



# **Value-Added Services (VAS) External Procedure Manual**

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**Please note:**

- References to "members" in this manual may refer to Vaya Health (Vaya) members and/or their legally responsible person (LRP), depending on the specific task.
- Value-added services (VAS) are branded externally as Vaya Total Care Perks. The terms are interchangeable.
- Members will not have the right to file appeals regarding Vaya Total Care Perks, but they will have the right to file a grievance.
- Vaya Total Care Perks currently are only available to Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan Medicaid members. Recipients of State-funded services and Medicaid Direct members do not qualify.
- Tailored Care Management (TCM) engagement is required for some perks. **If it is not clearly indicated to be the case, TCM engagement is not required.**
- Vaya Total Care Perks are intended to complement existing supports, not replace or duplicate them. Members cannot receive a Vaya Total Care Perk if they are eligible for the same support through a formal, established service or through an NC Innovations Waiver budget and/or Assisted Technology and Equipment Services (ATES) budget.

## Education/GED Support

**Available to:** Tailored Plan Medicaid members ages 18 years or older who want to pursue their General Equivalency Degree (GED).

**What it is:** A voucher for one-on-one guidance from a bilingual advisor, top-rated study materials (available in English or Spanish), GED-ready practice tests, GED tests, expert tutors for students who need additional help, private online community support group for students through Facebook, and options for students to earn college-ready credits. Once approved, the member has unlimited access to this support until they pass the GED tests.

### Workflow

1. Provider educates the member about the benefit.
  - Communicate “what it is” as described above.
  - Reference [Vaya Total Care Perks](#) page of Vaya’s website for additional information.
2. Member visits [GEDWorks’ Vaya landing page](#).
  - If a member needs help with GED Support submission/navigation, the care manager can assist, but they should not complete the enrollment on the member’s behalf.
3. Member fills out required information on [GEDWorks’ Vaya landing page](#) and selects “Submit.”
  - If a member does not have internet access, GEDWorks encourages them to access the program at a library or another location with public internet access. They can also use a smart phone to study.
4. GEDWorks notifies Vaya Utilization Management (UM) that a member has applied for the GEDWorks benefit. The email contains the member’s name and ID as well as a link UM staff can access to approve or deny the application.
5. UM staff determine whether the member meets criteria and ensure the member has never received the GED VAS. Member’s access does not expire once granted, so once this VAS is activated for a member, they won’t need it again.
6. Vaya UM staff approve or deny the member’s submission in the GEDWorks portal.
  - If denied, the member receives an automated communication from GEDWorks.
  - If approved, the member is granted a prepaid applicant seat and receives an emailed approval notice from GEDWorks.
7. For both denials and approvals, UM staff enters an “Outpatient-Other” authorization.
8. UM staff notify the provider-based care manager of the outcome by phone or email and document notification in member’s record.
9. Once the member is approved, the GEDWorks advisor:
  - Emails the member to schedule a call.
  - Sends a welcome video to the member by email.
  - Conducts a formal orientation with member once they have connected.

## WW (Formerly Weight Watchers)

**Available to:** Tailored Plan Medicaid members ages 18 years and older who, at the time of application, have a BMI of 25 or higher.

**What it is:** Six-month access to the WW application, which includes a food, activity, sleep, and water tracker; fitness video classes; social community; barcode scanner; wellness wins rewards program; meditation content;

and five-minute coaching audio lessons. Members can access this voucher once per calendar year. The benefit does not include workshops.

