



Companion Guide

Care Management Service Termination and Transfer of Services Process

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Document Change Log

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I. Introduction

This guide provides instructions for how Local Health Departments (LHD) can request to transfer the delivery of Care Management for At-Risk Children (CMARC) and High-Risk Pregnancies (CMHRP) to another entity when they determine their agency can longer continue providing CMARC and CMHRP services.

In the following sections, this guide will describe the processes that must occur before, during, and after a service transition is requested, along with specific timeframes for each activity.

Please Note: Any transition of services will result in the termination of payments for the associated services upon the effective date of service discontinuance. Local Health Departments will be required to reimburse any payments received for services not provided.

I. Introduction - Pre-Transfer Requirements

Prior to Local Health Departments (LHD) requesting a “Transfer of Care Management Services” the following criteria must be met:

- Reviewed Consolidated Agreement between LHD and DPH.

If transfer of services is requested for staffing issues, has your agency:

- Reached out to your DPH CMHRP Consultant to ask for assistance advertising vacant positions
 - “CMHRP Staffing Reminders and Tips” document located in Section 5 of the CMHRP Toolkit <https://wicws.dph.ncdhhs.gov/provpart/pubmanbro.htm> has additional strategies and resources.
- Reached out to your DCFW CMARC Consultant to ask for assistance advertising vacant positions
 - CMARC Staffing Reminders and Tips Document located in the CMARC Toolkit for additional strategies and resources.
- Expanded advertisement reach
 - Social Media (LinkedIn, Indeed, Facebook, Twitter, Instagram, etc.)
 - Outreach to local accredited Universities/Colleges (Social Work, Nursing)
 - For example, SW job openings may be sent to the UNC School of Social Work’s job posting board; it is an open board so anyone can post or review jobs on the page <https://sww.unc.edu/alumni-friends/jobs/>
 - Billboards/Radio/Newspaper
 - Professional Organizations ([NCPHA](#), [NCAPHNA Public Health Nursing](#), [NASW](#), etc.)
- Considered utilizing temporary or contract staffing options
 - Alliance Staffing [North Carolina Public Health Alliance of Public Health Agencies](#)
 - Vanguard Professional Staffing <https://www.vanguardprostaff.com/>
- Reached out to your CMHRP and CMARC Consultants to discuss caseload management and opportunities for improvement within the current staffing model.

If transfer of services is requested for budgeting/financial issues, has your agency:

