

Healthy Opportunities Pilots *Request for Information (RFI)*

An In-Depth Review of the Service Description Template and Cost Report Worksheet

February 22, 2019

Agenda

- 1 **Healthy Opportunities Pilots RFI Overview**
- 2 **Deep Dive: Service Description Template**
- 3 **Deep Dive: Cost Report Worksheet**
- 4 **Q&A**
- 5 **Appendix**

Healthy Opportunities Pilots RFI Webinar Series

The Healthy Opportunities Pilots RFI will help inform North Carolina's design and implementation of the Pilots. Today's webinar is the second in a series about the **Healthy Opportunities Pilots RFI and Policy Paper**.

The **“Healthy Opportunities Pilots: Overview and Introduction to Request for Information (RFI)”** webinar hosted on February 20th covered the following topics:

- North Carolina's Transition to Medicaid Managed Care
- Overview of the Healthy Opportunities Pilots
- Overview of the Healthy Opportunities Pilots Request for Information (RFI)

We encourage listeners to have a copy of the RFI and Cost Report Worksheet open during today's webinar tutorial, which can be downloaded [here](#).

Additional Healthy Opportunities Pilots Resources



Visit the DHHS [Healthy Opportunities Pilots Webpage](#) and sign up for the listserv to get Pilot news and updates.
(e-mail healthyopportunities@dhhs.nc.gov to be added)

Watch the recording of the Healthy Opportunities Pilots RFI Overview webinar from February 20, 2019, posted on the DHHS Healthy Opportunities Pilots Webpage.



Read the Healthy Opportunities Pilots [Fact Sheet](#) and [Policy Paper](#) for additional detail on Pilot Design.

Healthy Opportunities Pilots RFI Overview

What Is the Pilots Request for Information (RFI)?

On February 15th, DHHS released a Policy Paper and accompanying RFI to seek feedback from interested stakeholders on the Healthy Opportunities Pilots.

Pilot Policy Paper: Describes key aspects of the Healthy Opportunities Pilots design in greater detail. We strongly recommend that you review the Policy Paper and refer to it when responding to the Pilot RFI.

Pilot RFI: Is a two-part solicitation:

- **Narrative Questions:** Respondents will answer questions on critical aspects of Pilot design in a written format.
- **Excel Workbook:** Respondents will provide information about their service delivery costs in an Excel workbook template to inform development of a fee schedule for Pilot services.

NC's Fee Schedule Will Set Payment Levels for Pilot Services

The Pilots represent the first time Medicaid funding will systematically pay for non-medical services that affect health for a subset of Medicaid enrollees, requiring the development of a fee schedule.

- The fee schedule will include service definitions and associated prices for approved Pilot services, which all Pilots will adhere to in their reimbursement practices.
- RFI responses from human service organizations (HSOs) and other stakeholders will be critical to developing an appropriate fee schedule.
- DHHS also will request stakeholder feedback through additional means during the spring and summer of 2019 as it develops and finalizes the fee schedule.
- The fee schedule is due to the Centers for Medicare and Medicaid Services (CMS) on July 1st, 2019 for review and approval.

The information organizations provide in the Service Description Template and Cost Report Worksheet is especially important for informing the Pilot Service Fee Schedule.

Overview of RFI Components

STATE OF NORTH CAROLINA Department of Health and Human Services Division of Health Benefits	REQUEST FOR INFORMATION NO. 30-190336 Healthy Opportunities Pilots	
	Due Date/Time: March 15, 2019 / 2:00 PM ET	
Refer ALL Inquiries to: Deidra Jones Contract Specialist 919-527-7236 E-Mail: Deidra.jones@dhhs.nc.gov	Issue Date: February 15, 2019	
	Commodity: 948-07 – Health Administrative Services	
Using Agency: NC Department of Health and Human Services (Department), Division of Health Benefits (DHB)		

This Healthy Opportunities Pilots Request for Information (RFI) is available electronically on the NC Interactive Purchasing System (IPS) at <https://www.ips.state.nc.us/ips/>.

The purpose of this RFI is to survey the market for information requested herein and not to award a contract. Submission of a response does not create an offer, and no award will result by submitting a response.

The State recognizes that considerable effort may be required in preparing a response to this RFI. However, the Respondent shall bear all costs for preparing and submitting a response. Information obtained through this RFI process may be used to develop a future solicitation.

Responses to this RFI will be received until **2:00 PM ET, March 15, 2019**.

EXECUTION

RESPONDENT NAME:	E-MAIL:	
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO.:
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING:	FAX NUMBER:	
AUTHORIZED SIGNATURE:	DATE:	

TO SUBMIT A RESPONSE: It is the responsibility of the responding entity ("Respondent") to submit its response to this RFI via email Deidra.jones@dhhs.nc.gov by the specified date and time.