**Workflow:**

1. Provider educates the member about the benefit.
  - Communicate “what it is” as described above.
  - Reference [Vaya Total Care Perks](#) page of Vaya’s website for additional information.
2. Member follows instructions on the [Vaya Total Care Perks](#) page of Vaya’s website for submitting a request for WW access code via the [Member and Recipient Portal](#). Submission must include medical documentation, name, DOB, BMI, email address, and physical address.
  - Medical documentation must be from official medical record (can be electronic medical record, copy of visit summary, physician statement on practice letterhead, or any other non-alterable medical document).
  - If a member needs help with WW enrollment submission/navigation, the care manager or provider can assist but should not complete the enrollment on the member’s behalf.
  - Providers may also use the [Member and Recipient Portal VAS Job Aid](#) to assist members in navigating the portal
3. Vaya UM staff receive completed submission email via the Member and Recipient Portal.
  - Member receives an email verifying their submission, as well.
4. UM staff review BMI, age, and health plan coverage and ensure member has not already received the WW perk this calendar year (this can include reviewing authorizations).
5. If member **does not meet criteria:**
  - UM staff create new “Outpatient-Other” authorization.
  - UM staff upload medical documentation within the authorization (use Value-Added Services document type).
  - UM staff update auth status to **Denied**.
  - Vaya staff send ineligibility letter to member.
  - UM staff notify provider-based care manager of outcome by phone or email and document notification in member’s record.
6. If member **does meet criteria:**
  - UM staff confirm member’s email address from their submission.
  - UM staff create new “Outpatient-Other” authorization.
  - UM staff upload medical documentation within the authorization (use Value-Added Services document type).
  - UM staff update auth to **Approved**.
  - UM staff email member, including the access code and a “Getting Started with Weight Watchers” document. (UM staff ensure the communication is saved in the auth.)
  - UM staff notify care manager of outcome by phone or email and document notification in member’s record.
7. Member uses the voucher code and instructions in their notification email to access the WW app.
  - Providers or care managers may also review the [WW training video](#) for information about the application.

## Flu and COVID-19 Vaccine Incentive

**Available to:** Tailored Plan Medicaid members who have received the flu vaccine, COVID-19 vaccine, or COVID-19 booster in the calendar year.

**What it is:** Maximum of two \$10 gift cards per plan year to Amazon, Target, or Walmart with proof of COVID-19 vaccine, COVID-19 booster, or flu vaccine. One \$10 gift card is given for each vaccine received.

### Workflow

1. Provider educates the member about the benefit.
  - Communicate “what it is” as described above.
  - Reference [Vaya Total Care Perks](#) page of Vaya’s website for additional information.
2. Member submits medical documentation confirming flu or COVID-19 vaccine within the calendar year via the [Member and Recipient Portal](#).
  - Medical documentation must be official medical record (e.g, copy of vaccine record, copy of online electronic medical record, copy of visit summary, physician statement on practice letterhead).
  - Submission must include name, DOB, type of vaccine, date of vaccine, physical address, email address, and gift card preference (Amazon, Target, or Walmart). **Note:** The mailing address the member provides in the submission does not change the address listed with DSS/on their Medicaid card. It is strictly for mailing the gift card.
  - If a member needs help with navigation/submission of documentation to access the vaccine incentive, the care manager can assist but should not complete the enrollment/submission on the member’s behalf. Providers can use the [Member and Recipient Portal VAS Job Aid](#) to help members.
3. Vaya UM staff receive an email via the Member and Recipient Portal and review eligibility to confirm the member is enrolled in the required health plan, has not already received two incentives for flu/COVID-19 vaccines in the plan year, and has the correct documentation and supplemental information.
  - Member receives an email verifying their submission, as well.
4. If member **does not meet criteria:**
  - UM staff create new “Outpatient-Other” authorization.
  - UM staff upload medical documentation within the authorization (use Value-Added Services document type).
  - UM staff update auth to **Denied**.
  - UM staff send member an ineligible letter.
  - UM staff notify care manager of outcome by phone or email and document notification in member’s record.
5. If member **does meet criteria:**
  - UM staff confirm member’s mailing address in their submission to ensure it is correct on the approval letter.
  - UM staff create new “Outpatient-Other” authorization.
  - UM staff upload medical documentation (use Value-Added Services document type).
  - UM staff update auth to **Approved**.
  - UM staff send an approval letter with the selected gift card, ensuring the letter is saved in the member’s record.
  - UM staff notify care manager of outcome by phone and document notification in member’s record.

## Safety Equipment

**Available to:** Tailored Plan Medicaid members with an I/DD diagnosis who participate in independent living services and are engaged in Tailored Care Management. Qualifying independent living services includes Supported Living, Supervised Living, 1915(i) Community Living Supports, Long-Term Community Supports L2, and private pay independent living situations. Members in independent living programs like Transitions to Community Living (TCL) and Permanent Supportive Housing (PSH) that may be receiving independent living services will be considered.

