SECTION .0700 – COUNTY DISENGAGEMENT FROM A LOCAL MANAGEMENT ENTITY-MANAGED CARE ORGANIZATION

10A NCAC 26C .0701  SCOPE
A county seeking to disengage from a Local Management Entity-Managed Care Organization (LME-MCO) and align with another LME-MCO operating under a Medicaid waiver shall first obtain the approval of the Secretary of the Department of Health and Human Services (DHHS) in accordance with the rules of this Section.

History Note:  Authority G.S. 122C-115;  

10A NCAC 26C .0702  COUNTY REQUEST TO DISENGAGE FROM A LOCAL MANAGEMENT ENTITY-MANAGED CARE ORGANIZATION
(a) A county seeking to disengage from an LME-MCO shall provide written notice of its intent to disengage from an LME-MCO to the Secretary, the Co-Chairs of the Joint Legislative Oversight Committee on Health and Human Services, and affected counties a minimum of nine months prior to the proposed effective date of disengagement.
(b) A county seeking to disengage from an LME-MCO shall publish its plan for disengagement on its website, and the website of the LME-MCO with which it seeks to align.
(c) The county seeking to disengage from an LME-MCO shall accept public comments on its disengagement plan for a minimum of 60 calendar days. The county shall solicit comments from consumers, advocates, self-advocates, and State and Local Consumer and Family Advisory Committees (CFACs) using locally established communication methods, such as mailings, routine stakeholder meetings, press releases, and social media messages, and shall post the public comments on its website for a minimum of 30 calendar days.
(d) A county seeking to disengage from an LME-MCO and realign with a different LME-MCO operating a Medicaid waiver shall provide written documentation of the following to the Secretary, which shall constitute its written request to disengage:
   (1) Approval of its disengagement plan by its Board of County Commissioners which reflects the date of the approval and that the approval was by majority vote;
   (2) A written plan, approved by its Board of County Commissioners, to ensure continuity of services during the transition which includes written notice to the provider agencies with which the LME-MCO contracts;
   (3) A written plan, approved by its Board of County Commissioners, which provides for distribution of real property, where appropriate, and reflects title to the same;
   (4) Approval of the Area Board, by majority vote, of the LME-MCO with which it is seeking to realign;
   (5) Evidence of written notice to the other counties who are also members of the LME-MCO from which the county is seeking disengagement;
   (6) Evidence of its written notice to the providers impacted by its decision to disengage;
   (7) Evidence of its compliance with the population requirements of G.S. 122C-115(a);
   (8) Evidence of its financial liabilities to the LME-MCO from which it is seeking to disengage within 30 calendar days of the request to disengage; and
   (9) Documentation of its compliance with Paragraphs (a) through (c) of this Rule.

History Note:  Authority G.S. 122C-115;  

10A NCAC 26C .0703  SECRETARY RESPONSE TO COUNTY REQUESTS TO DISENGAGE FROM A LOCAL MANAGEMENT ENTITY-MANAGED CARE ORGANIZATION
(a) Upon written request by a county seeking to disengage from an LME-MCO, the Secretary may waive the nine month requirement set forth in Rule .0702(a) of this Section upon consideration of the following factors:
   (1) the impact of delay upon consumers currently served in the county seeking to disengage;
   (2) the financial vulnerability of the LME-MCO from which disengagement is sought; and
   (3) any substantiated evidence of criminal activity or malfeasance on the part of the LME-MCO from which disengagement is sought.
(b) The Secretary shall consider the following in deciding whether to approve a county request to disengage from an LME-MCO and realign with a different LME-MCO operating under a Medicaid waiver:
(1) the impact to and public comments received from consumers, advocates, self-advocates, and State and Local CFACs within the county in response to Rule .0702(c) of this Section;
(2) the county's plan for disengagement from one LME-MCO and realignment with a different LME-MCO;
(3) the county's plan to ensure continuity of services during the disengagement and realignment phase;
(4) whether the county has complied with the requirements of Rule .0702 of this Section;
(5) whether the county is contiguous to the catchment area of the LME-MCO with which it is requesting to align;
(6) the timing of the request and whether the disengagement will conflict with setting capitation rates;
(7) whether the disengagement will impact the financial viability of the LME-MCO from which the county is seeking to disengage;
(8) whether the disengagement and realignment will ensure compliance with the population requirements of G.S. 122C-115(a);
(9) whether the disengagement and realignment will impact the stability, as a whole, of the State's healthcare system;
(10) how the disengagement and realignment will affect the quality, variety, and amount of services for the clients, as defined in G.S. 122C-3, in the subject county; and
(11) the operational alignment of the county within the context of the LME-MCO disengagement related to geography, service delivery, and demonstrated provision of whole-person centered care.

(c) The Secretary shall issue a written decision to approve or deny the request for disengagement and realignment within 90 calendar days of receipt.
(d) The Secretary may approve the request as submitted or set conditions upon its issuance based upon consideration of the factors set forth in Paragraph (b) this Rule.
(e) The Secretary shall notify the following of the decision to approve or deny a county request for disengagement and realignment:

(1) The Board of County Commissioners of the county seeking to disengage;
(2) The Boards of County Commissioners of the counties of the LME-MCO with which realignment is requested;
(3) The LME-MCO from which disengagement is sought;
(4) The LME-MCO with which realignment is requested; and
(5) The Co-Chairs of the Joint Legislative Oversight Committee on Health and Human Services.

History Note: Authority G.S. 122C-115;