

Operational Guide for a Coordinated Response to the Sudden Closure of an Adult Residential Care Facility

- Protecting the Interests of Residents -



N.C. Department of Health and Human Services
November, 2013



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

November 1, 2013

Dear Colleagues:

Early this year, residents in a few adult residential care facilities that we license and regulate were suddenly faced with losing their housing due to the unexpected closure of those facilities. Although rules developed by the state provide orderly processes for closure – including a 30-day notice – those steps were not followed by the facilities in this case, putting vulnerable individuals at risk.

We are fortunate that appropriate and swift action was taken by the involved county Departments of Social Services, the Local Management Entities/Managed Care Organizations, and the Regional Long-Term Care Ombudsmen. The well-being and interests of the affected residents were protected and new living arrangements were quickly secured.

I responded immediately by asking Dennis Streets, director of the DHHS Division of Aging and Adult Services, to chair a work group to examine how the Department of Health and Human Services can best respond to events like this and take steps to try to prevent them in the future. I want to be sure that our agency provides adequate support to local service agencies so they can help safeguard the well-being of our most vulnerable citizens. I would like to express my great appreciation to experts from across the department and to experienced personnel from local agencies who participated in the Adult Residential Care Work Group. Also contributing were personnel from the State Division of Emergency Management and the Office of the Attorney General. The group examined in detail how best to respond and maximize efforts to benefit residents who may be at risk of losing a place to live. Their months of work resulted in this Operational Guide, which outlines the responsibilities of our various state and local agencies and refines some existing tools.

I want to thank all who served on this group. This effort is a work in progress that will be informed and improved by future occurrences. I welcome any suggestions on how we can further strengthen our collective efforts.

Sincerely,

A handwritten signature in black ink that reads "Aldona Wos, M.D.".

Aldona Z. Wos, M.D.

www.ncdhhs.gov

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Introduction and Background

North Carolina has a vested interest in and responsibility for the health and safety of adults living in licensed residential care facilities, which include family care homes, adult care homes, and supervised living facilities for people with mental illness and intellectual developmental disabilities, commonly called 5600 group homes. Because a fire, hurricane, tornado or other natural occurrence can have an immediate and dramatic effect on the residents of such facilities, the Department of Health and Human Services (DHHS) has long understood the need to be well prepared for assisting local service agencies in the event of such an incident. More recently, DHHS has also seen the importance of its coordinated support of local service agencies when the health and safety of facility residents are placed at risk for other reasons. Most notably, the sudden, unannounced closure of a facility can create uncertainty for residents and their families or other responsible parties, and potentially harm residents in the absence of an immediate and appropriate response. In this guide, these sudden, unannounced closures are referred to as “emergency” closures. In general, an emergency closure is one that occurs without the facility providing the required 30-day notice to residents and the State.

When facility owners and operators themselves are unwilling or unable to take responsibility for managing a well planned closure and disposition of the residents, much of the work can necessarily befall on local agencies who relate to such facilities and their residents in a variety of capacities. DHHS is committed to assisting these local agencies in anticipating and preparing for such possible situations so that they can effectively use their available resources and request assistance as needed. DHHS is also committed to assuring a coordinated response in its provision of assistance to local entities and to holding parties responsible when their actions jeopardize the health and safety of residents.

For many years, North Carolina has relied on licensed residential facilities as a significant part of the array of service options for vulnerable elderly and younger adults with disabilities, including some individuals with mental illness. Some of these facilities are experiencing substantial changes that affect their resident population and funding sources. Among these influences are the changes in Medicaid Personal Care Services (PCS), the State’s settlement with the U.S. Department of Justice on housing and supportive services for persons with serious mental illness (SMI), and the determination of Institutions for Mental Disease (IMD) and the corresponding loss of Medicaid funding. Occurring along with the day-to-day pressures of operating a business, some owners are facing difficult decisions.

If an owner decides that it is no longer feasible to operate the facility or is compelled to terminate the operation based on action by the State (i.e., revocation of license), it is obviously in the best interest of the affected residents that the facility close in a timeframe and manner that permit appropriate actions. Unfortunately, that has not always been the case. The State and counties have experienced licensed residential care facilities that have closed suddenly – with the owners/operators giving less than adequate notice to the residents, their families and other responsible parties, including the State licensure agency, to make alternate care arrangements. Fortunately, the health and safety of residents of these facilities have been protected through the swift and effective actions of the local social services and mental health agencies and appropriate others.

To assure that DHHS is well positioned to anticipate and respond to any such future situations, Secretary Aldona Wos created a work group to learn from past experiences toward strengthening the State’s preparedness and response. At the request of Secretary Wos, Dennis Streets, director of the Division of Aging and Adult Services, led a work group consisting of representatives of all DHHS agencies that have a role in the event of a sudden closure. The group also included personnel from local agencies with experience in responding to such closures.

The work group met over the course of several months to learn from past incidents, identify issues and best practices, clarify and outline roles and responsibilities, and develop needed processes and tools to aid affected state and local agencies.