**What it is:** A \$100 discount off one Simply Home brand home safety or home assistance product that supports independent living. The member must select a product from a [pre-determined list of items](#) upon which Vaya and Simply Home have agreed. These items are not reimbursable as durable medical equipment (DME). Some examples of these products are home sensors that provide prompts to members, environmental controls to assist members with limited mobility, electronic medication dispensers, personal emergency devices, and video monitoring equipment.

### Workflow

1. Provider educates the member about the benefit.
  - Communicate “what it is” as described above.
  - Reference [Vaya Total Care Perks](#) page of Vaya’s website for additional information.
2. Member reaches out to care manager to request \$100 towards home safety equipment/assistance products from Simply Home or care manager identifies member in need of benefit.
  - **Reminder:** Simply Home has a list of items that are available through this benefit. These do not include items that are currently reimbursable as DME.
3. Care manager makes sure member meets requirements for receiving this service, has not already received it during the current calendar year, and does not have any duplicative supports (e.g., remaining Innovations Waiver budget or ATES budget).
  - Care manager should consult with Vaya UM if there are concerns about duplication.
  - Care manager should consult with TCL, PSH, or other Transition and Housing staff who are involved to identify any possible duplication.
4. If care manager determines the member **meets criteria**, they direct the member to complete an [intake form](#) on the Simply Home website.
5. Member completes intake form on Simply Home website and **adds their care manager’s name and contact information (email and phone) and a note that this request is for the Value-Added Service discount in the “additional information” section.**
  - **Note:** If member has difficulty submitting the intake form, their care manager may help them but should not complete the intake on member’s behalf.
6. Simply Home staff review the intake form and contact care manager to confirm member’s eligibility status.
7. After confirming the member’s eligibility, Simply Home staff contacts the member for a pre-assessment and/or an hour-long consultation to discuss the safety needs the member wants to address. This usually occurs within a couple of days of the date the member submits their intake form.
  - Simply Home staff direct members to the items that are eligible for the \$100 discount. They may also provide information about products that do not qualify for the discount. (Simply Home staff may invite the care manager to join the consultation call for support.)
  - Simply Home has member sign a Simply Home Service Agreement, which outlines Simply Home and member responsibilities.

8. After the consultation, Simply Home staff complete two quotes — one for the member and one for Vaya — and a technology recommendation document, which outlines how the technology works, how to set it up, etc.
  - The member’s quote outlines the cost of the recommended products/services after the \$100 discount is applied.
  - Vaya’s quote (which Simply Home sends to the care manager) outlines the cost of the recommended products/services for member and the \$100 for which Vaya would be responsible.
  - Care manager later uploads the quote documents and technology recommendation into the service authorization request (SAR).
9. Member decides which product best fits their needs (care managers may support the member as needed).
10. Member (and care manager as needed) contacts the Simply Home staff person with whom they had a consultation to order the desired item.
  - Simply Home sends member an automated clearing house document to complete before proceeding. This includes banking information or credit card information and a confirmation of member’s willingness to pay their portion of the invoice.
  - Simply Home operations team schedules shipment and/or installation, as needed, and confirms member shipping address.
11. Care manager notifies Vaya UM to build authorization via [completing a SAR on the Provider Portal](#).
  - Care manager uploads the quote and technology documents as attachments to the SAR.
12. UM staff receive SAR and confirm eligibility, including whether the member has received this discount during the current calendar year or has any duplicative supports.
13. If member **does not meet criteria**:
  - UM staff creates new “Outpatient-Other” authorization.
  - UM staff upload documentation in the authorization (use Value-Added Services document type).
  - UM update auth to **Denied**.
  - Vaya staff send denial letter to member.
  - UM staff notify care manager of outcome by phone or email and document notification in member’s record.
14. If member **does meet criteria**:
  - UM staff create new “Outpatient-Other” authorization.
  - UM staff upload medical documentation in the authorization (use Value-Added Services document type).
  - UM staff update auth to **Approved**.
  - UM staff generate an approval letter that will be available in member’s record and upon member’s request.
  - UM staff notify care manager of outcome by phone or email and document notification in member’s record.
15. Simply Home sends a detailed invoice to member that includes the amount Vaya will pay (\$100) and the amount the member owes.
16. Simply Home sends the member’s invoice and an invoice for \$100 to Vaya.
17. Care manager collaborates with member to ensure product/service arrives and, if needed, gets installed as planned.