Responses should clearly note the RFI Number **30-190336** in the subject line of the email.

Pilot RFI Components

Section IV on, "Questions for Respondents" is the core Pilot RFI section for respondents. Section IV includes the following sub-sections:

- Sub-section A: Information about Respondent
- Sub-section B: Roles and Responsibilities of Pilot Entities
- ★ **Sub-section C: Defining, Pricing and Paying for Pilot Services**

★ =For discussion today

Section IV.C.: Defining, Pricing and Paying for Pilot Services

RFI Section IV.C. seeks:

- **Qualitative** information to support the development of Pilot service definitions (subsections 1 through 4)
- **Quantitative** information on HSOs’ costs today to deliver Pilot or Pilot-like services (subsection 5)

Sub Section	Title	Description
1	Overview	To understand responding organizations’ role in social service delivery and experience working with health care payers or providers, if any
★ 2	Approved Pilot Services	To obtain descriptions of how HSOs deliver Pilot services (or similar services) today
3	Bundled Payment* Design	To assist with developing bundles of complementary services that together address a specific need
4	Cost of Delivering Pilot Services (<i>Qualitative</i>)	To understand key factors that affect the costs associated with delivering Pilot services
★ 5	Cost of Delivering Pilot Services (<i>Quantitative</i>)	To gather data on the current cost of providing Pilot or Pilot-like services to inform development of the Pilot services fee schedule

★ =For discussion today

*A bundled payment is a rate set prior to care delivery for an estimated bundle of complementary services that may be delivered in a variety of ways depending on beneficiary needs. 9

**Deep Dive:
Service Description Template**

Overview of the Service Description Template

The Service Description Template* seeks qualitative information on how HSOs deliver Pilot services (or other, similar services) today to support DHHS’s development of Pilot service definitions.

Current Operations:
Information based on the way your organization currently provides services

I. Current Operations	
<i>Based on the organization’s current state, provide responses to the following questions.</i>	
Service Name	
Select Pilot Service(s) from Appendix A that best align(s) with the named service.	
Service Description	

Future State:
Suggestions for how to define and pay for the service for Pilot purposes

II. Future State	
<i>To complete the following questions, consider how you would suggest this service be defined and paid for if it were incorporated into the Pilot service Fee Schedule.</i>	
Preferred Unit of Service	
Preferred Payment Approach	

*Found in RFI Section IV.C.2., Question b. (pg. 13).

Bundled Service Overview

The Department aims to develop bundled Pilot services and payments that support effective approaches to care integration. The Department welcomes Service Description Template submissions reflecting naturally occurring service bundles.

Bundled Payment Definition

A bundled payment is a rate set prior to care delivery for set of complementary services that may be delivered in a variety of ways depending on beneficiary needs.

Bundled Service Description Template Example

I. Current Operations	
Service Name	Housing Navigation and Case Management / Stabilization Services
Select Pilot Service(s) from Appendix A that best align(s) with the named service.	H1, H3, H4, H5, H6, H7, H8, H9, H13, H14

The housing service description example in Appendix B models how an organization might combine multiple CMS-approved Pilot services into one service description template.



Example: Medically Tailored Home Delivered Meal (1 of 7)

We will use a medically-tailored home-delivered meal service to illustrate how you might fill out a service description template, found in Appendix B of the RFI.

Category	Response
I. Current Operations <i>Based on the organization's current state, provide responses to the following questions.</i>	
Service Name	Medically Tailored Home Delivered Meals
Select Pilot Service(s) from Appendix A that best align(s) with the named service. <i>(Include one or more services from Appendix A, depending on how the Respondent currently provides services)</i>	F6

Appendix A: Federally Approved Pilot Services <i>(from 1115 Waiver Special Terms and Conditions)</i>		
Service Sub-Category	Service #	Enhanced Case Management Services
Meal Delivery Services	F6	Providing funding for targeted nutritious food or meal delivery services for individuals with medical or medically-related special dietary needs provided such funding cannot be obtained through any other source. Meals provided as part of this service must be provided according to the enrollee's care plan and must not constitute a "full nutritional regimen" (3 meals per day, per person).



Example: Medically Tailored Home Delivered Meal (2 of 7)

I. Current State

Service Description
(Please describe the core activities and/or goods included in this service; reference established, standardized industry protocols if available)

Medically Tailored Meals are meals that are designed and approved by a Registered Dietitian Nutritionist (RDN) based on a standardized nutritional assessment and a client's needs based on their health conditions, and are delivered to a client's home.

