

Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) – PCSP Referral Provider Script (Appendix D)

[Instructions for PCSP Referral Provider: The text in grey boxes provides guidance on how to navigate this PCSP with the member. Instructions are provided in [brackets]. The language in *italics and blue* is a script you can use with the member to help complete the PCSP. You may rephrase questions if the member has difficulty understanding.]

During this person-centered service planning process, your QI Health Plan or a Medicaid provider will walk you through the Nutrition Supports benefits, answer any questions you have, and make sure you feel comfortable and informed before any services begin. You can complete this plan with any support you would like, such as a family member or trusted friend. This plan can be updated whenever you would like, and it will be reviewed with you at least every six (6) months. The plan needs to be in place before your QI Health Plan can approve Nutrition Supports services.

I am here to walk you through the current Nutrition Supports benefits and answer any questions you have. I want to make sure you feel comfortable and informed before anything gets started. We'll fill out this plan together, and you're welcome to include anyone you'd like in that conversation, such as a family member or someone else you trust. Is there anyone else you would like to involve in planning the Nutrition Supports benefits?

This plan is yours, and you can update it anytime your needs or goals change. Someone from your care team or Health Plan will also check in with you on it at least every six months. Once the plan is complete, your Health Plan will use it to see if you're eligible for Nutrition Supports services.

IMPORTANT: This Medicaid Nutrition Supports PCSP may only be completed by the following individuals: (1) a representative of a QI Health Plan, or (2) a PCSP Referral Provider, who is a member's Medicaid provider that has completed MQD's Medicaid Nutrition Supports PCSP Training Video.

IF APPLICABLE – PART 1: PCSP REFERRAL PROVIDER INFORMATION	
<i>If QI Health Plan staff or delegate is completing this PCSP, skip Part 1.</i>	
Only certain providers may complete the Nutrition Supports PCSP with the member. If you cannot check all three boxes in the Provider Attestation section below, do not complete the rest of this PCSP . Instead, complete the <u>Medicaid Nutrition Supports Request Form</u> and share that with the member's QI Health Plan.	
1. PCSP Referral Provider Name:	2. PCSP Referral Provider Organization (if applicable):
3. Referral Date:	4. Contact Phone Number:
5. Contact Fax Number:	6. Contact Email Address:
7. Provider Attestation As a provider completing this PCSP with the member, I attest that I: ☐ Completed MQD's Medicaid Nutrition Supports PCSP Referral Provider Training Video before completing this PCSP.	

- ☐ Provide non-nutrition Medicaid services to the member (e.g., primary care, CIS+ services) and
- ☐ Am not engaged with the member solely to facilitate access to Nutrition Supports benefits.

If any of the three boxes are not checked then STOP - do not complete this PCSP.

Provider Signature: _____ Date: _____

Provider's Relationship to the Member: _____

PART 2: EDUCATION

The individual completing this PCSP with the member provides information on Nutrition Supports benefits.

Now I'm going to talk about the specific Nutrition Supports services that might be a good fit for you. Currently, there are two Nutrition Supports benefits available — let me explain what each Nutrition Supports benefit involves.

- 1. The first is called **Produce and Protein Prescription or PPRx**. This benefit provides you with fresh fruits, vegetables, and protein-rich foods. It's designed to help make nutritious food more accessible and affordable for you. You can get the PPRx benefit up to once a week or once per month.*
- 2. The second is **Nutrition Instruction**. This is one-on-one or group education with a nutrition professional — think of it as personalized guidance to help you understand how food affects your health and how to make choices that work for your lifestyle, budget, and goals. You can get up to twelve individual or group classes over six months.*

Do you have any questions about these benefits? [Pause for questions] Are you interested in one or both benefits? If so, I will collect the information needed to connect you to these services.

PART 3: MEMBER INFORMATION

The individual completing this PCSP with the member asks the member background questions.

[Pre-populate as much member information as possible. For questions where information is not available, read each question to the member.]

Let's start with some quick details to make sure I have your information correct. Do you need any language support, like an interpreter? I want to make sure everything is clear and comfortable for you.

8. Does the member have interpretation needs?

☐ Yes, Language: _____

☐ No

Can I please confirm your full name as it appears on your Medicaid or QI Health Plan card?

9. Member First Name: _____ 10. Member Last Name: _____ 11. Member Middle Initial: _____

Which Health Plan are you with? What is your date of birth? What is your Medicaid or Health Plan ID number?

