



HAYWOOD COUNTY BOARD OF COMMISSIONERS

AGENDA REQUEST

Must be presented to the County Manager's Office NO LATER THAN 5 P.M. FRIDAY THE WEEK BEFORE THE MEETING

DATE OF REQUEST: 10/28/11

FROM: Carmine Rocco, Health Director [Signature]

MEETING DATE REQUESTED: November 7, 9am Regular meetings: First (1st) Monday of the month at 9:00 am Third (3rd) Monday of the month at 5:30 pm

SUBJECT: Network and Local Health Department Agreement for Pregnancy Medical Home-Pregnancy Case Management (PMH-PCM) & Care Coordination for Children Program (CC4C) with AccessCare.

REQUEST: CONSENT AGENDA

(What action are you seeking?) Approval of the Agreement between Haywood County Health Department and AccessCare to provide Pregnancy Medical Home-Pregnancy Case Management (PMH-PCM) & Care Coordination for Children Program (CC4C) services. The term of the Agreement is September 1, 2011 ending on June 30, 2012.

BACKGROUND:

(Research and justification of proposal and need; Alternatives evaluated; Legal Basis: Outcome-What will be achieved and how will it be measured?) AccessCare through agreements with local health departments is implementing the following services: Pregnancy Medical Home (PMH) project, which is inclusive of Pregnancy Care Management (PCM) Services. The goal of the Pregnancy Medical Home model is to improve the quality of maternity care, improve birth outcomes, and provide continuity of care. Care Management services are provided for pregnant Medicaid recipients who are determined to be at risk for poor birth outcomes. Care Coordination for Children Program (CC4C). Care Management services are provided for all Medicaid children birth to 5 years of age who are determined to be high-risk and qualify for services. These services have been provided in previous years by the health department through an Agreement with the DHHS, Division of Public Health they were called MCC and CSC.

IMPLEMENTATION PLAN:

(How and when will staff undertake the action?) PCM - Outreach; Population Identification; Assessment and Risk Stratification; Interventions; Integration with Health Care Provider; Collaboration with Local Network; Training; Staffing. CC4C Management - Outreach; Population Identification; Assessment, Care Plans and Risk Stratifications; Interventions; Integration with Health Care Provider; Collaboration with Local Community Care Network; Training; Staffing.

FINANCIAL IMPACT STATEMENT:

(What is the cost? Where is the money coming from? Optional or mandated?)

Mandated services. Medicaid funds. The average Per Member Per Month payments are approximately \$23,108 per month. This amount may vary based on the monthly County Medicaid population as determined by the State. _____

SUPPORTING ATTACHMENTS: YES NO _____ HOW MANY? 2

LIST: Network and Local Health Dept Agreement _____

Memo from State Health Director & Executive Director,
CCNC _____

If yes, one ORIGINAL ATTACHMENT, and 14 copies, copied front and back side of pages, stapled and three-hole punched must accompany the agenda request

PowerPoint Presentation: YES _____ NO

PERSON MAKING PRESENTATION AT MEETING: Carmine Rocco

TITLE: Health Director _____

PHONE NUMBER: 452-6675

E-MAIL: crocco@haywoodnc.net

THIS SECTION FOR OFFICE USE ONLY

Received (Date/Time): _____

County Manager / Clerk to the Board Comments: _____

In an effort to save paper, attachments should be copied on both front and back sides.



To: Local Health Directors
Local CCNC Network Directors

From: Jeffrey P. Engel, MD, State Health Director, NC Division of Public Health
Torlen Wade, Executive Director, Community Care of North Carolina

Date: August 22, 2011

Subject: New contracts between local CCNC networks and local health departments for
Pregnancy Care Management and Care Coordination for Children

A handwritten signature in black ink, appearing to read "Engel", is written over the name Jeffrey P. Engel in the "From:" field.

Thank you for your support of this collaboration between CCNC and Public Health. This partnership effort requires a strong commitment by CCNC, DPH and Local Health Directors to improve the quality of care for high risk pregnant women and children while reducing costs. Together, we are responsible for assuring that all of these funds are utilized to support the achievement of our performance metrics.

We are embarking on a rapid transition from a fee-for-service to a pmpm financing approach while at the same time changing our service delivery approach for prenatal care and children at risk to an integrated model. This can only be successfully achieved by combining the talents and resources of CCNC and Public Health. This new approach requires that we learn to work together in new ways. At the state level, public health and CCNC network staff are working together to provide consultation, technical assistance and training. There is also a regular monthly meeting between the leadership of CCNC and DPH to assure ongoing communication is in place to address major policy or program challenges. We appreciate the commitment of CCNC networks and local health departments who are embracing these changes.

