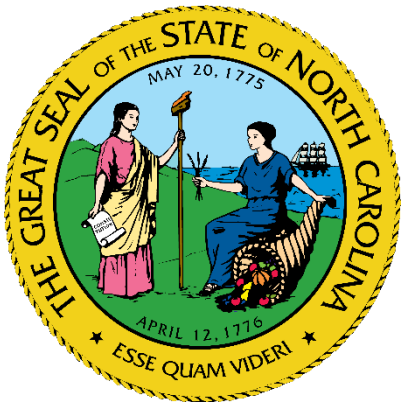

NC Department of Health and Human Services

Transition of Care Protocols

Transitions between Health Plans and NC Medicaid Direct

Beneficiaries Disenrolling from Standard Plan or Tailored 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
1.1	12/16/2022	Updates regarding Tailored Plan launch
1.2	3/08/2023	Remove the "CIAE 30 days in advance" language. Included "after" in the 4th bullet in the Coordination with the CIAE section

Contents

General References

Transition Disenrollment Scenario: Member disenrolls from NC Medicaid Managed Care due to extended nursing facility stay.

Related Requirements and Protocols

PASRR Review
CIAE LTSS Managed Care Disenrollment Form
Transitions of Care Coordination (TCC)

Protocol Parameters and Limitations:

- The protocol is governed by health plan contract requirements and NCDHHS 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, however 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 beneficiary discharge from a nursing facility prior to Standard Plan disenrollment.

Designated Receiving Entity:

- If a beneficiary disenrolls from a health plan due to an eligibility change or a nursing facility extended stay greater than 90 days and wants to take advantage of Home and Community-Based programs, the selected program would be the designated receiving entity upon discharge of the beneficiary from the nursing facility. A warm handoff would be required upon discharge. In this transition protocol, the beneficiary s nursing facility serves as the transferring entity for the purposes of warm handoff. The health plan remains responsible for the transition file transfer and other contractual requirements.

General Description of Disenrollment Process

- A beneficiary who is enrolled in a nursing facility longer than 90 consecutive days will be disenrolled from the health plan.
- The beneficiary's managed care status will change in NCFAST based on the beneficiary'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 month following the 90th consecutive day of their nursing facility stay.

Protocol-specific Guidance on Transition of Care Requirements

See NCDHHS 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 into a care planning session related to the beneficiary'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 beneficiary will be disenrolled from the health plan.
    - In coordination with nursing facility, communicate the process has been activated to receive Options Counseling about available future options.

Supporting Providers through the Transition Process

- Consistent with the current NCDHHS Transition of Care Policy, the health plan will notify the beneficiary'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 NCTracks 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 to be place July 1, 2021, and will communicate intake instructions.
- The health plan will coordinate with the CIAE for any disenrolling member who is using LTSS services by submitting the LTSS Disenrollment Form (see Reference Materials).
- The health plan will submit the LTSS Disenrollment Form one business day after the 834 Notice Date or upon request.
- When the health plan submits the LTSS Disenrollment Form for a beneficiary covered by the protocol, the health plan would provide information about options counseling, if it occurred within the facility prior to the submission of the LTSS Disenrollment Form.
- CIAE-managed options counseling is not required (prior to disenrollment form submission) but alerts the CIAE if decisions/discussions have occurred 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 occurred prior to the form's submission.

Reference Materials

- Current PASSR Flow
- Current LTSS Disenrollment Form