12. QI Health Plan: ☐ AlohaCare ☐ HMSA ☐ Kaiser Permanente ☐ UnitedHealthcare

13. Date of Birth: _____/_____/_____ 14. Medicaid ID #: _____

What's your current address? Is there a different address where you'd prefer to receive mail? If yes, what is that address?

15. Address: _____ 16. City, State, Zip Code: _____

17. Mailing Address (if different from above): _____ 18. City, State, Zip Code: _____

Your QI Health Plan may need to follow up with you about today's conversation. What's the best way to reach you — phone call, text, email, or another contact method that I haven't mentioned?

19. The member's QI Health Plan may reach out to discuss this request; how should the QI Health Plan contact the member?

☐ Phone call (Please list your phone number): _____

☐ Text message (please list phone number): _____

☐ Email: _____

☐ Other: _____

One more thing I want to ask about — Medicaid offers some support services for housing that I want to make sure you know about. Are you currently without a stable place to live, or worried that you might be soon?

[If yes] Would you like us to connect you with someone who may be able to help with housing?

20. Is the member homeless or at-risk of homelessness and interested in receiving support to access housing? ☐ Yes ☐ No

PART 4: SOCIAL ELIGIBILITY

The questions in this section ask about member access to food in the last 30 days. Answers to these questions help determine eligibility for Medicaid Nutrition Supports.

These next questions are about the food eaten in your household in the last month and whether you were able to afford the food you need. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last month.

- *The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 30 days?*
- *"(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 30 days?*
- *In the last 30 days, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?*
 - *[If yes] In the last 30 days, how many days did this happen?*
- *In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?*
- *In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?*

SCORING:

- **[If 2+ points]**
Thank you for sharing that information. Based on your answers, it looks like this program could be helpful. I now need to ask you some questions about your health.
- **[If 0-1 points – STOP COMPLETING PCSP; MEMBER IS NOT ELIGIBLE FOR NUTRITION SUPPORTS]**
Thank you so much for taking the time to go through this with me today. I want to be upfront with you — based on the information we've gone through together, it looks like you may not qualify for Nutrition Supports benefits at this time. I know that's not the news you were hoping for, and I'm sorry.

I'll let your QI Health Plan know that we had this conversation. If you feel like something was missed or think that you qualify for Nutrition Supports, you have the right to reach out to your QI Health Plan directly — they can take another look.

21. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." In the last 30 days, this was: ☐ Often true [1 pt] ☐ Sometimes true [1 pt] ☐ Never true [0 pt]
22. "(I/we) couldn't afford to eat balanced meals." In the last 30 days, this was: ☐ Often true [1 pt] ☐ Sometimes true [1 pt] ☐ Never true [0 pt]
23. In the last 30 days, did you and/or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? ☐ Yes [1 pt] ☐ No [0 pt] 23a. If yes, in the last 30 days, how many days did this happen? _____ days. [3+ days = 1 pt]
24. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food? ☐ Yes [1 pt] ☐ No [0 pt]
25. In the last 30 days, were you ever hungry, but didn't eat, because there wasn't enough money for food? ☐ Yes [1 pt] ☐ No [0 pt]
PART 5: CLINICAL ELIGIBILITY <i>The question in this section asks about health conditions the member has or has been diagnosed with. Answers to this question help determine eligibility for Nutrition Supports. Attach evidence of checked-off health conditions, if known.</i>
[The questions below are about the member's health conditions. If you are a healthcare provider who already knows the member's health history, you do not need to ask — simply check the boxes that apply based on your knowledge. If you are not a healthcare provider or are unsure of the answers to these questions, read the list aloud to the member and check each condition they confirm. The member must have at least one qualifying condition to meet the clinical eligibility criteria.] <i>The next question is about your current health. I'm going to read through a list of health conditions — let me know if any of these apply to you.</i>
26. If known, does the member have any of the following clinical conditions? Select all that apply. ☐ Diabetes ☐ Pre-Diabetes ☐ Chronic Kidney Disease (CKD) ☐ Cardiovascular Disorders (including Hypertension) ☐ Morbid Obesity (BMI ≥ 40)
PART 6: ELIGIBILITY SUMMARY <i>This questions in this section confirm overall member eligibility for Nutrition Supports. Answers to these questions validate the eligibility determination for this person-centered service plan.</i>
[Confirm eligibility for Nutrition Supports by answering the following questions.] • [Likely Eligible/Eligible, if "Yes" to 27a, 27b, and 27c or subsequently 27d] <i>Great news — based on what you've shared with me today, it looks like you're likely eligible for Nutrition Supports! When we finish this PCSP, I will share it with your QI Health Plan. They will need to do a final review to confirm that you are eligible.</i> • [Ineligible, if "No" to 27a, 27b, or 27c and subsequently, 27d. Do not proceed with the PCSP. Share this PCSP with the member's QI Health Plan.] <i>Thank you so much for taking the time to go through this with me today. I want to be upfront with you — based on the information we've gone through together, it looks like you may not qualify for Nutrition Supports benefits at this time. I know that's not the news you were hoping for, and I'm sorry. I'll let your QI Health Plan know that we had this conversation. If you feel like something was missed or you think you should qualify, you have every right to reach out to your QI Health Plan directly; they can take another look.</i>