As we continue down this path there will be a change in the way local health departments receive their Medicaid payments. For the first 6 months DPH made the Medicaid payments to health departments on behalf of CCNC. Beginning in September, the Medicaid payments for these services will come directly from the local CCNC network. This change also requires that each network execute a new contract with each local health department. This change, however, does not change the responsibility of the public health system to assure that a statewide system of care coordination services is in place, to work in partnership with CCNC, to achieve mutually agreed upon performance metrics.

The contract process includes the submission of a budget showing how the funds will be used to support the program. CCNC Network Staff and the Division of Public Health will continue to provide ongoing training, consultation, and monitoring for both services, as CCNC and DPH work in partnership to support the implementation and success of the new models. The new contract template is attached. It is consistent with similar contracts routinely used throughout the CCNC network.

Beginning with the September monthly funding payment for Pregnancy Care Management and Care Coordination for Children, the pure "per member per month" funding structure will be in effect. An overview of this funding structure includes the following elements:

- The monthly payment is determined by a count of the base population which takes place at the end of the month prior to the month of the payment.
- For Pregnancy Care Management, the base population is female Medicaid recipients ages 14-44; the count includes recipients on presumptive eligibility status. The PMPM rate is \$5.22 per recipient in this population.
- For CC4C, the base population is Medicaid recipients ages birth to <5. The PMPM rate is \$4.80 per recipient in this population.
- The base population is not the target population for services; each program has criteria defining which Medicaid recipients are included in the target population for care management services.
- The monthly payment goes to each CCNC network on the second checkwrite of the month.
- CCNC receives a system-generated report from DMA that lists the population count and payment amount for each program for each county. CCNC can use this information to create a payment statement for each local health department that shows the population count and payment amount for each program locally.
- The monthly payment for care management services will come from the local CCNC network. The network and local health department will need to share local account information to enable the electronic transfer of funds.
- There will be minor fluctuations in the payment amount each month, as the number of people in the base population on the Medicaid eligibility file varies from month to month.
- To create an annual budget, the local health department should use the figures from the September projections, multiplied by 12 months.
- There are two separate budgets that will be a part of the contract – one for Pregnancy Care Management and one for Care Coordination for Children. Funds received for Pregnancy Care Management can only be spent on Pregnancy Care Management services. Funds received for Care Coordination for Children can only be spent on the Care Coordination for Children Program.

Again, thank you for all of your efforts thus far.

cc: Kevin Ryan
Danny Staley
Dennis Williams
Denise Levis
Carol Tant
Belinda Pettiford
Marshall Tyson
Vienna Barger
Kate Berrien
Cheryl Lowe
Carolyn Sexton
DPH WHB Regional Social Work Consultants
DPH WHB Regional Nurse Consultants
DPH C&Y Branch Regional Child Health Consultants
CCNC OB Coordinators

NETWORK AND LOCAL HEALTH DEPARTMENT AGREEMENT

THIS AGREEMENT ("Agreement") is made and entered into as of September 1, 2011 by and between the AccessCare ("Network"), with its principal place of business at 3000 Aerial Center Parkway, Suite 101, Morrisville, North Carolina, and Haywood County Health Department ("Contractor") with its principal place of business at 2177 Asheville Road, Waynesville, NC 28786.

WHEREAS, the Network is a nonprofit corporation serving the public good and providing population management activities to target populations, including the Medicaid population; and

WHEREAS, the Contractor has the expertise and knowledge to assist the Networks in the implementation of a Pregnancy Care Management program and a Care Coordination for Children (CC4C) program, both targeting the high risk and high cost Medicaid population, and

WHEREAS, the Network desires to engage the Contractor to provide certain services, pursuant to the terms and conditions stated in this Agreement;

NOW, THEREFORE, in consideration of the foregoing and the mutual promises and covenants herein contained, the parties agree as follows:

1. Services to be Rendered. Contractor agrees to provide the services, specifically delivery of Pregnancy Care Management and Care Coordination for Children programs, set forth in "Exhibit A" attached hereto and incorporated herein by reference. As part of the services Contractor is agreeing to provide for Network pursuant to this Agreement, in addition to the services set forth on "Exhibit A," Contractor also agrees to cooperate with Network, and provide such information, documentation and other assistance as is necessary, during and for any and all audits of programs or projects for which Contractor has provided services, including, but not limited to, internal audits, independent audits and government audits, and Contractor's obligation in this respect shall extend and exist for five years after termination of this Agreement. Contractor also agrees to be evaluated on their performance as set forth in "Exhibit B" attached hereto and incorporated herein by reference.