This guide, which is the result of their work, is designed to establish and manage a coordinated State response to assist local service agencies and authorities in emergency situations where the health and safety of residents are jeopardized, and assure continuity of care and assistance for residents affected in such situations.

Coordinated Response

The Department of Health and Human Services (DHHS) takes seriously any emergency closure of an adult residential care facility that results in the displacement of residents. It realizes that prompt, appropriate and well coordinated actions can make a substantial difference in the efforts of the local agencies that are responding and in the outcome for affected residents. Information about an emergency closure can be received from a variety of sources, including provider self-report and citizen or media complaints. The first step is to verify the emergency closure. The second step is to develop a coordinated response. To facilitate the communications and other actions necessary to a coordinated DHHS response, essential processes and relevant tools have been developed. These are outlined below and included as a fundamental component of this guide.

DHHS Response Hubs

The key structural framework for a well coordinated response is the creation of ad-hoc interdivisional Response Hubs—with one focused on Adult Care Homes and the second on Mental Health Group Homes. The differentiation between these Response Hubs is necessary because of the varied roles and responsibilities that DHHS agencies assume vis-à-vis these two categories of adult residential care facilities. These Hubs are described as ad-hoc because they are intended to be activated only in the event of an emergency facility closure or upon notice of a revocation of license or the deeming of a facility as an IMD.

The principal DHHS agencies involved with the Adult Care Home Hub are: the Division of Health Service Regulation; the Division of Mental Health, Developmental Disabilities and Substance Abuse Services; and the Division of Aging and Adult Services. The local partnering agencies are the Local Management Entities – Managed Care Organizations (LME/MCO), the County Department of Social Services, and the Regional Long Term Care Ombudsman Program (located within the Area Agency on Aging).

The principal DHHS agencies involved with the Mental Health Group Home (5600) Hub are: the Division of Health Service Regulation and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. In addition, the Division of Medical Assistance and the Division of Aging and Adult Services have supportive roles. The principal local partner is the LME/MCO. Neither the County Department of Social Services nor the Regional Long Term Care Ombudsman Program has a direct role with the Mental Health Group Homes.

For each of the Hubs, the DHHS Office of Communications provides support to the effort. This responsibility, along with that of the agencies, is described in the guide:

- a flow chart depicts roles and responsibilities of the State and local agencies (Exhibits A and B); and
- a chart outlines steps by respective agencies in the event of the activation of the Group Home Hub (Exhibit C).

To aid in the communication of vital consumer information among the involved DHHS agencies and their local partners, the DHHS Office of Privacy and Security has determined that certain information [including that identified as confidential by the Health Insurance Portability and Accountability Act (HIPAA), the N.C.G.S. Identity Theft Statute, and/or the Social Security Administration] can be shared to the extent that it is necessary to ensure the health and safety of residents requiring relocation in an emergency situation (Exhibit D). Use of encrypted emails is expected.

Event Processes and Tools

To help the Hubs in tracking progress and facilitating the work of the local partners, DHHS agencies will use or assist the local partners in using several tools:

- the Discharge Tracking Log documents the affected residents (consumers) and tracks their discharge status (Exhibit E); and
- the Daily Situation Report provides a uniform set of questions to help assess and track the status of the facility and the residents and to identify any need for assistance from DHHS (Exhibit F).

Post-Event Activities

While effective actions of the Department and its local partners are most vital during the immediate aftermath of an emergency closing to safeguard the health and safety of the affected residents, DHHS involvement cannot abruptly end with the transfer of residents to other locations, whether in the community or other facilities. It is essential that the DHHS Response Hubs follow up with the local partners to assure continuity of appropriate care for the affected residents and to identify and analyze any issues that need to be immediately addressed as well as those that would enhance the State's response in any future situations. The DHHS Response Hub will conduct an "After Event" Debrief Conference Call following each instance in which the Hub was activated (Exhibit G).

Information Unique to IMD Situations

Because of the significant effect that an IMD designation can have on a facility and its residents, specific correspondence has been developed to aid the involved State and local agencies:

- a memorandum from the Division of Health Service Regulation to the LMEs/MCOs outlines the steps a provider must take to request a change of ownership or other change related to 5600 group homes (Exhibit H); and
- scripts to aid LME/MCO workers in their contacts with guardians and facility personnel, in matters related to 5600 group homes (Exhibits I[1]-[4]).

North Carolina Administrative Code

Note: In the citations below, 10A NCAC 13F and 10A NCAC 13G apply to adult care homes and family care homes; 10A NCAC 27G applies to 5600 group homes.

10A NCAC 13F .0211 NOTIFICATION ABOUT CLOSING OF HOME

If a licensee plans to close a home, the licensee shall provide written notification of the planned closing to the Division of Health Service Regulation, the county department of social services and the residents or their responsible persons at least 30 days prior to the planned closing.

Written notification shall include date of closing and plans made for the move of the residents.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;

Eff. January 1, 1977;

Readopted Eff. October 31, 1977;

Temporary Amendment Eff. September 1, 2003;

Amended Eff. June 1, 2004.