Medically Tailored Meals include:

- Initial intake with an RDN to assess a client's nutritional needs and prescribe a meal plan customized to a client's health condition, medications, and cultural and religious requirements and preferences
- Follow-up illness-specific nutrition education and counseling as needed with clients, their families, and care providers
- Preparation and delivery of a medically tailored meal

RDNs use the standardized Nutrition Care Process, which is a **systematic, evidence-based approach** to providing high-quality nutrition care and includes four steps:

- Nutrition assessment
- Nutrition diagnosis, including the problem, etiology, signs, and symptoms (PES) statement
- Nutrition intervention
- Nutrition monitoring and evaluation

If your service follows an established protocol, please reference in the "Service Description" row.



Example: Medically Tailored Home Delivered Meal (3 of 7)

I. Current State

Cost Elements

(Please list the core cost components of providing this service, which may include direct and indirect costs)

The service includes:

- RDN staff time (for intake, counseling, and administration)
- Staff time for food preparation
- Staff time for delivery
- Transportation (vehicle and fuel)
- Meal ingredients
- Packaging materials
- Rent and utilities for meal preparation facility
- Staff time for program management

Information provided here should end up mirroring data provided in the Cost Report Worksheet.



Example: Medically Tailored Home Delivered Meal (4 of 7)

I. Current State	
Frequency <i>(Please describe how often the service provider provides the service, e.g., daily, weekly, monthly, as needed)</i>	Up to two meals delivered per day, depending on client need
Duration <i>(Please describe the average duration of the service, e.g., 6 weeks, 6 months)</i>	Service is provided continuously until a case manager has determined an individual can perform shopping and meal preparation activities independently. Medically Tailored Meal services may range from four months to one year, or longer, depending on the client's circumstances and nutritional needs.
Setting <i>(e.g., in-person, telephonic)</i>	<ul style="list-style-type: none">• Off-site preparation of meal• In-person nutrition assessment by RDN (telephonic assessment optional if client has significant mobility limitations)• In-person delivery of meal to client's home

When describing your service, consider whether the intensity (and cost) of the service varies over time. For example, a service delivered over several months may require intense initial engagement, followed by less-frequent interactions.

Consider whether intensity varies enough to warrant two discrete service descriptions, each with shorter durations.



Example: Medically Tailored Home Delivered Meal (5 of 7)

I. Current State	
Target Population & Eligibility Standards <i>(Please fill in all applicable details about the population that receives this service)</i>	<ul style="list-style-type: none">• <i>Age Group: Adults</i>• <i>Target Population (e.g. Veterans, Elderly, LGBTQ, etc.): N/A</i>• <i>Target Physical/Behavioral Health Condition (e.g. Cardiovascular disease, Substance Use Disorder, etc.):</i> Chronic or acute conditions, including diabetes, renal disease, liver disease, chronic cardiovascular disease, cancer, Multiple Sclerosis, Parkinson's, and amyotrophic lateral sclerosis (ALS)• <i>Other Eligibility Standards (e.g., enrollee readiness, restrictions, etc.):</i><ul style="list-style-type: none">○ Assessment by RDN of need for meal preparation support based on individual's capabilities in the home, disease status, mobility, current nutrition practices, and access to food

Please provide as much detail as possible about your target population so we can understand how your service maps to those eligible* for the Pilots.

Please consider how services are tailored for individuals with unique characteristics. For example, would a service vary enough based on a target physical health condition to warrant a discrete service definition and payment rate for specific subpopulations?

* Overall eligibility criteria for the Healthy Opportunities Pilots can be found in the appendix of this presentation.



Example: Medically Tailored Home Delivered Meal (6 of 7)

I. Current State	
Service Provider Qualifications <i>(e.g., minimum credential, training, or licensing expectations for service providers)</i>	<ul style="list-style-type: none">• Registered Dietician Nutritionists (RDNs) – Commission on Dietetic Registration• Executive Chef – Culinary Degree; Food Safety Training and Certificate• Kitchen Staff – Food Safety Training and Certificate• Delivery Services, Meal Packaging Staff and Volunteers who handle food – Training in Food Safety provided by our staff
Staffing Ratios <i>(Please reference a normal panel size or staffing ratio for this service if applicable)</i>	Organization has capacity to deliver 2,000 meals per day
OPTIONAL: Evidence Base <i>(Please cite research on the effectiveness of your intervention if available, especially related to healthcare outcomes)</i>	S. Berkowitz et al. “Meal Delivery Programs Reduce The Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries.” Health Affairs, April 2018. Link .
OPTIONAL: Existing Billing Code(s) <i>(If you routinely use a HCPCS or other billing code for the purpose of healthcare reimbursement, please provide it here; may not apply to all services)</i>	HCPCS Code S5170 – Home-delivered meals, including preparation; per meal

This question is only for organizations that already receive healthcare reimbursement for their services.



Example: Medically Tailored Home Delivered Meal (7 of 7)

These questions focus on *how* organizations would recommend structuring and designing payment for this service under the Pilots. Respondents will have other opportunities to provide feedback on the payment *amount*, which we will discuss shortly.