2. Contractor's Performance. All services provided and work done by Contractor shall be of the highest professional standard and shall be oriented toward achieving the performance metrics outlined in "Exhibit B". Network will utilize administrative data, including Medicaid claims, vital records, data captured from the Community Care Case Management Information System, and other sources, to evaluate Contractor's performance. Network will collaborate with the Division of Public Health to address concerns about Contractor's performance by working jointly with Division of Public Health personnel designated to support these services. Contractor is required to complete internal monthly performance monitoring of services described in "Exhibit A". The Division of Public Health will establish a schedule and process for monitoring adherence to program requirements in partnership with Network. In the event that Contractor does not meet performance expectations described in "Exhibit B",

Network will engage the Division of Public Health Pregnancy Care Management and/or Care Coordination for Children consultants to identify strategies to improve performance. Contractor must assure that direct service providers and supervisors have access to computers and to the Internet.

3. Term. The term of this Agreement shall be for a period of 10 months beginning on September 1, 2011 ("initial term"), subject to the termination provisions in Paragraph 16.

4. Relationship of the Parties. The parties expressly understand and agree that in providing its services for Network pursuant to this Agreement, Contractor is an independent contractor, and the Contractor is not an employee, agent or partner of Network or in a joint venture with Network, and nothing in this Agreement shall constitute or be deemed or construed to create an employer-employee relationship, agency relationship, partnership or joint venture between the parties. Contractor acknowledges and agrees that this Agreement in no way limits or proscribes Network's right or ability to engage other persons or entities to provide services similar or identical to those to be provided by Contractor. Likewise, Contractor may perform like services for other entities as long as the provision of such services is not a breach of any provision of this Agreement and does not substantially impair the Contractor's ability to perform services under this Agreement.

5. No Authority to Obligate or Bind Network. Contractor has no authority to make, and shall not make, any promises or representations, whether expressed or implied, on behalf of Network, and Contractor has no authority, and shall not attempt, to obligate or to bind Network.

6. Compliance. Contractor shall comply with all federal, state and local laws regarding business permits, licenses and fees that may be required for Contractor to provide services pursuant to this Agreement. In addition, Contractor shall comply with all federal, state and local laws, ordinances, codes, rules, regulations, and other legal requirements that are applicable to the conduct of its business for purposes of providing services pursuant to this Agreement, including, but not limited to, Title VI and Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, the Age Discrimination in Employment Act, the Health Insurance Portability and Accountability Act of 1996, and regulations promulgated hereunder. To ensure HIPAA compliance, Contractor shall have a signed Informatics Center System Access Agreement in place with Network. Contractor specifically acknowledges that much of the information provided to or acquired by Network or its clients for purposes of the programs or projects for which Contractor will be providing services pursuant to this Agreement is Protected Health Information (PHI) protected by HIPAA. Contractor agrees that any and all subcontractors it uses in providing services pursuant to this Agreement will comply with HIPAA requirements and other applicable laws and regulations in any context as may be necessary.

7. Conflicts of Interest. Contractor shall describe, in writing in advance of its engagement, any actual or potential conflict of interest. Should an actual or potential conflict of interest, or the appearance of a conflict of interest, arise in the course of the Contractor's services for Network, Contractor agrees to immediately notify the Executive Director of

Network in writing of the existence and nature of the actual or potential conflict of interest or appearance of conflict of interest.

8. Related Party Transactions. In addition, Contractor agrees to immediately notify the Executive Director of Network in writing of the existence and nature of any contract to provide or receive services or funds, or any other transaction between Contractor or any of its principals or executives, or any members of their immediate families, and (i) any vendor, employee, consultant or board member of Network, or (ii) any client of Network (i.e., any organization for which Network is providing products or services pursuant to a grant, or any principal, executive, employee or board member of such organization).

9. Reporting. Contractor shall keep Network informed no less frequently than on a quarterly basis as to the status of its services being provided pursuant to this Agreement. Quarterly reporting should include fiscal reporting reflecting actual expenditure relative to the budgets for each program appending to this contract in Exhibits D and E. Should Contractor become aware of or encounter any problems or other matters that might jeopardize Network's business or activities, or might cause Network to miss timelines or deadlines required by or pursuant to a grant, or might otherwise expose Network to any liability, Contractor shall immediately notify Network of such problem or matter.

