Companion Guide

Care Management Termination and Transfer of Services Process

January 9, 2024

Contents

I.   Introduction

This guide provides instructions for how Local Health Departments (LHD) can request to terminate or transfer the delivery of Care Management High-Risk Pregnancies (CMHRP) and for At- Risk Children (CMARC) to another entity when they determine their agency can no longer continue providing CMHRP and/or CMARC services.

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

Please Note: Any termination or 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.

II. Pre-Transfer Requirements

☐ Prior to Local Health Departments (LHD) submitting a "Termination and Transfer of Care Management Services" form for either reason listed below, the following criteria must be met:
  - o Review Consolidated Agreement between Local Health Department (LHD), Division of Children and Family Well-Being (DCFW), and Division of Public Health (DPH).

A. Prior to the Request for Termination and Transfer of Services form being submitted for <u>staffing issues</u>, your agency must:

☐ Reach out to your DPH CMHRP Consultant to seek guidance regarding vacant positions.
  - o "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.

☐ Reach out to your DCFW CMARC Consultant to seek guidance regarding vacant positions.
  - o "CMARC Staffing Reminders and Tips" document located in the CMARC Toolkit for additional strategies and resources.

☐ Expand advertisement reach.
  - o Social Media (LinkedIn, Indeed, Facebook, Twitter, Instagram, etc.)
  - o 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://ssw.unc.edu/alumni-friends/jobs/
  - o Billboards/Radio/Newspaper
  - o Professional Organizations (NCPHA, NCAPHNA Public Health Nursing, NASW, etc.)

☐ Consider utilizing temporary or contract staffing options to continue to assure services.
  - o Alliance Staffing North Carolina Public Health Alliance of Public Health Agencies
  - o Vanguard Professional Staffing https://www.vanguardprostaff.com/

☐ Reach out to your CMHRP and CMARC Consultants to discuss caseload management and opportunities for improvement within the current staffing model.

B. Prior to the Request for Termination and Transfer of Services form being submitted for <u>budgeting or financial issues</u>, your agency must:

☐ Confirm CMHRP and CMARC PMPM payments are correct:
  - o Reference the "PMPM Calculation Directions and Example" (located in CMHRP and CMARC Toolkit) surrounding payment reconciliation guidance from the CMHRP and CMARC Consultants and to assist LHD finance staff in reconciling expected PMPM payment to actual PMPM payment received.

☐ Confirm discrepancies are identified: did LHD work with each Payer surrounding reconciliation of PMPM payments.
  - o 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 Administrative and Financial Consultants from the Local Technical Assistance and Training (LTAT) Branch to rectify the correct CMHRP and CMARC PMPM payment each month?

☐ Discuss opportunities with each PHP for negotiating reimbursement terms of your contractual agreements.

