



**NC Department of Health and
Human Services**

Transition of Care Protocols

**Beneficiaries Disenrolling From
Standard Plan due to Extended
Nursing Facility Stay**

NC Medicaid Standard Plan Transition of Care Disenrollment Protocols

Transition Due to Extended Nursing Facility Stay

Change Log		
Version	Posting Date	Updates/Change Made
1.0	8/20/2021	Initial Posting, effective date 7/1/2021

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General References

Transition Disenrollment Scenario: Member Disenrolls from Standard Plan due to Extended Nursing Facility Stay

Related Requirements and Protocols

PASRR Review
CIAE LTSS Managed Care Disenrollment Form
Transitional Care Management

Protocol Parameters and Limitations:

- The Protocol is governed by Health Plan contract requirements and NC DHHS Transition of Care Policy.
- The Protocol does not guide Health Plans on payment or reimbursement dynamics related to these transitions.
- The Protocol provides PASRR guidance as a reference, but PASRR-related requirements are not managed through this Protocol.
- While the Protocol references eligibility dynamics, NC Medicaid eligibility policy serves as the “source of truth” for Medicaid eligibility process and requirements.
- Transition of Care requirements related to data file transfer are established in [Transition of Care Data Specification Guidance](#).
- The Protocol does not address requirements related to supporting a Member to discharge from a nursing facility prior to Standard Plan disenrollment.

Designated Receiving Entity:

- In this transition protocol, the Member’s nursing facility serves as the receiving entity for the purposes of warm handoff and transition file transfer. Nursing facilities are not under additional “receiving entity” contractual requirements.

General Description of Disenrollment Process

- A Member who is enrolled in a nursing facility longer than 90 days will be disenrolled from the Health Plan.
- The Member’s managed care status will change in NCFAS based on the Member’s living arrangement evidence reflecting nursing facility admission.
- Status change will be reflected on 834 on the following day (“Notice Date”).
- The member will disenroll on the first of the following month.

Protocol-Specific Guidance on Transition of Care Requirements

See NC DHHS Transition of Care Policy for full disenrollment requirements. The guidance below reflects Protocol-specific considerations for implementing those requirements.

Warm Handoff

- Health Plans have the discretion to conduct a separate warm handoff briefing with the point of contact identified by the nursing facility or incorporate it into a care planning session related to the Member’s disenrollment from the Health Plan.

Transition File Transfer

- Transition File content will be made available to the nursing facility upon request.

Member Preparation for Disenrollment

- The Health Plan will engage in planning communication with nursing facility, resident and natural supports as appropriate upon admission and in preparation of disenrollment.
 - Explanation of why Member will be disenrolled from Health Plan.
 - In coordination with nursing facility, communicate that process has been activated to receive Options Counseling about available future options.

Supporting Providers through the Transition Process

- Consistent with the current NC DHHS Transition of Care Policy, the Health Plan will notify the Member’s provider network of the anticipated disenrollment prior to the disenrollment and provide the following:
 - For nursing facilities, this includes instruction to obtain prior approval by submitting a new FL-2 to NC Tracks and updating PASRR if needed (if no longer valid/expired).

Coordination with Applicable Entities: Instructions and Contact Information

Coordination with the CIAE

- The NC Medicaid Comprehensive Independent Assessment Entity (CIAE) will serve as the referral, assessment and options counseling point of entry for all Medicaid Long-Term Services and Supports not managed by the Health Plan.

- The Department will establish an interim CIAE process that will be place on July 1, 2021 and will communicate intake instructions.
- The Health Plan should coordinate with the CIAE for any disenrolling member who is utilizing LTSS services by submitting the LTSS Disenrollment Form (see Reference Materials).
- The Health Plan submits the LTSS Disenrollment Form to CIAE 30 days in advance of Member’s anticipated disenrollment or 1 business day of 834 Notice Date if Member’s disenrollment date was not identifiable prior.
- When the Health Plan submits the LTSS Disenrollment Form for a member covered by this Protocol, the Health Plan will provide information about options counseling that may have occurred within the facility prior to the LTSS Disenrollment Form being submitted.
- CIAE-managed Options Counseling is not required (prior to disenrollment form submission) but helps alert the CIAE if decisions/discussions have already happened that may inform process and prevent resident from telling story twice.
- Health Plan should coordinate with the nursing facility to assess if options counseling through the MDS 3.0 Local Contact Agency (LCA) function has occurred prior to the form’s submission.

Reference Materials

- Current PASSR Flow
- Current LTSS Disenrollment Form