10. Obligations of Network. Network shall provide to Contractor such information as Network believes is necessary for Contractor to perform its obligations hereunder. Network shall make available a representative to meet regularly with Contractor on a timely basis (as needed) on matters related to Contractor's services hereunder.

11. Compensation and Expenses. Contractor shall be compensated for services provided pursuant to this Agreement. Network receives a per member per month (pmpm) fee from the Division of Medical Assistance for the implementation and support of the Pregnancy Care Management and CC4C programs. The structure of payments from Network to Contractor for these two programs is set forth in "Exhibit C" attached hereto and incorporated herein by reference. Network will issue payment for services on a monthly basis using a per member per month; payment amount will be determined by the count of individuals in the base population for each program. Funds provided by Network to Contractor for services outlined in this contract must be used to support these programs through direct service provision with adequate staffing, supervision of direct service providers, essential equipment, and professional development needed for successful delivery of services. Detailed budgets for these services must be provided in "Exhibit D" for Pregnancy Care Management and "Exhibit E" for CC4C.

12. Federal, State and Local Taxes. Because Contractor engaged as an independent contractor and is not an employee of Network, neither federal, nor North Carolina state, nor local income tax, nor any other payroll tax of any kind, shall be withheld or paid by Network on behalf of Contractor or any of its employees. In accordance with the terms of this Agreement and the understanding of the parties herein, Contractor is not an employee and shall not be treated as an employee with respect to the services provided hereunder for federal or North Carolina tax purposes. With respect to the services provided hereunder Contractor

understands and agrees that Contractor is solely responsible for payment or withholding of income tax, payroll tax and all other taxes in accordance with federal, state and local law, and Contractor further understands and agrees that Contractor is solely responsible for payment or withholding of Social Security (FICA) and unemployment (FUTA) taxes in accordance with all applicable laws. Contractor agrees to indemnify and hold Network harmless from all loss, costs, fines, expenses, penalties, interests, fees (including attorneys fees) and other sums of money Network is required to pay if any state or federal agency determines that Contractor should have been classified as an employee.

13. No Employee Benefits. Because Contractor is engaged as an independent contractor and is not an employee of Network, neither Contractor nor its employees are eligible for, nor entitled to, and shall not participate in, any of Network's health, retirement or other employee benefit plans or fringe benefits.

14. Insurance and Indemnification. Contractor shall maintain insurance of the types and in the amounts typically maintained by businesses of the same type as that of Contractor, including, but not limited to, general liability, malpractice and automobile liability insurance. Contractor agrees to defend, indemnify and hold harmless Network and its officers, directors, employees, members, and its successors and assigns, from and against any and all loss, damage, cost, expense, or liabilities, including attorneys' fees, arising out of, resulting from or occurring in connection with Contractor's services (or failure to provide services) or any breach of non-fulfillment by Contractor of this Agreement or any representation, covenant or agreement herein, but the responsibility for any indemnification provided for herein shall be subject to the condition that the acts so indemnified must first be covered by liability insurance carried by Haywood County with the result that governmental immunity is waived.

15. Network Not Responsible for Workers' Compensation. Because Contractor is engaged as an independent contractor and is not an employee of Network, Network will not provide workers' compensation insurance for Contractor or its employees.

16. Termination. Either party may terminate this Agreement upon 30 days advance written notice to the other party. Notwithstanding the foregoing, Contractor acknowledges that Network's funding for the compensation payable to Contractor for its services provided pursuant to this Agreement will come from the Division of Medical Assistance, a state agency, and Contractor agrees that Network may terminate this Agreement, and Contractor's right or duty to provide further services for Network, immediately or on such other notice as Network in its discretion may deem appropriate, in the event Network's funding for the compensation payable to Contractor for its services expires, ceases or is withdrawn. In addition, Network may terminate this Agreement immediately or on such other notice as Network in its discretion may deem appropriate in the event Contractor materially breaches this Agreement, including, but not limited to, by refusing or otherwise failing to accept or complete program assignments to Network's satisfaction, or engages in dishonest, fraudulent or felonious conduct or other conduct which is materially injurious to Network. Contractor may terminate this Agreement at any time in the event Network materially breaches this Agreement, including, but not limited

to, by refusing or otherwise failing to pay Contractor as required by "Exhibit C." In the event of termination of this Agreement, Contractor shall have no right to any compensation for any services provided, or any reimbursement of any expenses incurred, after the effective date of termination. Notwithstanding the foregoing, if Contractor terminates the Agreement, Network shall have the right, in its discretion, to require Contractor to continue to provide services, as set forth on "Exhibit A," for an interim period of up to an additional ninety (90) days to assure no disruption of services will occur, due to the nature of the services provided and, in such event, compensation payable to Contractor for such interim services will be negotiated for the interim service period, but shall not exceed the rate provided in "Exhibit C."

