

DMA/CCNC HEALTH CHECK COORDINATION SERVICE AGREEMENT

The North Carolina Department of Health and Human Services, Division of Medical Assistance and the Office of Rural Health and Community Care of North Carolina have agreements with each of the 14 CCNC Networks to maintain Health Check Coordination Services in the 100 counties.

Pertaining to Health Check Coordination Services, the CCNC Networks agree to:

Implement and operate the State Health Check/EPSTD Program in accordance with State Health Check Program Policies and Procedures, including:

- Ensure that all Health Check Coordinators (HCC) attend the Health Check Introductory training and Automated Information and Notification System (AINS) training provided by DMA and the MMIS fiscal agent within the timeframe agreed upon with DMA. All HCCs are required to have access to a laptop in order to download AINS data shell(s) and to complete AINS training.
- Ensure each HCC team member is proficient in creating AINS data queries to target specified population groups.
- Ensure that the HCC's first priority is delinquent/missed health check screening assessment outreach, with new member welcome outreach or emergency department frequent user outreach being a secondary priority.
- Ensure services for the entire Network population and/or service region counties by providing Health Check coordination services to families of all Medicaid eligible children from birth through age 20.
- Submit an annual State Fiscal Year (SFY) Health Check Coordination Annual Plan and Budget narrative to DMA Health Check Consultant for review and approval, within the timeframe determined by DMA. July 1st through June 30th shall be used as the SFY.
- Submit the County Options Change Request (COCR) to DMA Health Check Consultant within five (5) calendar days when the following occur:
 - A HCC is hired, terminated, or placed on extended leave.
 - A change occurs in the name, address, phone, or fax number of HCC staff member, supervisor, network director, or location.
- Ensure all HCCs operate in accordance with the following points:
 - Outreach—each month, HCCs may balance Health Check Coordination activities to include:
 - A) Networking/collaborating with CCNC/CA primary care practices to increase the Health Check Participation Rate.
 - B) Emergency Room Department follow-up telephone calls;
 - C) Delinquent/Missed Health Check screenings telephone calls;
 - D) EPSTD/Due Process protocols;
 - E) New member welcome telephone calls; and
 - F) Medical home/Carolina Access/CCNC outreach telephone calls.

Appendix 4-1

- Charting – Policy Clarification, effective immediately, HCCs must chart all of his/her outreach activities for tracking and accountability purposes. All telephone calls, letters, and other contacts must be charted/documented in AINS or CMIS.
- Standard for telephone calls and letters – Full-time HCCs are expected to handle a minimum of 300 telephone calls and letters combined each month. Part-time HCCs are expected to handle a minimum of 150 telephone calls and letters combined each month. Telephone calls can be categorized as: attempted and completed. Attempted telephone calls may be supplemented by mailing a letter to the target child's parents/guardians.

DMA agrees to:

- Develop an opt out consent process in the Medicaid application, if required by law.
- Provide Health Check Introductory training and site visits for Health Check Coordinators (HCCs) and Supervisors. All trainings and site visits will occur during normal business hours of 8:00 a.m. and 5:00 p.m. If after hour trainings/site visits are required, they will occur in Raleigh at DMA office site location.
- Provide ongoing Health Check Program guidance and consultation to the Network and HCCs.
- Implement and maintain the Automated Information and Notification System (AINS) and the data shell in the Network county subsequent to be required training of CCNC Network HCCs and HCC Supervisors.
- Provide AINS training for HCCs conducted by DMA's fiscal agent, during business hours of 8:00 a.m. and 5:00 p.m.
- Pay the Network per member per month funding for the Medicaid eligible children from birth through age 20 enrolled in the Network or located in the Network's service region counties for Health Check.