II. Future State	
Preferred Unit of Service <i>(e.g., 15 minute session; 1 delivered meal; 1 per diem)</i>	One home delivered medically tailored meal
Preferred Payment Approach <i>(e.g., one-time payment for a service delivered, monthly payment per person receiving a bundle of services, one-time payment per visit)</i>	One-time payment per meal delivered (i.e., costs of intake, assessment, meal prep, and delivery embedded in unit cost of each meal)

Even if you currently operate a social services *program* – rather than receiving payment on a per service basis - we ask that you propose “units of service” that seem reasonable based on service delivery on the ground.

The payment approach is distinct from the level of the payment. Respondents may prefer to be paid as a lump sum, on a monthly basis, or by some other arrangement.

Respondents can highlight bundled service and payment recommendations in these questions if appropriate.

**Deep Dive:
Cost Report Worksheet**

Cost Report Worksheet Overview

The Cost Report Worksheet, found in RFI Section IV.C.5., helps organizations translate their current program costs into an estimated “cost per unit” for a particular service.

- The worksheet calculates cost per unit by summing three different types of costs:

For A Defined Service:

Cost Per Unit =

Direct Variable Cost Per Unit + **Direct Fixed Cost Per Unit** + **Indirect Fixed Cost Per Unit**

- A “unit” is the specific service or set of services (as described by the respondent) that can be delivered to an individual for a predetermined cost.

Cost Definitions

Cost Category	Definition	Examples
Direct Variable Costs	<ul style="list-style-type: none"> • Direct Costs are those that benefit specific projects. Because these activities are easily traced to projects, their costs are usually charged to projects on an item-by-item basis. • Direct Costs are considered <i>Variable</i> if they increase or decrease with changes in volume. 	<ul style="list-style-type: none"> • Hourly wages for care managers solely paid on an hourly basis • Supplies • Fuel for transportation vans • Food for a medically tailored meal.
Direct Fixed Costs	<ul style="list-style-type: none"> • Direct Costs are those that benefit specific projects. Because these activities are easily traced to projects, their costs are usually charged to projects on an item-by-item basis. • Direct Costs are considered <i>Fixed</i> if the costs are not affected by the volume of services. 	<ul style="list-style-type: none"> • Supervisor salaries or office space that are entirely dedicated to the specific service or project, and that do not vary depending on the volume of services provided
Indirect Fixed Costs	<ul style="list-style-type: none"> • Indirect Costs are those that benefit more than one project. Their precise benefits to a specific project are often difficult to quantify. For example, it may be difficult to determine precisely how the activities of the director of an organization benefit a specific project. • By definition, all Indirect Costs are fixed. There are no Indirect Variable costs. 	<ul style="list-style-type: none"> • Supervisor salaries, office space, IT systems or legal staff that may be shared by multiple programs or services, and that do not vary depending on the volume of services provided

Cost Report Worksheet Orientation

The workbook includes empty “input” tabs to be completed by respondents, as well as filled-out sample reference tabs to use as a guide.

INPUT TABS

Service Definition	Use this tab to identify and define additional parameters for the service or bundle of services from your RFI response for which you will provide cost information.
Direct Variable Costs	Use this tab to calculate your organization's direct variable costs for providing this service.
Direct Fixed Costs	Use this tab to calculate your organization's direct fixed costs for providing this service.
Indirect Fixed Costs	Use this tab to calculate your organization's indirect fixed costs for providing this service.

OUTPUT TAB

Cost Per Unit	This tab auto-calculates your cost per unit based on the costs entered into the other tabs.
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REFERENCE MATERIALS

Definitions	Quick reference for how to define types of costs for the purposes of this exercise.
SAMPLE - Service Definition	Use this tab to review a sample of how to fill out the Service Definition tab.
SAMPLE - Direct Variable	Use this tab to review a sample of how to fill out the "Direct Variable Costs" tab.
SAMPLE - Direct Fixed	Use this tab to review a sample of how to fill out the "Direct Fixed Costs" tab.
SAMPLE - Indirect Fixed Costs	Use this tab to review a sample of how to fill out the "Indirect Fixed Costs" tab.
SAMPLE - Cost Per Unit	Use this tab to review a sample of how the "Cost Per Unit" tab auto-calculates from other cost tabs.

Service Definition Tab Overview

SERVICE DEFINITION	
Service Reference	
Please list your organization's name and the name of the service for which you are providing cost information. Please list <u>exact Service Name</u> from your Service Description Template in your RFI response (Section C, Part 2, Question b).	
Category	Response
Organization Name	
Service Name (Per Service Description Template in	

Inputs	
Please define the unit of service for which you are providing cost data in this worksheet.	
Unit of Service	
Quantity Sold/Served	
Time Frame	

Each input tab includes a Quick Reference Guide with instructions.