17. Confidential and Proprietary Information. Except as is necessary in connection with performing services for Network pursuant to this Agreement, Contractor shall not, at any time, during the term of this Agreement or after its termination, disclose or use confidential, copyrighted or proprietary information that belongs to network or its clients or that pertains to the business, business plans, know-how, or concepts and plans under development by Network or its clients, or aid or assist third parties in obtaining or using any such confidential, copyrighted or proprietary information. Confidential Information is any information that belongs to Network or its clients or that pertains to Network's business or its clients' business and is not generally available to the public, competitors or other third parties or readily ascertainable from public sources. Proprietary Information is any information that belongs to Network or its clients or that pertains to Network's business or its clients' business and is copyrighted, licensed, trademarked or protected by other legal means from misappropriation or use by third parties without permission from Network or its clients. In addition, any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Contractor under this Agreement shall be kept confidential and not divulged or made available to any individual or organization without the express prior written approval of Network and its client. Further, the parties specifically agree that all medical and other patient records shall be treated as confidential so as to comply with all state and federal laws and regulations regarding confidentiality of such records. If Confidential or Proprietary Information is sought from Contractor by court order or other mandatory government process, then Contractor shall notify Network and take all reasonably necessary steps to defend against such court order or other mandatory process. These obligations regarding Confidential and Proprietary Information shall not terminate with the termination of this Agreement.

18. Inventions, Ideas, Intellectual Property. Contractor acknowledges and agrees that any and all ideas, concepts, inventions, improvements, discoveries, software, writings, and compositions, whether or not patented or patentable, regardless of the medium or format and whether or not copyrighted or copyrightable, which are conceived, made, developed or reduced to practice by Contractor, individually or jointly with any other person or persons, and which arise from services provided for Network or its clients pursuant to this Agreement, or which relate to Network's business or its clients' business, or which involve use of the equipment, facilities, or time of Network or its clients, (hereafter "Intellectual Properties") shall be the exclusive property of Network or its client, and Contractor shall sign all documents necessary to confirm or perfect the exclusive ownership of such Intellectual Properties by

Network or its client. Contractor agrees to disclose all such Intellectual Properties to Network or its client promptly and fully, and Contractor assigns to Network the entire right, title and interest in and to all such Intellectual Properties. Contractor shall not be entitled to use such Intellectual Properties for its own benefit, or for the benefit of any other person or entity except Network or its client, without the prior written consent of Network and its client.

19. Waiver. The waiver by either party of a breach of any provision of this Agreement shall not operate, or be construed, as a waiver of any subsequent breach.

20. Modification or Amendment. No change, modification or amendment of any term of this Agreement shall be valid unless it is in writing and signed by both Network and Contractor.

21. Binding Effect and Assignment. This Agreement shall be binding upon and enforceable against, and shall inure to the benefit of, the parties hereto and their respective assigns, successors, heirs and legal representatives. This Agreement may be assigned by Network in its discretion, with or without Contractor's written permission. Contractor shall not assign this Agreement or any monies due or to become due hereunder, or subcontract any substantial part of the services to be provided hereunder, without Network's prior written permission. No assignment by Contractor of any right hereunder shall be effective and any such attempt shall be null and void. No third party shall have any right to enforce any right of Contractor under this Agreement.

22. Entire Agreement. This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements or understandings between Network and Contractor.

23. Governing Law. This Agreement shall be governed by, and construed and enforced in accordance with, the laws of the State of North Carolina.

24. Severability. In the event that any one or more of the provisions, or parts of provisions, of this Agreement shall be held by a court of competent jurisdiction to be invalid, illegal, or unenforceable in any respect for any reason, such invalid, illegal or unenforceable provision, or part of provision, shall not affect any other provisions, or parts of provisions, in this Agreement, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision, or part of provision, had never been contained herein and this Agreement and all other provisions, and parts of provisions, herein shall continue in full force and effect. In addition, if a court of competent jurisdiction finds any of the covenants or provisions of this Agreement to be unenforceable as written, the parties authorize such court to reduce, limit, modify or reform such covenant or provision to make it reasonable and enforceable.

25. Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have set their hands all as of the day and year first above written.

