North Carolina
Department of Health and Human Services
Division of Medical Assistance
Managed Care
421 Fayetteville St. – 2501 Mail Service Center - Raleigh, N.C. 27699-2501
One Bank of America Plaza Courier Number 56-20-06
Michael F. Easley, Governor
Carmen Hooker Odom, Secretary
L. Allen Dobson, Jr., MD, Assistant Secretary
for Health Policy and Medical Assistance

DMA FUNDED HEALTH CHECK OUTREACH PROJECT AGREEMENT

This agreement between the North Carolina Department of Health and Human Services, Division of Medical Assistance (DMA) and_____ (agency name) is to establish and maintain a Health Check Outreach Project in _____County.

DMA agrees to:

1. Reimbursement not to exceed **$33,873** per year **for one** approved full-time Health Check Coordinator (HCC) position**(s). (Through attrition, _____will be eligible for ____ full-time HCC position.)** The reimbursement amount will decrease if there is an interruption in employment for any HCC position or when a vacancy occurs. The reimbursement amount will be prorated if the Project County's effective date falls within the SFY budget period.

   Monies for the HCC position(s) are initiated at the end of the first month of employment, and provided at the end of each month thereafter for each filled position.

   The parties to this contract agree and understand that the payment of the sums specified in this contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the Division.

2. Provide ongoing Health Check Program guidance and consultation.

3. Provide Health Check Introductory Training for HCC(s) and Supervisor(s).

4. Implement and maintain the Automated Information and Notification System (AINS) and the data shell in the county subsequent to required training of agency staff.

Health Check Agreement – continued

The _____ (agency) agrees to:

1. Provide the Medicaid Provider number for which payment is to be made for the HCC position(s). The Medicaid Provider number is: _____ (**agency to complete**).

2. Implement and operate the State Health Check Project in accordance with State Health Check Program Policies and Procedures.

3. Assure that each HCC and Supervisor will attend the Health Check Introductory Training within the time frame agreed upon with DMA.

4. Serve the entire county by providing Health Check coordination services to families of Medicaid eligible children from birth through age 20.

5. Assure that HCC(s) devote 100% of their time to Health Check Program activities. HCC(s) are required to dedicated 50% of their time to direct client contact. Client related activities, including direct client contact, must account for 75% of the coordinator time.

6. Purchase appropriate hardware (PC) and software for utilization of data shell. The data is confidential and should be utilized for Health Check related duties only. Hardware and software purchases are included in the funding.

7. Submit the County Options Change Request form (COCR) to DMA within 15 calendar days when (1) a change occurs in the name, address or phone number of a coordinator, or (2) when an HCC is hired, terminated or placed on extended leave which is not covered by Health Check reimbursement. All COCR forms must be signed by the HCC Supervisor.

8. Submit an annual budget and budget narrative for the Health Check Project by May 1st of the year proceeding the proposed budget period. This budget must be approved by DMA. Failure to receive approval from DMA may result in termination of the agreement or reduction in funding

   State Fiscal year (July 1st through June 30th) shall be used as the budget period.

Health Check Agreement – continued

This agreement is effective on _____ (**DMA to complete**) and supersedes all other agreements. Additionally, this agreement will remain in effect until amended or terminated pursuant to the terms of this agreement. Either party may terminate this agreement upon thirty (60) days written notice.

_____

Agency Signature Date

_____

Typed Agency Name Title

_____

DMA Division Director Date