

Addendum One to Care Coordination Agreement for Children's Special Health Care Services (CSHCS) Between

Genesee County Health Department and <INSERT>, Inc.

This Addendum to the Care Coordination Agreement between Genesee County Health Department (GCHD), in Flint, Michigan <INSERT> a Medicaid Health Plan (MHP), operating in **Flint**, Michigan is effective as of the 1st day of October, 2012 through September 30, 2013. This addendum is done for the clarification of the non-duplicated Medicaid services that will be provided by the Genesee County Health Department.

FOR GOOD AND VALUABLE CONSIDERATION, THE UNDERSIGNED PARTIES HEREBY AGREE TO THE FOLLOWING:

The Medicaid Health Plan's Responsibilities Include:

- ❖ MHP will provide monthly to Genesee County CSHCS a MHP membership list, to include the client name, date of birth, address, and phone number, parent/guardian name and identification number, within 60 days of member enrollment. This list will be provided by the 15th of each month.
- ❖ MHP will share completed care plans of Genesee County CSHCS/MHP enrollees within 15 working days of plan completion.
- ❖ MHP will provide case management for complex care cases and will share the plan of care with GCHD upon referral of clients/families requesting or needing additional Local Health Department services.
- ❖ MHP will provide coordination of transportation benefits related to Medicaid covered services.
- ❖ MHP will provide coordination of benefits such as: pharmacy services, DME, and other covered provider services.

GCHD Responsibilities Include:

- ❖ GCHD will provide outreach, advocacy and assessment of MHP clients via telephone, home or home-like setting.
- ❖ GCHD will provide the appropriate community service/resource referrals for CSHCS/MHP clients as well as provide ongoing educational service support.
- ❖ GCHD will make three documented attempts to contact CSHCS/MHP clients or members within 15 working days of receiving membership list, one attempt will be by letter and two by telephone.
- ❖ GCHD will complete a Plan of Care (POC) on members with identified needs and who have agreed to participate.
- ❖ GCHD will share with MHP upon request, the member's POC documents completed within the past 12 months or within 15 working days of POC completion on new enrollees.
- ❖ The GCHD POC document will include a disclaimer: "Recommendations do not guarantee coverage by your Medicaid Health Plan".

Genesee County Contact person for the Children Special Health Care Services program is: Bonnie Childs, Nursing Supervisor (810) 257-3619 and bchilds@gchd.us.

No other terms or conditions of the Agreement are changed as a result of this addendum.