AccessCare

Haywood County Health Department

By: _____

By: _____

Print: John J. Bristol

Print: Mr. Carmine Rocco

Title: Vice President, Business

Title: Health Director

Federal Tax I.D. # : ____ 56600-1524

Address:

Address:

3000 Aerial Center Parkway

2177 Asheville Road

Suite 101

Morrisville, NC 27560

Waynesville, NC 28786

Primary Contact Information:

Primary Contact Information:

Name: John J. Bristol

Name: ____ Carmine Rocco _____

Telephone #: 919-380-9962 x103

Telephone #: 828-452-6675 _____

Email: jbristol@ncaccesscare.org

Email: crocco@haywoodnc.net _____

EXHIBIT A – SERVICES TO BE PROVIDED

Contractor is responsible for providing the following services to support **Pregnancy Care Management and Care Coordination for Children (CC4C)**:

A. Pregnancy Care Management

1. Outreach

- Refer potentially Medicaid-eligible pregnant women to prenatal care and Medicaid eligibility determination.
- Contact patients identified as having a priority risk factor through claims data (Emergency Department utilization, antepartum hospitalization, utilization of Labor & Delivery triage unit) for referral to prenatal care and assess for care management need.

2. Population Identification

- Review and enter all initial and follow-up pregnancy risk screenings received from PMHs covered by the pregnancy care managers into the Case Management Information System (CMIS) within seven business days of receipt of risk screening forms.
- Utilize risk screening data and provider referrals to develop strategies to meet the needs of those patients at highest risk for poor pregnancy outcome.
- Accept pregnancy care management referrals from non-PMH prenatal care providers, community referral sources, and patient self referral, and provide appropriate assessment and follow up to those patients based on the level of need.
- Review CCNC data reports as appropriate and available identifying additional pregnancy risk status data.

3. Assessment and Risk Stratification

- Conduct a thorough assessment by review of claims history and medical record, patient interview, case review with prenatal care provider and other methods, on all recipients with one or more priority risk factors on initial or follow-up risk screenings and all recipients directly referred for care management for level of need for care management support. Document assessment findings in CMIS. Assessment should be continually updated as new information is obtained.
- Assign intensity levels as outlined according to program guidelines, based on level of patient need.

4. Interventions

- Provide care management services in accordance with program guidelines utilizing those interventions that are most effective in engaging patients and meeting their needs, including telephone outreach, practice encounters, home visits, and/or other interventions needed to achieve care plan goals.
- Provide care management services based upon level of need as determined through ongoing assessment of the patient.
- Develop patient-centered care plans and document key activities within CMIS.
- Identify community resources available to meet the specific needs of the population.

- Refer identified population to childbirth education, oral health, behavioral health or other needed services reimbursed by Medicaid.
 - Refer identified population to community resources including: lactation, parenting, and other supportive services and classes as available in the community.
5. Integration with health care provider
- Assign specific care managers to cover each PMH within the county or serving residents of the county and establish a cooperative working relationship and methods of ongoing communication with the PMH.
 - Assure the assigned care manager participates in relevant PMH meetings.
 - Assess and follow-up on compliance with prenatal care plan and other needed clinical services.
 - Ensure changes in status and compliance with care are communicated to the PMH and other appropriate providers.
 - Provide education about the importance of and assistance with the scheduling of postpartum visits.
 - Support 17P treatment through regular outreach and education to patients on 17P treatment and assist patients in arranging to receive 17P injections in accordance with best practices.
 - Arrange transition from the PMH to a primary care medical home for recipients who continue to remain and/or become eligible for Medicaid beyond the postpartum period.
6. Collaboration with local Network
- Work with the local Community Care Network Pregnancy Home Coordinator to ensure program goals are met. See Exhibit B for performance measures for Pregnancy Care Management.
 - Review and monitor Community Care and/or NCCCN, Inc. reports created for the PMH program to determine individuals at greatest risk.
 - Communicate with local Community Care network regarding challenges with cooperation and collaboration with PMH and non-PMH prenatal care providers.
 - Participate in pregnancy care management and other relevant meetings at the local Network.
7. Training
- Pregnancy care managers and their supervisors shall attend pregnancy care management training offered by the Network, the Division of Public Health and/or NCCCN, Inc.
 - Pregnancy care managers and their supervisors shall attend continuing education sessions coordinated by the Network, the Division of Public Health and/or NCCCN, Inc.
8. Staffing
- Employ pregnancy care managers meeting care management competencies defined by the Division of Public Health and CCNC and with one of the following qualifications: registered nurses; social workers with a bachelor or master degree in social work from an accredited social work degree program; and for those hired

prior to September 1, 2011, others with a bachelor or master degree in a human services field from an accredited college or university program.