27. Does the member meet the following eligibility criteria for Nutrition Supports?

27a. Social eligibility criteria (*low or very low food security based on responses in Part 4*). Only answer "yes" below if the member scored 2+ points.

☐ Yes ☐ No

27b. Clinical eligibility criteria (*has at least one qualifying condition in Question 26*)

☐ Yes ☐ No

27c. Age criteria (*The member is at least age 18 or older, as identified in Question 11*)

☐ Yes ☐ No

If no,

27d. Is the member an emancipated minor?

☐ Yes ☐ No

Stop: If you answered "No" to Question 27a, 27b, or 27c (and subsequently, 27d), do not proceed with the PCSP. Share this document with the member's QI Health Plan.

PART 7: HOUSEHOLD PROFILE, NUTRITIONAL NEEDS, AND SERVICE SELECTION

The questions in this section ask the member more about other benefits they currently receive, their household composition, and nutritional goals and barriers to these goals. Answers to these questions help the member select which services they want to receive, if eligible.

I'd like to ask about a couple of other food support programs you may already be connected to. Are you currently enrolled in SNAP — that's the program sometimes called food stamps — or WIC? You can be in SNAP or WIC and get Nutrition Supports benefits at the same time.

[If no, continue to 28a and 28b]

No problem. Just a couple of quick follow-ups:

- *In the past two months, have you applied for SNAP or WIC?*
- *In the past year, have you been told that you don't qualify for SNAP or WIC?*

28. Are you currently enrolled in SNAP and/or WIC?

☐ Yes ☐ No

If no,

28a. Have you submitted a SNAP and/or WIC application in the past 2 months?

☐ Yes ☐ No

28b. Have you been told you do not qualify for SNAP and/or WIC in the past 12 months?

☐ Yes ☐ No

Do you have any children or other dependents younger than the age of 18 living with you?

29. Do you have any dependents younger than age 18?

☐ Yes ☐ No

Now I'd like to learn a little more about what you're hoping to get out of this program. I'm going to read through a list of goals — let me know which ones feel most important to you, and I'll check all that apply. [Read options listed in Q30 below].

Is there anything else you'd like to work toward that I haven't mentioned?

30. What are your nutritional goals and needs? Select all that apply.

- ☐ Making sure me/my family to eat three meals a day
- ☐ Adding more fruits and vegetables into my/my family's diet
- ☐ Adding more protein into my/my family's diet
- ☐ Learning how to choose and prepare healthy foods that support my/my family's needs
- ☐ Other: _____

This next question is completely optional, but it helps us to understand what might be getting in the way of reaching your goals. I'll read through a list — just let me know if any of these feel familiar, and I'll note them. [Read options listed in Q31 below].

Is there anything else that's been a challenge to reaching your nutritional goals and needs?

31. People have different reasons for eating or not eating healthy foods. Please tell me which, if any, of the following reasons were true for you or your household in the last 12 months.

- ☐ Healthy foods are too expensive
- ☐ There aren't a lot of healthy food choices at the stores where I usually shop
- ☐ Stores or food pantries with healthy foods are too far away or hard to reach
- ☐ I don't have a car or other transportation to reach stores or food pantries that have healthy foods
- ☐ I don't have enough time to shop for healthy foods
- ☐ I don't have enough time to cook healthy foods
- ☐ My cooking equipment or storage space is not enough to prepare healthy foods
- ☐ I or my family don't like the taste of healthy foods
- ☐ Some of the traditional foods in my family are not very healthy
- ☐ I'm not sure if I qualify for food assistance programs like food stamps (also known as SNAP or EBT) or WIC that help me buy healthy foods
- ☐ I have mobility challenges or physical limitations that make it difficult for me to prepare and eat healthy foods
- ☐ Other: _____

Now let's talk about which Nutrition Supports services you'd like. There are currently two options available, and you may be interested in one or both — let me tell you a little about each.