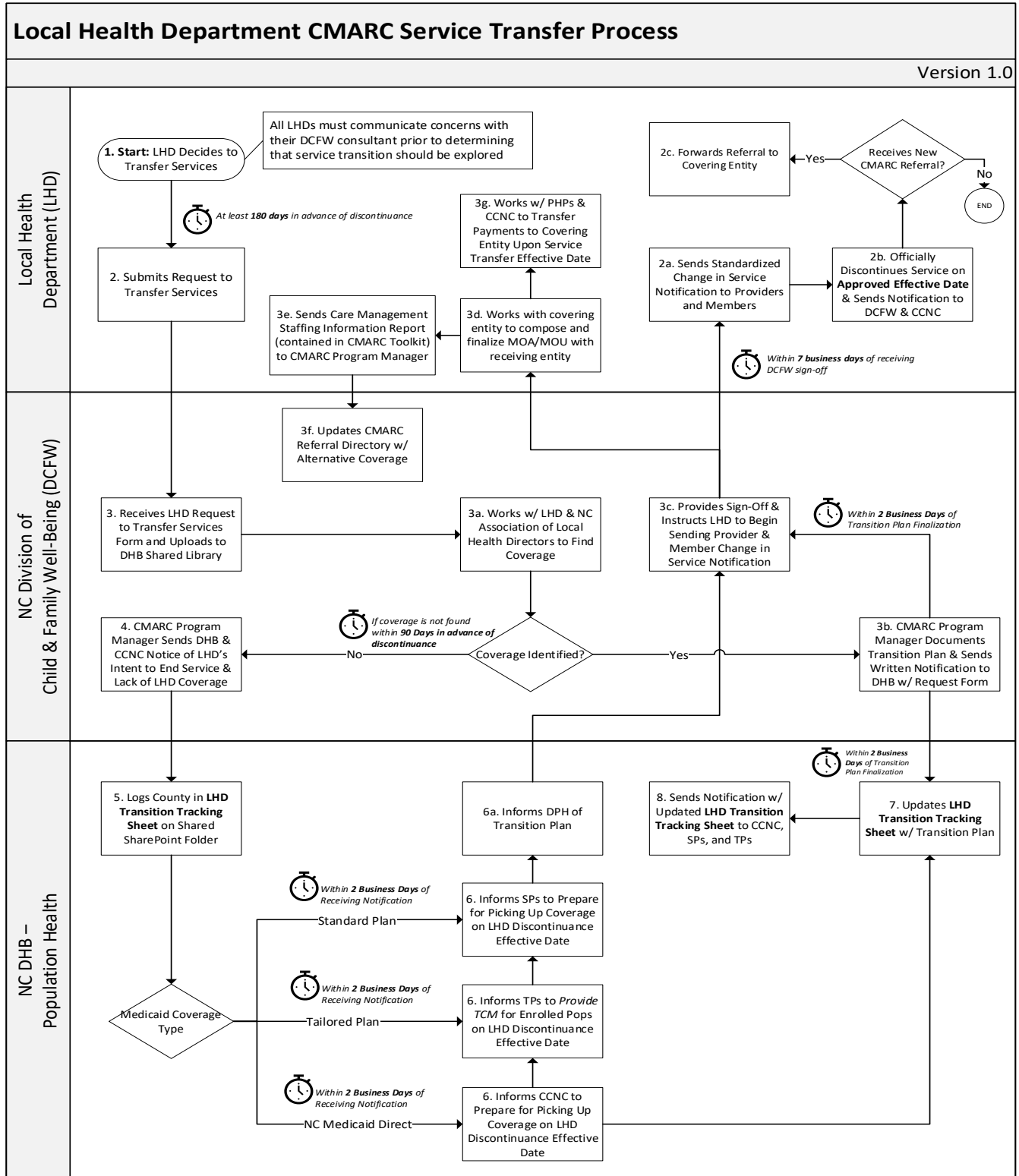
- Confirmed CMHRP and CMARC PMPM payments are correct:
 - Referenced the “PMPM Calculation Directions and Example” (emailed to CMHRP and CMARC Supervisors and located in CMHRP and CMARC Toolkit) surrounding payment reconciliation guidance from the CMHRP and CMARC Consultants and assisted LHD finance staff in reconciling expected PMPM payment to actual PMPM payment received.
- Confirmed discrepancies are identified: did LHD work with each PHP surrounding reconciliation of PMPM payments.
 - If no resolution was found, did LHD reach out to NC Managed Care Provider Ombudsman?
 - If no resolution was found, did LHD work with their LTAT Consultant to rectify the correct CMHRP and CMARC PMPM payment each month.
- Talked with each PHP to negotiate terms of your contractual agreements
 - Discuss possibilities of increasing the PMPM payment for CMHRP and CMARC for your LHD.
- Reached out to your CMHRP and CMARC Consultant to discuss CMHRP and CMARC programmatic resource(s) allocation.

If transfer of services is requested for “other reason(s)”, has your agency:

- Reached out to your CMHRP and CMARC Consultant to discuss CMHRP and CMARC programmatic concerns.

II. CMARC Service Transfer Guidelines - Request to Transfer CMARC Services Process

Follow the process below to request that CMARC services be transitioned to another entity.