Quick Reference Guide	
Note: Input data into YELLOW cells. Unshaded cells will automatically calculate.	
Inputs	
Unit of Service	Define the unit of service for which you are providing cost data in this worksheet (e.g., 15 minute session, 1 delivered meal, 1 per diem, etc.).
Quantity Sold/Serve	Estimate the quantity or volume of goods or services provided associated with the costs you enter into this worksheet. Please consider this estimate carefully, as it will have a substantial effect on the cost per unit calculation.
Time Frame	Identify the time frame over which you provided the quantity of goods or services. Please use the same time frame for all components of your cost calculations.

Respondents should input data in bright yellow cells. The remaining cells are locked.



Example: Medically Tailored Meals *Service Definition*

SERVICE DEFINITION

Service Reference

Please list your organization's name and the name of the service for which you are providing cost information.
Please list exact Service Name from your Service Description Template in your RFI response (Section C, Part 2, Question b).

Category	Response
Organization Name	Healthy Meals For All
Service Name (Per Service Description Template in RFI)	Medically Tailored Home Delivered Meals

All organizations conducting this exercise should also complete an associated service description template in the RFI for each service or bundle being described.

Inputs

Please define the unit of service for which you are providing cost data in this worksheet.

Unit of Service	Meal (prepared and delivered)
Quantity Sold/Served	365,000
Time Frame	Year

Time frame refers to the period during which you incurred the costs entered into this document.

Direct Variable Cost Tab Overview

DIRECT VARIABLE COSTS

INPUTS FROM SERVICE DEFINITION TAB

Unit of Service	-
Quantity Sold/Served	-
Time Frame	-

DIRECT VARIABLE COSTS

Item	Cost Per Unit	Total Cost	Assumptions/Notes
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
Average Variable Cost Per Unit	\$ -		
TOTAL VARIABLE COSTS		\$ -	

Quick Reference Guide

Note: Input data into YELLOW cells. Unshaded cells will automatically calculate.

INPUTS FROM SERVICE DEFINITION TAB

Unit of Service	This cell will autofill from your Service Definition tab.
Quantity Sold/Served	This cell will autofill from your Service Definition tab.
Time Frame	This cell will autofill from your Service Definition tab.

DIRECT VARIABLE COSTS

Item	List all cost items that vary with each additional unit sold/served.
Cost Per Unit	Since these are variable costs, input the cost required to produce one unit of the product/service.
Total Cost	Auto calculated as "Cost per Unit" X "Quantity Sold/Served".
Average Variable Cost Per Unit	Auto calculated as the sum of all the Costs per Unit.
Total Variable Costs	Auto calculated as the sum of all variable costs.
Assumptions/Notes	Provide extra detail on your costs if necessary.

Definition

- Direct Costs are those that benefit specific projects. Because these activities are easily traced to projects, their costs are usually charged to projects on an item-by-item basis.
- Direct Costs are considered *Variable* if they increase or decrease with changes in volume.
- Examples: Hourly wages for care managers solely paid on an hourly basis, supplies, fuel for transportation vans, or food for a medically tailored meal.



Example: Medically Tailored Meals *Direct Variable Costs*

Direct Variable Costs

- Direct Costs are those that benefit specific projects. Because these activities are easily traced to projects, their costs are usually charged to projects on an item-by-item basis.
- Direct Costs are considered *Variable* if they increase or decrease with changes in volume.

DIRECT VARIABLE COSTS			
Item	Cost Per Unit	Total Cost	Assumptions/Notes
Fuel	\$ 0.05	\$ 18,000.00	
Food	\$ 6.00	\$ 2,190,000.00	
Packaging	\$ 0.50	\$ 182,500.00	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
Average Variable Cost Per Unit	\$ 6.55		
TOTAL VARIABLE COSTS		\$ 2,390,500	



Example: Medically Tailored Meals *Direct Fixed Costs*

Direct Fixed Costs

- Direct Costs are those that benefit specific projects. Because these activities are easily traced to projects, their costs are usually charged to projects on an item-by-item basis.
- Direct Costs are considered *Fixed* if the costs are not affected by the volume of services.

DIRECT FIXED COSTS			
Item	Total Cost	Allocated Cost Per Unit	Assumptions/Notes
Executive Chef	\$ 60,000.00	\$ 0.16	1 Executive Chef
Certified chefs	\$ 350,000.00	\$ 0.96	10 kitchen staff
Registered Dieticians	\$ 120,000.00	\$ 0.33	Assumes 3 Nutritionists on staff
Drivers	\$ 200,000.00	\$ 0.55	10 Drivers
Kitchen Rental Fees	\$ 10,000.00	\$ 0.03	Renting commercial kitchen space
Welcome Packets	\$ 2,000.00	\$ 0.01	\$2 per client, 1,000 clients
Rubbish/Recycling	\$ 2,000.00	\$ 0.01	
Kitchen Maintenance	\$ 3,000.00	\$ 0.01	
Tablets	\$ 2,000.00	\$ 0.01	10 tablets at \$200 each for data entry
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
Average Direct Fixed Cost Per		\$ 2.05	
TOTAL DIRECT FIXED COSTS	\$ 749,000.00		

Total costs should reflect the timeframe designated on the "Service Definition" tab, which in this case is one year.