- Provide qualified supervision and support for pregnancy care managers to ensure that all activities are designed to meet performance measures, with supervision to include: provision of program updates to care managers, daily availability for case consultation and caseload oversight, regular meetings with direct service care management staff, and utilization of monthly and on-demand CMIS reports to actively assess individual care manager performance.
- Engage care managers who operate with a high level of professionalism and possess an appropriate mix of skills needed to work effectively with a pregnant population at high risk for poor birth outcome. This skill mix should reflect the capacity to address the needs of patients with both medically and socially complex conditions. Staffing decisions should reflect an effort to achieve a balance of nursing and social work skills among program staff.

B. Care Coordination for Children

1. Outreach

- Care managers, in addition to other health department staff, are responsible to educate patients, medical homes and community organizations on the benefits of the program.
- Contact patients identified as having a priority risk factor through claims data analysis or through the CC4C Referral Form.
- Care managers will identify community resources available to meet the specific needs of the population (resource manual).

2. Population Identification

- Care managers will use data summaries and reports created by NCCCN, Inc. to identify those individuals at greatest risk.
- Utilize the CC4C Referral Form, provider referrals and children identified through claims data analysis as high cost, high users of services to develop strategies to meet the needs of those children at highest risk for poor outcomes.
- Utilize information entered into CMIS (Case Management Information System), such as care plans and assessments, to identify children needing additional interventions.

3. Assessment, Care Plans and Risk Stratifications

- Complete and enter into CMIS assessments and care plans on all children receiving care coordination.
- The assessment includes the following elements: family status and home environment; medical/behavioral/dental health status; social supports; financial needs; family demands, relationships, and functioning (Life Skills Progression); cultural beliefs and values; strengths/assets of child, family caregivers; and current goals for the child and family.
- Care plans will include goals and expected outcomes.
- Risk stratification will be used to determine the services needed.
- Family progress will be addressed and documented using the Life Skills Progression instrument.
- Establish processes to support the case coordination of those in the identified population, based upon risk stratification guidelines.

4. Interventions

- Provide care coordination services in accordance with the care plan and service pathways utilizing those interventions that are most effective in engaging patients and meeting their needs, including telephone outreach, practice encounters, home visits, and/or other interventions needed to achieve care plan goals.
- Provide care coordination services based upon level of need as determined through the assessment and care planning process.
- Develop patient-centered care plans and document all activities within CMIS.
- Identify local community resources available to meet the specific needs of the population.
- Refer identified population to relevant education, oral health, behavioral health or other needed services reimbursed by Medicaid.
- Refer target high risk population to relevant community resources.
- Refer clients to evidence-based parenting programs and other services as appropriate.
- Work with medical homes to assure smooth transitions among and across care settings as needed (e.g. hospital to community) and to develop action oriented care plans as appropriate (including self-management skill building).

5. Integration with Health Care Provider

- Assign specific care managers to cover medical homes (PCPs) serving children within the county or serving residents of the county.
- Assess and follow-up on compliance with needed clinical services and developmental screenings.
- Ensure changes in status and compliance with care are communicated to the medical home/PCP and other appropriate providers.
- Provide education about the importance of and assistance with the scheduling of PCP visits and having a medical home.

6. Collaboration with Local Community Care Network

- Work with the local Community Care network to ensure program goals are met. See Attachment B regarding performance measures for CC4C.
- Review and monitor reports created for the CC4C program to determine individuals at greatest risk and opportunities for quality improvement.
- Communicate with local network regarding challenges with cooperation and collaboration with PCP and non-PCP related services.

7. Training

- Care managers and their supervisors shall attend CC4C and CMIS trainings offered by the Division of Public Health and NCCCN, Inc.
- Care managers and their supervisors shall attend continuing education sessions coordinated by the Division of Public Health and NCCCN, Inc.

8. Staffing

- Employ CC4C care managers meeting care and case coordination competencies defined by the Division of Public Health and CCNC who have one of the following qualifications: registered nurses; social workers with a bachelor or master degree in

social work from an accredited social work degree program; or, for those hired prior to September 1, 2011, others with a bachelor or master degree in a human services field from an accredited college or university program.