☐ Reach out to your CMHRP and/or CMARC Consultant to discuss CMHRP and CMARC programmatic resource(s) allocation and need for assurance of services.
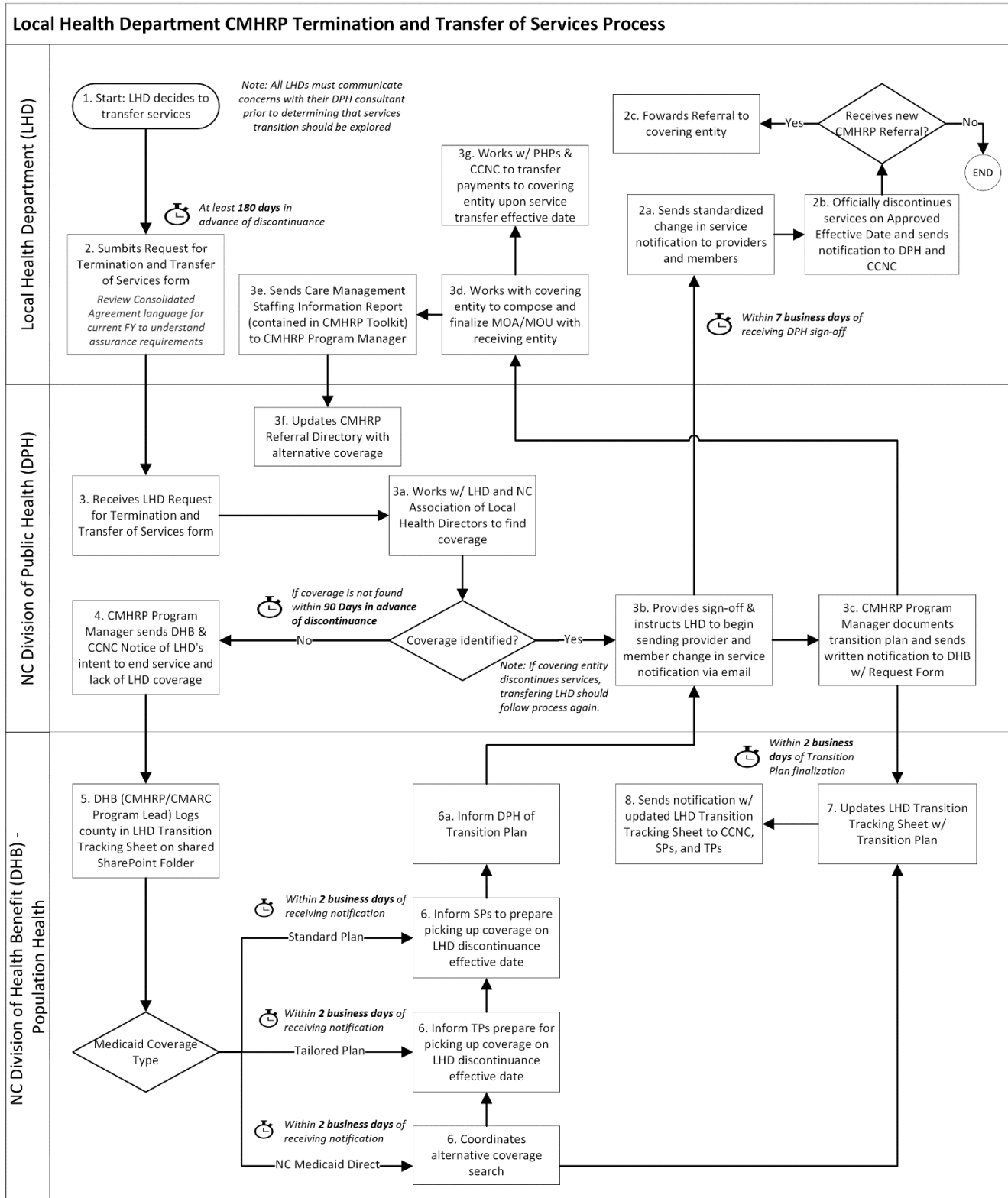
C. **Prior to the Request for Termination and Transfer of Services form being submitted for <u>"other reason(s)"</u>, your agency must:**

☐ Reach out to your CMHRP and/or CMARC Consultant to discuss CMHRP and/or CMARC programmatic concerns.

III. CMHRP/CMARC Service Transfer Guidelines

A. Request to Terminate and Transfer CMARC Services Process
Follow the process to request that CMARC services be transitioned to another entity.

Local Health Department CMARC Termination and Transfer of Services Process

B. Request to Terminate and Transfer CMHRP Services Process

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

Local Health Department CMHRP Termination and Transfer of Services Process

Local Health Department (LHD)

1. Start: LHD decides to transfer services

Note: All LHDs must communicate concerns with their DPH consultant prior to determining that services transition should be explored

⏱ *At least 180 days in advance of discontinuance*

2. Sumbits Request for Termination and Transfer of Services form

Review Consolidated Agreement language for current FY to understand assurance requirements

3e. Sends Care Management Staffing Information Report (contained in CMHRP Toolkit) to CMHRP Program Manager

3d. Works with covering entity to compose and finalize MOA/MOU with receiving entity

3g. Works w/ PHPs & CCNC to transfer payments to covering entity upon service transfer effective date