Example: Medically Tailored Meals *Indirect Fixed Costs*

Indirect Fixed Costs

- Indirect Costs are those that benefit more than one project. Their precise benefits to a specific project are often difficult to quantify. For example, it may be difficult to determine precisely how the activities of the director of an organization benefit a specific project.
- By definition, all Indirect Costs are fixed. There are no Indirect Variable costs.

Allocation Method: Organizations use different methods to allocate costs to specific programs. The cost worksheet provides instructions for three common methods.

Allocation Percentage: Organizations will estimate the percentage of the total staff time, square footage, or other unit that is allocated to this program or service.

INDIRECT FIXED COSTS						
Item	Total Cost to Organization	Allocation Method	Allocation Percentage	Cost for Project	Allocated Cost Per Unit	Assumptions/Notes
Company Van Depreciation	\$ 8,000.00	Other	50%	\$ 4,000	\$ 0.01	6 company vans shared across 2 programs
Company Van Maintenance	\$ 5,000.00	Other	50%	\$ 2,500	\$ 0.01	6 company vans shared across 2 programs
Computer	\$ 1,000.00	Other	50%	\$ 500	\$ 0.00	New computer, shared between 2 programs
Office Supplies	\$ 10,000.00	Other	25%	\$ 2,500	\$ 0.01	Shared between 4 programs
Quality Improvement	\$ 60,000.00	FTE	50%	\$ 30,000	\$ 0.08	Shared between 2 programs
Office Space	\$ 24,000.00	Occupied Space	25%	\$ 6,000	\$ 0.02	Shared between 4 programs
Finance	\$ 60,000.00	FTE	25%	\$ 15,000	\$ 0.04	Shared between 4 programs
HR	\$ 50,000.00	FTE	25%	\$ 12,500	\$ 0.03	Shared between 4 programs
Program Director	\$ 75,000.00	FTE	25%	\$ 18,750	\$ 0.05	Shared between 4 programs
Executive Director	\$ 80,000.00	FTE	10%	\$ 8,000	\$ 0.02	Only allocate 10% ED time to program
				\$ -	\$ -	
				\$ -	\$ -	
Average Indirect Fixed Cost Per Unit					\$ 0.27	
TOTAL INDIRECT FIXED COSTS				\$ 99,750		



Example: Medically Tailored Meals *Cost Per Unit*

The spreadsheet automatically calculates your “cost per unit” and summarizes your costs in a single report tab based on your previous entries.

The Cost of Providing Your Service:

TOTAL COST PER UNIT		
Direct Variable Cost Per Unit	\$	6.55
Direct Fixed Cost Per Unit	\$	2.05
Indirect Fixed Costs Per Unit	\$	0.27
Total Cost Per Unit	\$	8.87

TOTAL PROGRAM COST		
Direct Variable Costs	\$	2,390,500.00
Direct Fixed Costs	\$	749,000.00
Indirect Fixed Costs	\$	99,750.00
Total Cost of Program	\$	3,239,250.00

A Summary of Your Inputs:

INPUTS FROM SERVICE DEFINITION TAB	
Unit of Service	Meal (prepared and delivered)
Quantity Sold/Served	365,000
Time Frame	Year

