A), and housing insecurity, as defined based on questions used to establish housing insecurity in the NC Healthy Opportunities Screening Tool.
Food insecure	As defined by the US Department of Agriculture commissioned report on Food Insecurity in America: • Low Food Security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake. • Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake Or as defined based on questions used to establish food insecurity in the NC Healthy Opportunities Screening Tool.
Transportation insecure	Defined based on questions used to establish transportation insecurities in the NC Healthy Opportunities Screening Tool.
At risk of, witnessing or experiencing interpersonal violence	Defined based on questions used to establish interpersonal violence in the NC Healthy Opportunities Screening Tool.

Pilot-Service Specific Eligibility Criteria (Examples)

Individuals determined eligible for the Pilot program must also meet eligibility requirements for specific Pilot services, which are documented in the Pilot Service Fee Schedule.

Service	Minimum Eligibility Criteria
Housing Navigation, Support, and Sustaining Services	• Enrollee is assessed to be currently experiencing homelessness, are at risk of homelessness and those whose quality/safety of housing are adversely affecting their health. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • 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. Individuals with cooccurring housing and IPV-related needs should receive the Holistic High Intensity Case Management service. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.

Medically Tailored Home Delivered Meals	• 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.
	 • If potentially eligible for SNAP and/or WIC, the enrollee must either:
	    o Be enrolled in SNAP and/or WIC, or
	    o Have submitted a SNAP and/or WIC application within the last 2 months, or
	    o Have been determined ineligible for SNAP and/or WIC within the past 12 months
	 • 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 as a Medicaid covered service.
	 • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.

Pilot Payment Stream Definitions

Payment Stream	Definition
Capacity Building	These funds, available to LPEs and HSOs in the first two years of an LPE's contract with DHHS, will be used to develop infrastructure, hire and train staff, and carry out other activities that will be necessary to execute Pilot responsibilities.
LPE Administrative Payments	LPEs will receive Pilot funding, via the PHPs, to support ongoing operational and administrative Pilot-related activities during the service delivery period.
PHP Administrative Payments	Like LPEs, PHPs will receive Pilot funding to support operational and administrative Pilot-related activities, including eligibility determinations and service authorization, during the service delivery period.
Care Management Payments	During the service delivery period, local care management entities, such as advanced medical homes (AMHs), local health departments (LHDs) and care management agencies will receive funding, via the PHPs, for Pilot care management.
HSO Service Delivery Payments	HSOs will receive payment, via the PHPs, for the delivery of authorized Pilot services to Pilot participants in accordance with the fee schedule developed by DHHS (see Addendum #7 of the LPE Request For Proposal). These payment rates include the HSO's costs for delivering the services, as well as the HSO's related administrative costs.
Value-Based Payments	Payments to PHPs and LPEs will increasingly be linked to operational ability, enrollees' health outcomes and health care costs through various VBP arrangements over the course of the demonstration, through incentive payments, withholds, and shared savings.

Pilot Service Fee Schedule Overview

The Pilot Service Fee Schedule includes 29 services.
The Pilot DHHS divided Pilot services into three payment types.

Per Member Per Month (PMPM)

Single, distinct payment per member or case, payable each month a person is enrolled with a provider
(5 services)

Examples:
- Housing Navigation, Support, and Sustaining Services
- IPV Case Management Services

Fee For Service

Single, distinct payment for a discrete good or based on a defined length of time
(13 services)

Examples:
- Healthy Food Box
- Evidence-Based Parenting Curriculum

Cost-Based Reimbursement Up To A Cap

Payment of the actual cost of a specified good or service up to a set maximum
(11 services)

Examples:
- Healthy Home Goods
- Short-Term Post Hospitalization Housing

Pilot Service Fee Schedule (1 of 3)

The Pilots represent the first time Medicaid funding will systematically pay for health-related social services for a broad subset of Medicaid enrollees. The CMS-approved fee schedule, based on the Department's 1115 waiver, defines and prices Pilot services. All Pilots will adhere to the fee schedule's rates in their payment practices.

	Service Name	Fee Schedule Rate
Housing Services	Housing Navigation, Support and Sustaining Services	$400.26 PMPM
	Inspection for Housing Safety and Quality	Up to $250 per inspection*
	Housing Move-In Support	1-5+ BR: Up to $900- $1,250 per month*
	Essential Utility Set-Up	Up to $500 for utility deposits, arrears or reinstatement*
	Home Remediation Services	Up to $5,000 per year*
	Home Accessibility and Safety Modifications	Up to $10,000 per lifetime of waiver demonstration*
	Healthy Home Goods	Up to $2,500 per year*
	One-Time Payment for Security Deposit and First Month's Rent	• First Month's Rent: Up to 110% Fair Market Rent (FMR)* • Security deposit: Up to 110% FMR x2*
	Short-Term Post Hospitalization Housing	• First Month's Rent: Up to 110% Fair Market Rent (FMR)* • Security deposit: Up to 110% FMR x2*

* Indicates cost-based reimbursement up to the fee schedule cap

The **Pilot Service Fee Schedule** provides more detail on each Pilot service, including a service description, anticipated frequency and duration, setting of service delivery, and minimum eligibility criteria to be approved for the service.

Pilot Service Fee Schedule (2 of 3)

	Service Name	Fee Schedule Rate
Food Services	Food and Nutrition Access Case Management Services	15-minute interaction: $13.27
	Evidence-Based Group Nutrition Class	One class: $22.80
	Diabetes Prevention Program	**Phase 1: $275.83** • Completion of 4 classes: $27.38 • Completion of 4 additional classes (8 total): $54.77 • Completion of 4 additional classes (12 total): $68.46 • Completion of 4 additional classes (16 total): $125.22 **Phase 2: $103.44** • Completion of 3 classes: $31.02 • Completion of 3 additional classes (6 total): $72.42
	Fruit and Vegetable Prescription	Up to $210 per month*
	Healthy Food Box (For Pick-Up)	Small box: $89.29 Large box: $142.86
	Healthy Food Box (Delivered)	Small box: $96.79 Large box: $150.36
	Healthy Meal (For Pick-Up)	$7.00 per meal
	Healthy Meal (Home Delivered)	$7.60 per meal
	Medically Tailored Home Delivered Meal	$7.80 per meal

* Indicates cost-based reimbursement up to the fee schedule cap

Pilot Service Fee Schedule (3 of 3)

	Service Name	Fee Schedule Rate
Interpersonal Violence (IPV) Services	IPV Case Management Services	$221.96 PMPM
	Violence Intervention Services	$168.94 PMPM
	Evidence-Based Parenting Curriculum	One class: $22.60
	Home Visiting Services	One home visit: $67.89
	Dyadic Therapy	$68.25 per occurrence
Transportation Services	Reimbursement for Health-Related Public Transportation	Up to $102 per month*
	Reimbursement for Health-Related Private Transportation	Up to $267 per month*
	Transportation PMPM Add-On for Case Management Services	$71.30 PMPM
Cross-Domain Services	Holistic High Intensity Enhanced Case Management	$501.41 PMPM
	Medical Respite	$206.98 per diem
	Linkages to Health-Related Legal Supports	15-minute interaction: $25.30

* Indicates cost-based reimbursement up to the fee schedule cap