2a. Sends standardized change in service notification to providers and members

⏱ *Within 7 business days of receiving DPH sign-off*

2c. Fowards Referral to covering entity

Receives new CMHRP Referral? — Yes / No

2b. Officially discontinues services on Approved Effective Date and sends notification to DPH and CCNC

END

NC Division of Public Health (DPH)

3f. Updates CMHRP Referral Directory with alternative coverage

3. Receives LHD Request for Termination and Transfer of Services form

3a. Works w/ LHD and NC Association of Local Health Directors to find coverage

⏱ *If coverage is not found within 90 Days in advance of discontinuance*

4. CMHRP Program Manager sends DHB & CCNC Notice of LHD's intent to end service and lack of LHD coverage

Coverage identified? — No / Yes

Note: If covering entity discontinues services, transfering LHD should follow process again.

3b. Provides sign-off & instructs LHD to begin sending provider and member change in service notification via email

3c. CMHRP Program Manager documents transition plan and sends written notification to DHB w/ Request Form

NC Division of Health Benefit (DHB) - Population Health

⏱ *Within 2 business days of Transition Plan finalization*

5. DHB (CMHRP/CMARC Program Lead) Logs county in LHD Transition Tracking Sheet on shared SharePoint Folder

6a. Inform DPH of Transition Plan

8. Sends notification w/ updated LHD Transition Tracking Sheet to CCNC, SPs, and TPs

7. Updates LHD Transition Tracking Sheet w/ Transition Plan

Medicaid Coverage Type

⏱ *Within 2 business days of receiving notification* — Standard Plan

6. Inform SPs to prepare picking up coverage on LHD discontinuance effective date

⏱ *Within 2 business days of receiving notification* — Tailored Plan

6. Inform TPs prepare for picking up coverage on LHD discontinuance effective date

⏱ *Within 2 business days of receiving notification* — NC Medicaid Direct

6. Coordinates alternative coverage search

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C. **Request Form and Instructions**

To request a service transfer, Local Health Departments must complete the following form:
https://medicaid.ncdhhs.gov/cmhrpcmarc-program-request-termination-and-transfer-services/download?attachment

Once all required fields and signatures have been captured, the CMHRP/CMARC Request for Termination and Transition of Services form must be submitted to the following individuals, as applicable to program:
- NC DPH CMHRP Program Manager
- DPH Division Director
- CMARC Program Co-Leads, School, Adolescent, and Child Health Unit, Division of Child and Family Well-being, Whole Health Section
- DCFW Division Director.

CMHRP/CMARC Request for Termination and Transition of Services Form:

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 DPH/DCFW**	**NC DHB (Population Health)**	**Receiving Entity/Receiving Services**	**Managing/Paying Entity (e.g., PHPs, TPs, CCNC)**	**CCNC (As Platform, Data Vendor)**
Submit Request for Termination and Transfer of Services form 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 (MOA).	R	C		A		
Validate that appropriate service coverage is identified before services are Relinquished for standard and direct Medicaid, uninsured and Medicaid pending.	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				

CMARC/CMHRP LHD Transfer Process RACI Matrix						
	LHDs Relinquishing/ Transferring Services	NC DPH/DCFW	NC DHB (Population Health)	Receiving Entity/Receiving Services	Managing/Paying Entity (e.g., PHPs, TPs, CCNC)	CCNC (As Platform, Data Vendor)
Compile county resource list and share in writing with the receiving entity assuming services.	A, R	I		I		
Send the Notification of Change in Service to members and providers.	A, R	I	I	I	I	
Continue to forward all referrals received to the entity assuming services.	A, R			I	I	
Document transition plan and send notification to DHB with transfer of services request form.		R, A	I			
Inform impacted entities and organizations (CCNC, SPs, and TPs) of LHD transition plan.		I	R, A		I	I
Accept request for assuming/transfer of CMARC and/or CMHRP services.	R	I	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/DCFW 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	

V.   Document Change Log

DATE	AUTHOR	CHANGE DESCRIPTION
08/30/2022	Loul Alvarez	Initial Version
01/09/2024	Loul Alvarez	2nd Version