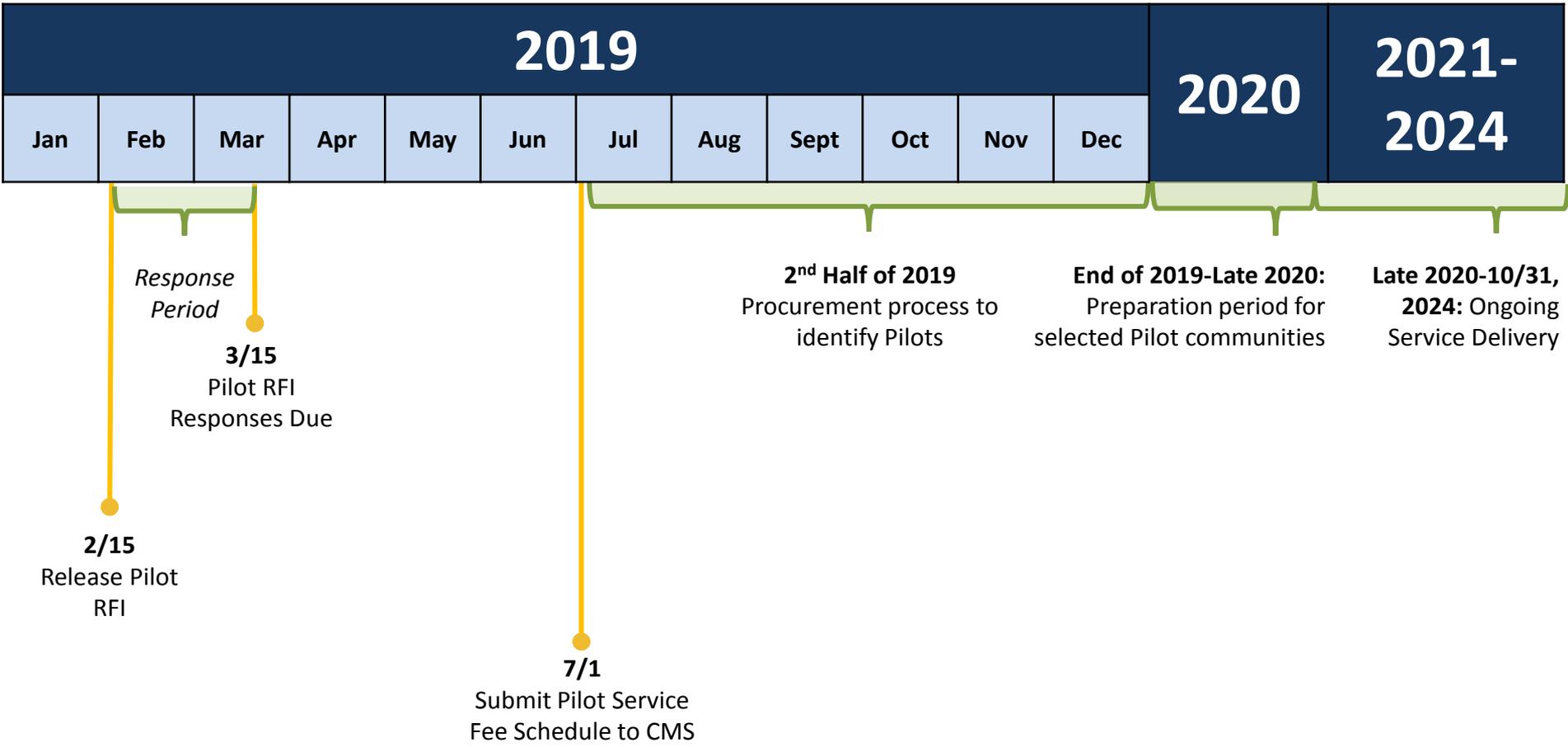
The cost per unit calculated by this worksheet will be critical to the fee schedule development exercise, but individual respondents should not expect that the final fee schedule will match the data they have provided in their worksheets.

RFI Submission Details

Deadline: Responses to the Healthy Opportunities Pilot RFI are due 2pm on March 15th, 2019

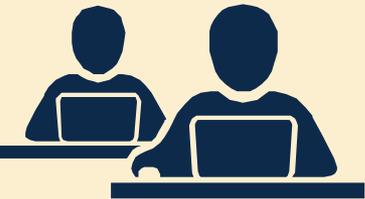
Please submit your written responses and any questions regarding the RFI by e-mail to: Deidra.jones@dhhs.nc.gov

Major Milestones for Healthy Opportunities Pilot Procurement & Launch



Q&A

Reminder: Healthy Opportunities Pilots Resources



Visit the DHHS [Healthy Opportunities Pilots Webpage](#) and sign up for the listserv to get Pilot news and updates.
(e-mail healthyopportunities@dhhs.nc.gov to be added)

Watch the recording of the Healthy Opportunities Pilots RFI Overview webinar from February 20, 2019, posted on the DHHS Healthy Opportunities Pilots Webpage.



Read the Healthy Opportunities Pilots [Fact Sheet](#) and [Policy Paper](#) for additional detail on Pilot Design.

Thank you!

Appendix

Pilot Eligibility Criteria: Social Risk Factors

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 Accountable Health Communities Health Related Screening Tool.
Food insecure	As defined by the US Department of Agriculture commissioned report on Food Insecurity in America: <ul style="list-style-type: none"><li data-bbox="455 582 1819 654">• Low Food Security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.<li data-bbox="455 658 1819 729">• Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake
Transportation insecure	Defined based on questions used to establish transportation insecurities in the Accountable Health Communities Health Related Screening Tool.
At risk of, witnessing or experiencing interpersonal violence	Defined based on questions used to establish interpersonal violence in the Accountable Health Communities Health Related Screening Tool.