II. CMARC Service Transfer Guidelines - Request Form and Instructions


To request a service transfer, Local Health Departments must complete the following form:

<https://medicaid.ncdhhs.gov/media/11862/download?attachment>

Once all required fields and signatures have been captured, the CMARC Request to Transition Services form must be submitted to the following individuals:

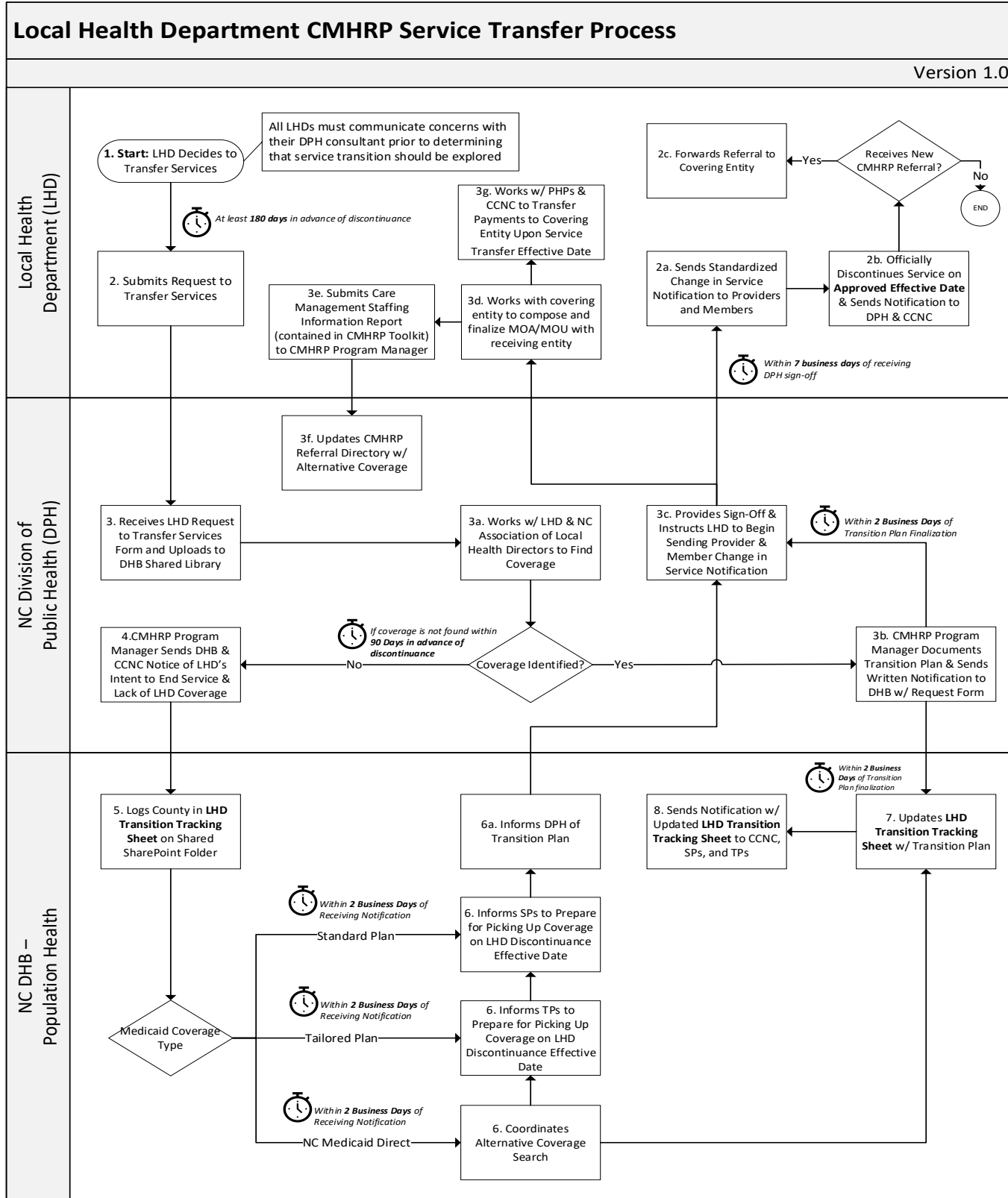
- CMARC Program Manager School, Adolescent, and Child Health Unit, Division of Child and Family Well-being, Whole Health Section
- School and Health Unit Manager, Whole Child Health Section, Division of Child and Family Well-Being, Whole Child Health Section
- Assistant Director, Division of Child and Family Well-Being, Whole Child Health Section
North Carolina Children and Youth with Special Health Care Needs Director