- Provide qualified supervision and support for CC4C care managers to ensure that all activities are designed to meet performance measures, with supervision to include: provision of program updates to care managers, daily availability for case consultation and caseload oversight, regular meetings with direct service care management staff, and utilization of monthly and on-demand CMIS reports to actively assess individual care manager performance.
- Engage care managers who operate with a high level of professionalism and possess an appropriate mix of skills needed to work effectively with high risk children. This skill mix should reflect the capacity to address the needs of patients with both medically and socially complex conditions. Staffing decisions should reflect an effort to achieve a balance of nursing and social work skills among program staff.

EXHIBIT B – PERFORMANCE MEASURES

The following performance metrics are the same performance expectations that the Division of Medical Assistance is requiring of CCNC in the contract with the Community Care Networks for the OB CM and CC4C programs.

Pregnancy Care Management:

1. Increase the risk screenings entered into CMIS.
Baseline year is SFY2012.
Target:
 - 3% improvement from baseline rate by end of SFY2013, or 95%, whichever is lower.
2. Increase the number of pregnant women meeting CCNC priority criteria who receive the pregnancy assessment.
Baseline year is SFY2012.
Target:
 - 3% improvement from baseline rate by end of SFY2013, or 95%, whichever is lower.
3. Increase the postpartum visit rate for PMH patients who receive pregnancy care management services or whose infant was admitted to the NICU.
Baseline year is SFY2012.
Target:
 - 3% improvement in baseline rate by end of SFY2013.
4. Increase percent of women who receive 100% of the 17P injections they are eligible to receive.
Baseline year is SFY2012.
Target:
 - 5% improvement from baseline rate by end of SFY2013, or 90%, whichever is lower.
5. Increase the percent of PMH patients, who receive pregnancy care management services, referred for Family Planning Waiver or full Medicaid coverage until achieving 95%.
Baseline year is SFY2012.
Target:
 - Increase percent from baseline rate by end of SFY2013 until achieving 95%.

Care Coordination for Children (CC4C)

1. Increase in NICU graduates who have their first PCP visit within one month of discharge.
Baseline year is SFY2011.
Target:
 - 3 percent increase from baseline rate by end of SFY2012, or 95%, whichever is lower
 - 6 percent increase from baseline rate by end of SFY2013, or 95%, whichever is lower

2. Reduce the rate of hospital admissions for children birth to <5.
Baseline year is SFY2011.
Target:
 - 3 percent reduction from baseline rate by end of SFY2012
 - 6 percent reduction from baseline rate by end of SFY2013

3. Decrease the rate of readmissions for children birth to <5.
Baseline year is SFY2011.
Target:
 - 3 percent decrease from baseline rate by end of SFY2012
 - 6 percent decrease from baseline rate by end of SFY2013

4. Reduce the rate of ED visits for children birth to <5.
Baseline year is SFY2011.
Target:
 - 3 percent reduction from baseline rate by end of SFY2012
 - 6 percent reduction from baseline rate by end of SFY2013

5. Increase the percent of comprehensive assessments completed for CC4C patients identified as having a priority.
Baseline year is SFY2012.
Target:
 - 3 percent increase from baseline rate by end of SFY2013, or 95%, whichever is lower.

6. Increase Life Skills Progression assessments on children receiving care coordination through CC4C on entry into the system, every six (6) months thereafter and/or upon closure to LSP follow-up.
Baseline year is SFY2012.
Target:
 - 3 percent increase from baseline rate by end of SFY2013, or 95%, whichever is lower.

EXHIBIT C – COMPENSATION / PAYMENT TO CONTRACTOR FOR SERVICES

Compensation to Contractor for the Services provided pursuant to the terms of the Agreement effective September 1st, 2011 by and between AccessCare and Haywood County Health Department for Pregnancy Care Management and Care Coordination for Children services shall be paid according to the following:

For Pregnancy Care Management:

The per member/per month payment for Pregnancy Care Management is \$5.22 and is based on female Medicaid recipients aged 14-44.

- The numbers and pmpm will be determined monthly at a county level. Networks will receive the pmpm for the counties that participate in their network and will make payments to each county within the network according to the base population in that county.

For Care Coordination for Children:

The per member/per month payment for CC4C is \$4.80 and is based on Medicaid recipients from birth to age 5.

- The numbers and pmpm will be determined monthly at a county level. Networks will receive the pmpm for the counties that participate in their network and will make payments to each county within the network according to the base population in that county.

EXHIBIT D – CONTRACTOR BUDGET FOR USE OF FUNDS FOR PREGNANCY CARE MANAGEMENT (attached)

**EXHIBIT E – CONTRACTOR BUDGET FOR USE OF FUNDS FOR CARE
COORDINATION FOR CHILDREN (attached)**