Pilot Eligibility Criteria: Needs-Based Criteria

Eligibility Category	Age	Needs-Based Criteria (at least one, per eligibility category)
Adults	22+	<ul style="list-style-type: none"> • 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 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
	0-21	<ul style="list-style-type: none"> • 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 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 Services (1 of 4)

Service Sub-Category	Enhanced Case Management and Other Services Pilot Program Services
Housing	
Tenancy Support and Sustaining Services	<ul style="list-style-type: none"> • 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 • 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. • 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. • Assisting the individual with housing application and selection process, including filling out housing applications and obtaining and submitting appropriate documentation • 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 • Developing a crisis plan, which must identify prevention and early intervention services if housing is jeopardized • Participating in the person centered plan meetings to assist the individual in determination or with revisions to housing support plan • 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 • Assisting the individual to complete reasonable accommodation requests as needed to obtain housing • Supporting individuals in the development of independent living skills, such as skills coaching, financial counseling and anger management • Connecting the individual to education and training on tenants’ and landlords’ role, rights, and responsibilities • Assisting in reducing risk of eviction by providing services such as services that help the beneficiary 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 • Assessing potential health risks to ensure living environment is not adversely affecting occupants' health • 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. • 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.

Pilot Services (2 of 4)

Service Sub-Category	Enhanced Case Management and Other Services Pilot Program Services
Housing	
Housing Quality and Safety Improvement Services	<ul style="list-style-type: none"> 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. Modifications to improve accessibility of housing (e.g., ramps, rails) and safety (e.g., grip bars in bathtubs) when necessary to ensure occupant’s health and modification is not covered under any other provision such as the Americans with Disabilities Act.
Legal Assistance	<ul style="list-style-type: none"> Assistance with connecting the enrollee to expert community resources to address legal issues impacting housing and thereby adversely impacting health, such as assistance with breaking a lease due to unhealthy living conditions. This pilot service does not include legal representation or payment for legal representation.
Securing House Payments	<ul style="list-style-type: none"> 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.
Short-Term Post-Hospitalization	<ul style="list-style-type: none"> 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.

Pilot Services (3 of 4)

Service Sub-Category	Enhanced Case Management and Other Services Pilot Program Services
Food	
Food Support Services	<ul style="list-style-type: none"> Assist the enrollee with applications for SNAP and WIC Assist the enrollee with identifying and accessing school based food programs Assist the enrollee with locating and referring enrollees to food banks or community-based summer and after-school food programs Nutrition counseling and education, including on healthy meal preparation Providing funding for meal and food support from food banks or other community based food programs, including funding for the preparation, accessibility to, and food for medical condition specific “healthy food boxes,” provided that such supports are not available through any other program. Meal and food support services must be provided according to the enrollee’s care plan and must not constitute a “full nutritional regimen” (three meals per day per person).
Meal Delivery Services	<ul style="list-style-type: none"> Providing funding for targeted nutritious food or meal delivery services for individuals with medical or medically-related special dietary needs provided such funding cannot be obtained through any other source. Meals provided as part of this service must be provided according to the enrollee’s care plan and must not constitute a “full nutritional regimen” (3 meals per day, per person).
Transportation	
Non-emergency health-related transportation	<ul style="list-style-type: none"> Transportation services to social services that promote community engagement. 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. 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. 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 nonemergency 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.

Pilot Services (4 of 4)

Service Sub-Category	Enhanced Case Management and Other Services Pilot Program Services
Interpersonal Violence (IPV)/Toxic Stress	
Interpersonal Violence-Related Transportation	<ul style="list-style-type: none"> • Transportation services to/from IPV service providers for enrollees transitioning out of a traumatic situation.
IPV and Parenting Support Resources	<ul style="list-style-type: none"> • Assistance with linkages to community-based social service and mental health agencies with IPV expertise. • Assistance with linking to high quality child care and after-school programs. • Assistance with linkages to programs that increase adults' capacity to participate in community engagement activities. • Providing navigational services focusing on identifying and improving existing factors posing a risk to the safety and health of victims transitioning out of traumatic situations (i.e., obtaining a new phone number, updating mailing addresses, securing immediate shelter and longer-term housing, school arrangements to minimize disruption of school schedule, connecting enrollees to medical-legal partnerships to address overlap between healthcare and legal needs).
Legal Assistance	<ul style="list-style-type: none"> • Assistance with directing the beneficiary to available legal services within the legal system for interpersonal violence related issues, such as securing a Domestic Violence Protection Order. This pilot service does not include legal representation or payment for legal representation.
Child-Parent Support	<ul style="list-style-type: none"> • Evidence-based parenting support programs (i.e., Triple P – Positive Parenting Program, the Incredible Years, and Circle of Security International). • Evidence-based home visiting services by licensed practitioners to promote enhanced health outcomes, whole person care and community integration. • 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.