CMARC Request to Transfer Services Form:

 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES <small>Division of Health Benefits</small>		NORTH CAROLINA CMARC PROGRAM REQUEST FOR TERMINATION AND TRANSFER OF SERVICES FORM	
<p>Local Health Departments (LHD) must complete and submit this form to the DCFW CMARC Program Manager to request termination/transition of Care Management for At-Risk Children (CMARC) services.</p> <p>All requests must be submitted at least 180 days prior to the requested effective date of service termination.</p> <p><i>Through this request, you are hereby attesting that your Health Department will no longer be eligible to receive CMARC payments upon the effective date of service transition.</i></p>			
Local Health Department Details			
Requestor Name:		Requestor Title:	
Email:		Phone Number:	
LHD Name:		Counties Covered:	
Local Health Department Address:		Zip Code:	
City:		State:	
Request Details			
Request Type: <input type="checkbox"/> Full Transition of Services for All Populations (Select all applicable) <input type="checkbox"/> Standard Plan Enrollees <input type="checkbox"/> Tailored Plan Enrollees <input type="checkbox"/> NC Medicaid Direct Enrollees <input type="checkbox"/> EBCI Tribal Option Enrollees <input type="checkbox"/> Other/Uninsured Patients <input type="checkbox"/> Partial Transition of Services (Select all applicable) <input type="checkbox"/> Standard Plan Enrollees <input type="checkbox"/> Tailored Plan Enrollees <input type="checkbox"/> NC Medicaid Direct Enrollees <input type="checkbox"/> EBCI Tribal Option Enrollees <input type="checkbox"/> Other/Uninsured Patients		Request Reason(s): <input type="checkbox"/> Staffing Issues <input type="checkbox"/> Financial Hardship <input type="checkbox"/> Other, please explain 	
Request Date (Today's Date):		Requested Effective Date:	
Transition Details			
Estimated Current Caseload Count:		Has A Coverage Plan Been Identified for Service Delivery Post Termination Date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Coverage Transition Description (if applicable):			
Health Director Signature:			
Date Signed:			

III. CMHRP Service Transfer Guidelines - Request to Transfer CMHRP Services Process

Follow the process below to request that CMHRP services be transitioned to another entity.



III. CMHRP Service Transition Guidelines - Request Form and Instructions


To request a service transfer, Local Health Departments must complete the following form:

<https://medicaid.ncdhhs.gov/media/11861/download?attachment>

Once all required fields and signatures have been captured, the CMHRP Request to Transition Services form must be submitted to the following individuals:

- NC DPH CMHRP Program Manager
- DPH Section Chief and Deputy Director

CMHRP Request to Transfer Services Form:

 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Health Benefits		NORTH CAROLINA CMHRP PROGRAM REQUEST FOR TERMINATION AND TRANSFER OF SERVICES FORM	
<p>Local Health Departments (LHD) must complete and submit this form to the DPH CMHRP Program Manager and DPH Section Chief and Deputy Director Office to request termination/transition of Care Management for High-Risk Pregnancies (CMHRP) services. All requests must be submitted at least 180 days prior to the requested effective date of service termination.</p> <p><i>Through this request, you are hereby attesting that your Health Department will no longer be eligible to receive CMHRP payments upon the effective date of service transition.</i></p>			
Local Health Department Details			
Requestor Name:		Requestor Title:	
Email:		Phone Number:	
LHD Name:		Counties Covered:	
Local Health Department Address:		Zip Code:	
City:		State:	
Request Details			
Request Type: <input type="checkbox"/> Full Transition of Services for All Populations (Select all applicable) <input type="checkbox"/> Standard Plan Enrollees <input type="checkbox"/> Tailored Plan Enrollees <input type="checkbox"/> NC Medicaid Direct Enrollees <input type="checkbox"/> EBCI Tribal Option Enrollees <input type="checkbox"/> Other/Uninsured Patients <input type="checkbox"/> Partial Transition of Services (Select all applicable) <input type="checkbox"/> Standard Plan Enrollees <input type="checkbox"/> Tailored Plan Enrollees <input type="checkbox"/> NC Medicaid Direct Enrollees <input type="checkbox"/> EBCI Tribal Option Enrollees <input type="checkbox"/> Other/Uninsured Patients		Request Reason(s): <input type="checkbox"/> Staffing Issues <input type="checkbox"/> Financial Hardship <input type="checkbox"/> Other, please explain 	
Request Date (Today's Date):		Requested Effective Date:	
Transition Details			
Estimated Current Caseload Count:		Has A Coverage Plan Been Identified for Service Delivery Post Termination Date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Coverage Transition Description (if applicable):			
Health Director Signature:			
Date Signed:			

IV. Roles and Responsibilities – Transfer Process RACI Matrix

In order to facilitate a successful transfer of services, the entities involved in the process each have specific roles and responsibilities to manage throughout the transition process.

R = Responsible, A= Accountable, C= Consulted, I=Informed

Responsible	Entity responsible for completing the task, process, or function.
Accountable	Individual entity that holds final accountability for completing the task, process, or function.
Consulted	Entity that functions as an adviser on the task, process, or function.
Informed	Informed team members that are kept up to date on progress of the task, process, or function.

CMARC/CMHRP LHD Transfer Process RACI Matrix

	LHDs Relinquishing/Transferring Services	NC DHHS	Receiving Entity/Receiving Services	Managing/Paying Entity (e.g., PHPs, TPs, CCNC)	CCNC (As Platform, Data Vendor)
Submit transfer request to DHHS Program Management	A, R	C	I		
Work with NC Association of Local Health Directors and DHHS Program Manager(s) to identify coverage across other LHDs.	R	A			
After a covering entity is identified, develop Memorandum of Agreement Contract.	R	C	A		
Validate that appropriate service coverage is identified before services are relinquished.	R	A		I	
Send notification to CCNC for termination of their user access to VH/CI/OneLogin including the Transfer Effective Date as termination date of access.	A, R	I			I
Update the Staffing Information Report (located in the CMHRP/CMARC toolkits).	A, R	I			
Compile county resource list and share in writing with the receiving entity assuming services.	A, R	I	I		

	LHDs Relinquishing/Transferring Services	NC DHHS	Receiving Entity/Receiving Services	Managing/Paying Entity (e.g., PHPs, TPs, CCNC)	CCNC (As Platform, Data Vendor)
Send the Notification of Change in Service to members and providers.	A, R	I	I	I	
Continue to forward all referrals received to the entity assuming services.	A, R		I	I	
Inform impacted entities and organizations of LHD transition plan and POCs		A		I	
Accept request for assuming/transfer of CMARC and/or CMHRP services.	R	I	A		
Negotiate MOA terms and finalize contract.	R	I	A		
Ensure CMARC and/or CMHRP PMPM payments are directed to the county providing services in alignment with the transfer effective date.	R	I	A	C	
Send notification to CCNC requesting user access to VH/CI/OneLogin and share MOA with CCNC (directions for requesting access is located in the CMHRP and CMARC Toolkits).		I	A, R	I	I
Complete the Staffing Information Report (located in the CMHRP/CMARC toolkits) to notify DPH/DCFV of the primary referral contact and secondary referral contact for the new coverage area.		I	A, R		
Review county resource list and follow up with transferring county as questions arise.	C		A, R		
Establish knowledge transfer sessions with receiving entity to discuss member needs and provide details about any required process and procedures	C		R	A	