## Breast Pump/Lactation Classes

**Available to:** Tailored Plan Medicaid members who are pregnant and attended a prenatal visit within the first 16 weeks of their pregnancy. This benefit can be accessed within 365 days of the prenatal visit.

**What it is:** Access to a free breast pump from a list of pre-determined breast pump options. Members also can access a maximum of three lactation classes at no cost.

### Workflow

1. Provider educates the member about the benefit.
  - Communicate “what it is” as described above.
  - Reference [Vaya Total Care Perks](#) page of Vaya’s website for additional information.
2. Member shares information with Aeroflow either by phone (1-844-867-9890) or on the [Aeroflow website](#).
  - Info requested: Name, email, DOB, phone, due date, state, ZIP code, insurance provider, and member ID.
  - If a member needs help accessing this resource, the care manager can assist with navigating the Aeroflow website and/or outreach but should not submit on the member’s behalf.
3. Aeroflow confirms eligibility via the Vaya Provider Portal or Provider Support Service Line.
4. After confirming the member’s eligibility, Aeroflow requests a certification of medical necessity (CMN) from member’s provider. This will include confirmation the member attended a prenatal visit within the first 16 weeks of pregnancy.
5. Aeroflow shares breast pump options with the member.
6. Aeroflow emails completed CMN to Vaya UM staff.
7. UM staff verify member eligibility.
8. If member **does not meet criteria:**
  - UM staff notify Aeroflow by email that member is not eligible.
  - UM create new “Outpatient-Other” authorization.
  - UM staff upload medical documentation (CMN) within the authorization (use Value-Added Services document type).
  - UM update auth to **Denied**.
  - Vaya staff mail out an ineligible letter to the member.
  - UM staff notify care manager of outcome by phone or email and document notification in member’s record.
9. If member **does meet criteria:**
  - UM staff reply to Aeroflow email with confirmation that member meets eligibility criteria.
  - UM staff create new “Outpatient-Other” authorization.
  - UM staff upload medical documentation in the authorization.
  - UM staff update auth to **Approved**.
  - UM staff generate an approval letter that will be available in member’s record and upon the member’s request.
  - UM staff notify care manager of outcome by phone or email and document notification in member’s record.
10. Once their eligibility is confirmed, member selects their preferred breast pump and three lactation classes.
11. After member selects their breast pump and lactation classes:
  - They receive a shipping date for the pump based on their expected due date. (Aeroflow ships breast pump during member’s third trimester.)



- They receive a confirmation email for the lactation classes. (Classes are live, so members can decide the best day/time for them.)
12. Aeroflow ships breast pump directly to member's requested address.
  13. If the care manager needs to talk to Aeroflow, the member must sign a Release of Information (ROI) first.

## Post Hospital Meal Delivery

**Available to:** Tailored Plan Medicaid members who have been discharged from an inpatient hospital stay and are engaged in Tailored Care Management. A member is only eligible for this service during the 30 days following their inpatient hospital discharge date. **The following situations do not qualify:** members who have received outpatient surgeries performed at a hospital site of care; members who have been readmitted to the hospital, regardless of admission reason; or members receiving NC Innovations care coordination instead of care management.

**What it is:** Fourteen home-delivered meals (with the intention that the member eats two per day for seven days) following any qualifying inpatient hospital discharge.

**Note:** There is no limit to the number of times an eligible member can access this benefit. Each time a member qualifies for Post Hospital Meal Delivery, their care manager must complete a new referral form and Vaya UM staff must go through the authorization/approval process in GuidingCare.

