

Local Health Department (LHD) and Medicaid Health Plan (MHP)  
Care Coordination Agreement for Children's Special Health Care Services (CSHCS)

This agreement is made and entered into 1<sup>st</sup> day of February, in the year 2025 by and between Blue Cross Complete (Health plan) and Genesee County Health Department (LHD).

**A. Legal Basis**

Whereas, P.A. 200 of 2012 requires the Michigan Department of Health and Human Services (MDHHS) to enroll children eligible for Children's Special Health Care Services (CSHCS) and Medicaid into health plans on a capitated basis; and

Whereas, Medicaid-covered CSHCS services will be provided through arrangements between the MDHHS, (name of health plan) and (name of local health department); and

Whereas, Medicaid Health Plan (MHPs) are required by the Michigan Department of Technology, Management and Budget (DTMB) Medicaid Health Plan contract, to establish and maintain coordination of care agreements with all LHDS in the plans service area;

Whereas, LHDs are required by the MDHHS/CSHCS contract, to establish and maintain coordination of care agreements with all MHPs in their jurisdiction;

Now, therefore, the MHP and the LHD agree as follows:

**B. Term of Agreement**

This agreement will be effective February 1st in the year 2025. Agreement will be subject to amendment due to changes in the contracts between DTMB and the MHP or between the MDHHS and the LHD.

This agreement is in effect upon execution and automatically renews every fiscal year unless and until terminated. Either party may cancel the agreement upon 30 days written notice to MDHHS and the other party.

**C. Purpose and Administration**

CSHCS Medicaid enrollees qualify for the provision of benefits described in the CSHCS program requirements and covered in the MHP contract. The purpose of establishing a care coordination agreement between the MHP and the LHD is to ensure service coordination and continuity of care for persons receiving services from both organizations. The explicit intent of this agreement is to describe the services to be coordinated and the essential aspects of collaboration between the MHP and LHD.

As required by the CSHCS section of the DTMB/MHP and the MDHHS/LHD CSHCS contract, coordination of care agreements with the LHDs in the MHPs' service area will be available for review upon request from the MDHHS.

**D. Areas of Responsibility**

Mutually Served Consumers

All CSHCS enrollees qualify for LHD services. This agreement refers to MHP enrollees who also qualify for CSHCS services. The intent of establishing a written agreement between the MHP and the LHD is to ensure services coordination and continuity of care for persons receiving services from both organizations.

Services Provided by MHP

The MHP provides Medicaid covered services to enrollees as required by the MHP contract with the DTMB. These services include, but are not limited to:

- The MHP provide assessments, case management and care coordination services. The MHP will notify enrollees of the availability of LHD services.
- The MHP provides referral to the LHD for enrollees who require assistance with resources at the local level or request LHD services. Referrals can be made by letter, fax, electronically secure transmission, or by telephone.
- The MHP establishes a process with the LHD to ensure communication on assessment, plan of care, care coordination, and updates to coordination services.
- The MHP provides transportation to all Medicaid Covered services when requested by a client in accordance with the State CHCP contract.
- The MHP assists CSHCS enrollees with the renewal process starting 6 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The MHP notifies new plan enrollees when they submit medical documentation to the State. This should be done within 7 business days.
- The MHP assists plan enrollees with the transition to adult care and help identify adult specialty care providers appropriate for the client's condition(s).
- The MHP shall regularly provide contact information for Nurse Case Managers to each LHD in the MHP's service area. The method for sharing information shall be agreed upon by the organizations.

#### Services Provided by LHD

The LHD provides services to children enrolled in an MHP for the CSHCS Program, as required by LHD Comprehensive Agreement. These services include, but are not limited to:

- LHD staff provide ongoing educational and community resources in the local community to assist with the unique circumstances of the enrollee.
- The LHD provides the following services for the CSHCS enrollees in collaboration with the MHP and according to the process established with the MHP to prevent duplication of services:
  - Outreach and assessment
  - Plan of care development
  - Care coordination including assisting with health, social, educational or other support services
  - Facilitating transitional services for enrollees at age 21 with the appropriate MHP
  - Assistance with Children with Special Needs (CSN) Fund applications
  - Referral to community services
- The LHD assists CSHCS enrollees with the renewal process starting 3 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The LHD assists CSHCS enrollees with navigating any health system related challenges, including collaborating with the MHPs to address any client concerns.
- The LHD shall regularly provide contact information for all LHD CSHCS staff to each MHP that serves the county. The method for sharing information shall be agreed upon by the organizations.

#### **E. Care Coordination**

Beneficiaries enrolled in both the Children's Special Health Care Services (CSHCS) and Medicaid programs may qualify for care coordination and case management services offered by both the local health department (LHD) and the Medicaid Health Plan (MHP). These services are designed to support individuals with complex health needs by ensuring they receive comprehensive and integrated care.

It is essential that the LHD and MHP collaborate closely in managing these beneficiaries' care. By coordinating their efforts, MHPS and LHDs can effectively address each individual's unique needs while avoiding any overlap in services. This not only enhances the quality of care provided but also streamlines the process for beneficiaries, making it easier for them to access necessary services without confusion or redundancy.

Through this collaboration, the LHD and MHP should share information, develop complementary care plans, and track service delivery. This ensures that all aspects of a beneficiary's health, including social determinants of health, are addressed in a holistic manner, ultimately leading to better health outcomes and improved satisfaction for those receiving care.

Both parties agree to establish a process to communicate on a regular basis; to review and update the plans of care; and report the status of mutually served consumers. Both parties will collaborate on an effective means of communicating the need for individual referrals.

#### **F. Quality Improvement**

Both parties agree to the mechanisms in place to conduct Quality Improvement activities to monitor the coordination of services. The LHD and the MHP shall participate in Quality Improvement Programs established by MDHHS and provide data as requested to improve the quality of care for children with special health care needs.

#### **G. Complaints, Grievance and Appeals**

The MHP and the LHD will share their grievance and appeal processes and appropriate contact information with each other.

The LHD is required to direct enrollees to MHP's grievance and appeal process as appropriate. The MHP is required to direct enrollees to the LHD's grievance and appeal process as appropriate.

The MHPs are required to report complaints, grievances and appeals to MDHHS. MDHHS/Managed Care Plan Division oversees quality assurance, monitors compliance and requires corrective action as needed.

#### **H. Dispute Resolution**

Both parties agree to participate in a dispute resolution process in the event that the MHP or the LHD contests a decision or action by the other party related to the terms of this agreement.

The dispute resolution process should include:

- Request to the other party for reconsideration of the disputed decision or action.
- Appeal to MDHHS regarding a disputed decision by an MHP, or for a disputed decision by an LHD.

#### **I. Governing Laws**

Both parties agree that performance under this agreement will be conducted in compliance with all federal, state, and local laws, regulations, guidelines, and directives.

**J. Signature**

Signatures below designate the person who has authority to administer this agreement.

**LOCAL HEALTH DEPARTMENT**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Business Address**

\_\_\_\_\_  
**Business Telephone**

**MEDICAID HEALTH PLAN**

\_\_\_\_\_  
**Signature**

Donald Beam, MD

\_\_\_\_\_  
**Printed Name**

Chief Medical Officer

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

4000 Town Center Dr; Suite  
1300, Southfield, MI 48075

\_\_\_\_\_  
**Business Address**

\_\_\_\_\_  
**Business Telephone**