*The first is the **Produce and Protein Prescription**, or PPRx. This benefit helps you get supplemental nutritious foods — foods like fresh fruits, vegetables, and proteins. If your QI Health Plan approves the PPRx benefit for you, you could receive this support up to once a week or monthly for up to six months at a time.*

- *Would you like to receive PPRx?*
- *[If yes, and member has dependents under 18] Since you have children or dependents at home, you may also be able to receive up to two benefits per week instead of one, to help cover your whole household. Would you like to receive the additional benefit for your dependent(s)?"*
- *Do you have a preferred Nutrition Supports Provider you'd like to work with for PPRx? If not, your QI Health Plan will connect you with a Nutrition Supports Provider in their network.*

*The second option is **Nutrition Instruction**. These educational classes or personalized instruction can help you learn how to choose, plan, and prepare foods that work for your health and lifestyle. If approved, you could receive up to 12 virtual or in-person sessions over six months.*

- *Would you like to receive Nutrition Instruction?*
- *Do you have a preferred provider for Nutrition Instruction? If not, your QI Health Plan can help connect you with someone in their network.*

32. Which Nutrition Supports services do you want?

☐ The **Produce and Protein Prescription (PPRx)** benefit can help you get supplemental nutritious foods, such as fruits, vegetables, and proteins. *Benefit limit: You may be able to receive this support up to once per week or monthly for up to 6 months at a time, if approved by your QI Health Plan.*

If you have dependents at home younger than age 18, are you interested in receiving up to two PPRx benefits?

☐ Yes, I would like to receive more food for my dependent(s).

☐ No, I would like to receive one Produce and Protein Prescription (PPRx) benefit.

Is there a Produce and Protein Prescription (PPRx) provider you would prefer to work with? If not, your QI Health Plan may refer you to an appropriate in-network provider.

☐ Yes (see below) ☐ No

Provider Name: _____ Provider Email Address: _____

☐ **Nutrition Instruction** can help you learn ways to choose, plan, or prepare food that support your health. *Benefit limit: You may be able to receive up to 12 sessions over 6 months, if approved by your QI Health Plan.*

Is there a **Nutrition Instruction** provider you would prefer to work with? If not, your QI Health Plan may refer you to an appropriate in-network provider.

☐ Yes (see below) ☐ No

Provider Name: _____ Provider Email Address: _____

Are there other adults in your household who are enrolled in Medicaid and might be interested in Nutrition Supports services? If so, I can make a note so their QI Health Plan can follow up with them as well.

[If yes] Do you know their names and which QI Health Plan they're with?

33. Are there other adults living in your household who are enrolled in Medicaid who may be interested in receiving Nutrition Supports services?

☐ Yes ☐ No

If yes, please list their name(s) and QI Health Plan(s), if known:

PART 8: MEMBER CONSENT

The member must provide consent to receive Nutrition Supports benefits.

We're almost done. Before I ask for your consent to participate in Nutrition Supports, do you have any questions for me?

This program is completely voluntary. You don't have to participate, and choosing not to won't affect your other Medicaid benefits in any way. Based on everything we've talked about today, would you like to go ahead and receive Nutrition Support services?

[If no] *That's completely okay. Please don't hesitate to reach out to your QI Health Plan in the future if you change your mind — this option will still be available to you.*

[If yes] *Before you sign, I want to walk you through a few things you're agreeing to. These are your rights as a participant, so I want to make sure everything is clear. [Allow the member to check the boxes themselves, if feasible.]*

- *First, your Health Plan will review your request and approve the services that are the right fit for your needs.*
- *Second, you get to choose which approved services you want to receive. You're in control of that.*
- *Third, you can choose which provider delivers your services within the QI Health Plan's network.*
- *And finally, the program asks that you let your Nutrition Supports provider know about any food allergies, dietary restrictions, or foods you can't eat, so they can make sure what you receive is safe and works for you.*

The last step is your signature. By signing this document, you're confirming that the information you've shared today is accurate and that you agree to this PCSP. I will share this PCSP with your QI Health Plan, and if you're approved, they will share this PCSP with you. The PCSP belongs to you, and you can update it at any time. [Obtain member signature and date.]