### Workflow

1. Provider educates the member about the benefit.
  - Communicate "what it is" as described above.
  - Reference [Vaya Total Care Perks](#) page of Vaya's website for additional information.
2. Care manager identifies home-delivered meal need for a member who has had an inpatient hospital discharge within the past 30 days.
  - Care manager confirms eligibility and ensures member isn't already receiving daily meal delivery or living somewhere food is provided (e.g., Innovations members receiving daily meal delivery, TCL participants, those in congregate care/residential settings).
  - Care manager asks member if they want meals delivered to their home.
  - If member does, care manager completes [Mom's Meals referral form](#) and has member sign an ROI for Mom's Meals.
    - Care manager can use referral form to communicate delivery instructions.
    - Care manager can use referral form to select menu type and food preferences (including dietary restrictions and what the member does and does not like).
3. Care manager [completes a SAR in Vaya's Provider Portal](#) and attaches the Mom's Meals referral form to the SAR.
4. UM staff receive SAR, confirm eligibility, and ensure the member is not receiving a duplicative service (e.g., congregate care settings, Innovations members, TCL members).
5. If member **does not meet criteria:**
  - UM staff create new "Outpatient-Other" authorization.
  - UM staff upload medical documentation in the authorization as necessary (use Value-Added Services document type).
  - UM staff update auth to **Denied**.
  - UM staff send an ineligible letter to member.

- UM staff notify care manager of outcome by phone or email and document notification in member's record.
6. If member **does meet criteria**:
    - UM staff create new "Outpatient-Other" authorization.
    - UM staff upload medical documentation in the authorization as necessary (use Value-Added Services document type).
    - UM staff update auth to **Approved**.
    - UM staff generate an approval letter that will be available in member's record and upon the member's/care manager's request.
    - UM staff notify care manager of outcome by phone and document notification in member's record.
  7. UM staff sends completed Mom's Meals referral form with authorization number included, to Mom's Meals via email at [CTIntake@momsmeals.com](mailto:CTIntake@momsmeals.com) and CCs the care manager (plan- or provider-based).
  8. Mom's Meals receives referral and authorization. If the information is complete, and the request is submitted by 12 p.m., Mom's Meals processes it the same day. Meals are sent out between one and three calendar days after the processing date.
  9. Mom's Meals staff attempt a welcome call to member, during which they share the date of the delivery but not an exact time. Meals are temperature-controlled in case the member can't collect them immediately.
    - Mom's Meals also sends member an email containing the date and address of delivery, a UPS tracking number, a UPS phone number, and a phone number for Mom's Meals.
    - Mom's Meals includes care manager in the email so care manager can help member track and ensure delivery.
  10. Members receive one cooler of 14 refrigerated or frozen, microwaveable meals, which should be consumed within two weeks of receipt.
    - If a delivery needs to be canceled or if a member is back in the hospital within three days of the referral being sent, the care manager should make best efforts to communicate this directly to Mom's Meals staff at 1-866-224-9485 or via email at [CTIntake@momsmeals.com](mailto:CTIntake@momsmeals.com). Contact info is also on the referral form.
    - Damaged or late coolers are expedited for re-ship at no cost.
  11. Care manager coordinates with member to ensure delivery and assists if issues arise.

## Non-Medical Transportation

**Available to:** Tailored Plan Medicaid members requiring transportation assistance to access support related to social determinants of health (SDOH).

**What it is:** Twelve roundtrips or 24 one-way trips per calendar year for non-medical resource needs. Locations include stores that sell groceries, food banks, prenatal classes, local community activities, job-related activities, libraries, post offices and FedEx/UPS stores, notary/legal aid/attorney offices, parks or walking trails for exercise, locations for financial activities (e.g., banks, places to pay bills), and gyms. Rides are limited to 50 miles one way and must be scheduled at least two business days in advance.

### Workflow

1. Provider educates the member about the benefit.
  - Communicate "what it is" as described above.
  - Reference [Vaya Total Care Perks](#) page of Vaya's website for additional information.
2. Member identifies a need for transportation to one of the approved locations listed above.

3. Member calls Modivcare at least two days in advance of the needed transportation at **1-888-621-2084** between the hours of **7 a.m. and 6 p.m., Monday through Saturday** (guardian, provider, family member can also call). Modivcare helps member choose the option that best fits their needs.
  - Members can alternatively use the following links to set up a Modivcare account and schedule online:
    - <https://member.modivcare.com/en/login> (English)
    - <https://member.modivcare.com/es/login> (Spanish)
  - If a member needs support with Non-Medical Transportation request/navigation, the care manager or provider can help the member navigate the Modivcare portal but should not contact Modivcare without the member present.
4. Modivcare verifies eligibility and coordinates a ride to an approved location based on the member's needs.
  - Modivcare denies rides that are outside of the location or distance guidelines.
  - There are no exceptions.
  - Vaya UM VAS staff **does not** enter an auth or send denial letters.

**Notes:**

- Most Tailored Plan Medicaid members are eligible for this VAS. The exception is Innovations and TBI waiver members in certain locations due to duplication of services. Waiver members are flagged on the member eligibility file so Modivcare call center representatives see what locations are unavailable to them and will not schedule rides in ineligible locations.
- The screen shot below details how care managers or others can help members set up an account with Modivcare.

**What You Will Need To Add a Member**

To successfully add a member on the Modivcare Web Portal, you will need the following:

- **Insurance Information** for the member, including their **Member Number**
  - **Date of Birth** of the member
1. Enter the **First** and **Last Name** as shown on the Insurance, Medicare, or Medicaid card.
  2. Enter the **Date of Birth**.
  3. Select the **State** where the member lives.
  4. Select your **Relationship** to the member. If this account is for you, choose *"I am the member"*.
  5. Select the **Insurance Type**. Review the list carefully and then select the Insurance, Medicare, or Medicaid provider. The name may have the state abbreviation added in front. For example, "NJ Healthcare Provider" for an insurance company in New Jersey. If you do not see your insurance type, contact your Modivcare call center.
  6. Enter the **Member Number** that is on the Insurance, Medicare, or Medicaid card for this member.
  7. Click *Add this member* to complete.

## Wellness Visit Incentive

**Available to:** Tailored Plan Medicaid members under the age of 18 who are NC Innovations Waiver participants and have attended a yearly physical/wellness visit.

**What it is:** One \$25 gift card to Amazon, Target, or Walmart with medical documentation that verifies the member has attended a wellness appointment. Members can access one gift card per calendar year.

### Workflow

1. Provider educates the member about the benefit.
  - Communicate "what it is" as described above.
  - Reference Vaya's [Member and Recipient Portal](#) for additional information (this services is not listed on Vaya Total Care Perks page as it is not technically a VAS).
2. Member submits medical documentation of a wellness visit within the calendar year via the [Member and Recipient Portal](#).

- Medical documentation must be an official, unalterable medical record (e.g., copy of online electronic medical record, copy of visit summary, physician statement on practice letterhead).
  - Submission must include name, DOB, date of visit, physical address, email address, and gift card preference (Amazon, Target, or Walmart). **Note:** The mailing address the member provides in the submission does not change the address listed with DSS/on their Medicaid card. It is strictly for mailing the gift card.
  - If a member needs support with enrollment submission/navigation, the care manager or provider can help the member navigate the portal but should not complete the enrollment on the member's behalf. Providers can use the [Member and Recipient Portal VAS Job Aid](#) for assistance.
3. Vaya UM staff receive notification from the portal that member has requested this benefit.
  4. UM staff review eligibility to confirm the member is enrolled in the required health plan, has not already received an incentive for the wellness visit in the calendar year, is under 18, and has the correct documentation.
  5. If member **does not meet criteria:**
    - UM staff create new "Outpatient-Other" authorization.
    - UM staff upload medical documentation within the authorization (use Value-Added Services document type).
    - UM staff update auth to **Denied**.
    - Vaya staff send ineligible letter to member.
    - UM staff notify care manager of outcome by phone or email and document notification in member's record.
  6. If member **does meet criteria:**
    - UM staff confirm member's mailing address from submission and ensure it is correct on the letter that will populate.
    - UM staff create new "Outpatient-Other" authorization.
    - UM staff upload medical documentation in the authorization (use Value-Added Services document type).
    - UM staff update auth to **Approved**.
    - Vaya staff send approval letter and \$25 gift card to member.
    - UM staff notify care manager of outcome by phone or email and document notification in member's record.

## Resources

- ["How to Initiate a Value-Added Service" Tool](#)
- [SDOH Decision Tree](#)
- [SDOH Program Comparison Chart](#)
- [VAS Duplicative Services](#)
- [Job Aid: Navigating Vaya Total Care Perks on the Member and Recipient Portal](#)
- [Weight Watchers Presentation – Vaya Health](#)
- [SimplyHome Safety Equipment Product Categories](#)
- [Job Aid: Provider Portal Service Authorization for Value-Added Services](#)
- [Mom's Meals Post Hospital Discharge Home Delivered Meal Service Referral Form](#)
- [Vaya Total Care Perks](#) page of Vaya's website