34. Do you consent to receive Nutrition Supports services? Participation is voluntary.

☐ Yes ☐ No

35. By signing this PCSP, I understand and agree that (must select all boxes):

- ☐ My QI Health Plan will review my request for Nutrition Supports services based on my needs.
- ☐ I can choose which approved Nutrition Supports services I want to receive.
- ☐ I have the right to select the Nutrition Supports Provider that will deliver my services.
- ☐ I will tell my Nutrition Supports Provider if I have any food allergies, dietary restrictions, or food I cannot eat.
- ☐ I have not completed this PCSP (the Medicaid Nutrition Supports PCSP) with another Nutrition Supports Provider or QI Health Plan staff member in the past 30 days.

Please sign below to show that the information you provided is true, and you agree to this Person-Centered Service Plan. A representative may sign this PCSP for a member.

Member Signature: _____ Date: _____

Advocate/Representative Signature (if applicable): _____ Date: _____

Advocate/Representative, Relationship to Member (if applicable): _____

Advocate/Representative Phone Number (if applicable): _____

PART 9: MEMBER HEALTH AND WELL-BEING

The questions in this section ask the member about their self-reported health status. Answers to these questions are intended to help understand the impact of Nutrition Supports services on the member and does not impact eligibility for Nutrition Supports services.

Next, we're going to cover a few brief questions that ask about your health and well-being. These questions help us understand the impact of Nutrition Supports, and your responses to these questions do not impact your eligibility or ability to receive Nutrition Supports.

36. In general, would you say that your health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

37. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of Days: _____

38. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of Days: _____

39. During the past 30 days, for about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, work, or recreation?

Number of Days: _____

PART 10: OPTIONAL TEMPORARY RETROACTIVE AUTHORIZATION

In some cases, a PCSP Referral Provider may facilitate a connection to a Nutrition Supports Provider so that services may begin immediately, while the QI Health Plan reviews the request. Nutrition Supports services may be provided for up to 31 days while awaiting QI Health Plan approval. The Nutrition Supports Provider and the member should complete Part 10 together.

[PCSP Referral Providers should only complete Questions 40-42 if requesting temporary retroactive authorization].

40. PCSP Referral Provider only:

Does the member meet all the eligibility criteria for temporary retroactive authorization listed below? If not, do not complete this section.

40a. Does the member meet all the eligibility criteria described in Question 27? ☐ Yes ☐ No

40b. Have Parts 1 through 8 of this PCSP been completed? ☐ Yes ☐ No

40c. Will you facilitate the member's connection to Nutrition Supports? ☐ Yes ☐ No

41. What are the dates for the temporary retroactive authorization period? The start date is usually today, and the end date marks the day that the QI Health Plan must approve this PCSP so that the member can continue to receive Medicaid Nutrition Supports.

Start Date: _____ End Date (up to 31 days from start date): _____

42. What benefits will the member receive during the temporary retroactive authorization period?

☐ Produce and Protein Prescription (PPRx)

Provider Name: _____ Provider Email Address: _____

☐ Nutrition Instruction

Provider Name: _____ Provider Email Address: _____

*A QI Health Plan still needs to review and approve this PCSP, but in the meantime, you could be temporarily authorized for Nutrition Supports services immediately, for up to a six-month eligibility period. Before authorizing you for Nutrition Supports services, I'll need for you to confirm that you understand and agree to conditions of this temporary retroactive authorization **[The PCSP Referral Provider should allow the member to check the boxes themselves, if feasible.]***

43. Member only:

☐ I understand and agree that I may only receive Nutrition Supports benefits for up to one month, depending on my eligibility.

☐ I understand and agree that if I am approved for additional benefits, my QI Health Plan may refer me to a Nutrition Supports Provider other than the provider I receive benefits from during this one-month period.

Submit this Medicaid Nutrition Supports PCSP via fax to the appropriate QI Health Plan with ATTN: QI Nutrition Supports Program.

AlohaCare Fax: 808-973-0676	HMSA Fax: 808-948-6585	Kaiser Permanente Fax: 866-240-9384	UnitedHealthcare Fax: 800-267-8328
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If you do not know the member's QI Health Plan, please fax this document to Med-QUEST at 808-692-8087.