10A NCAC 13G .0211 CLOSING OF HOME

If a licensee plans to close a family care home, the licensee shall provide written notification of the planned closing to the Division of Health Service Regulation, the county department of social services and the residents or their responsible persons at least 30 days prior to the planned closing. Written notification shall include date of closing and plans made for the move of the residents.

History Note: Authority G.S. 131D-2; 143B-165; S.L. 2002-0160;

Eff. January 1, 1977;

Readopted Eff. October 31, 1977;

Amended Eff. July 1, 1990; April 1, 1984;

Temporary Amendment Eff. September 1, 2003;

Amended Eff. June 1, 2004.

10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD

(k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility.

History Note: Authority G.S. 122C-23; 122C-25; 122C-27;

Eff. May 1, 1996;

Amended Eff. February 1, 2009; July 1, 2004.

Exhibit A: DHHS Response Hub Roles and Responsibilities, Adult Care Home

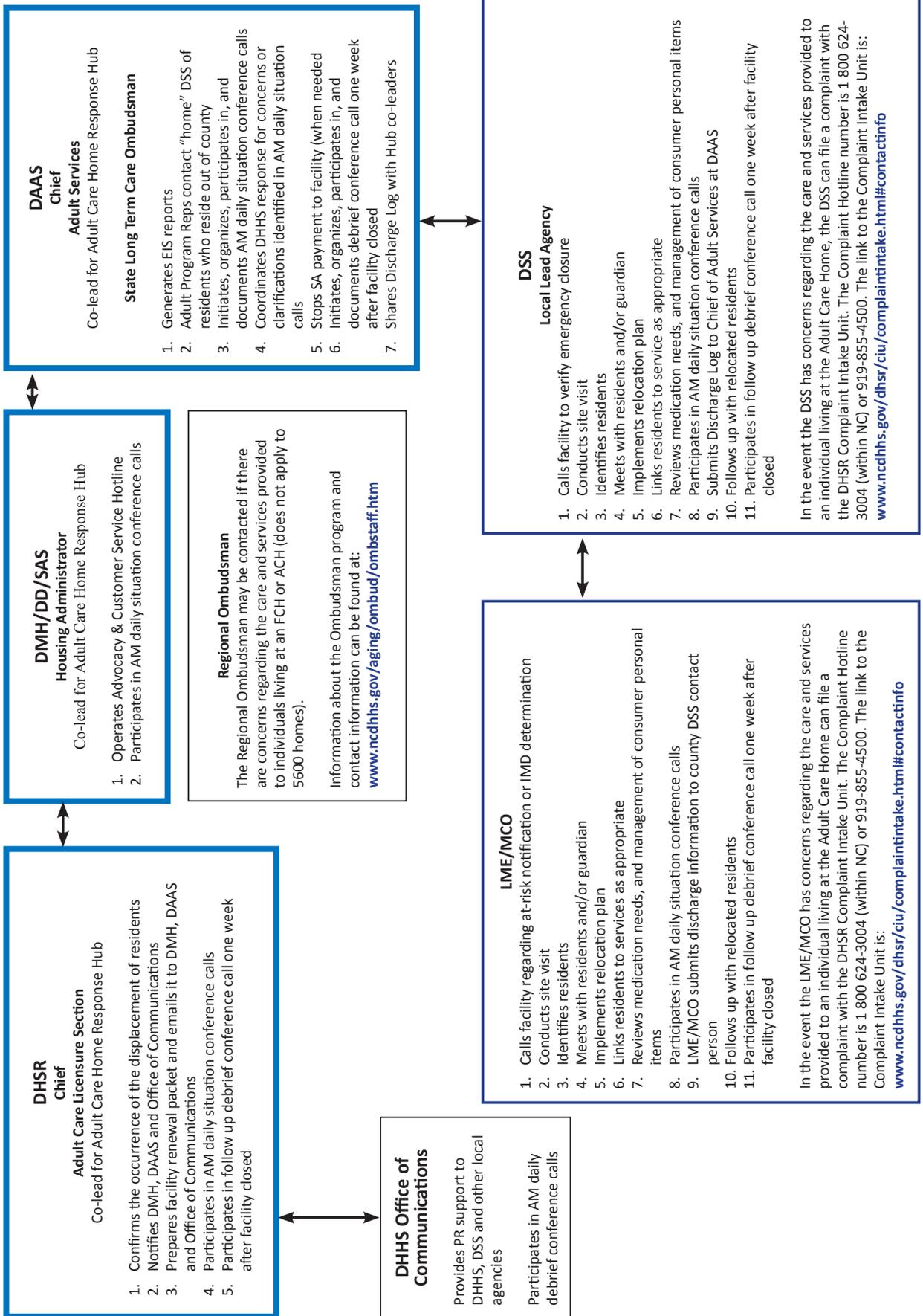


Exhibit B: DHHS Response Hub Roles and Responsibilities, 5600 Group Homes

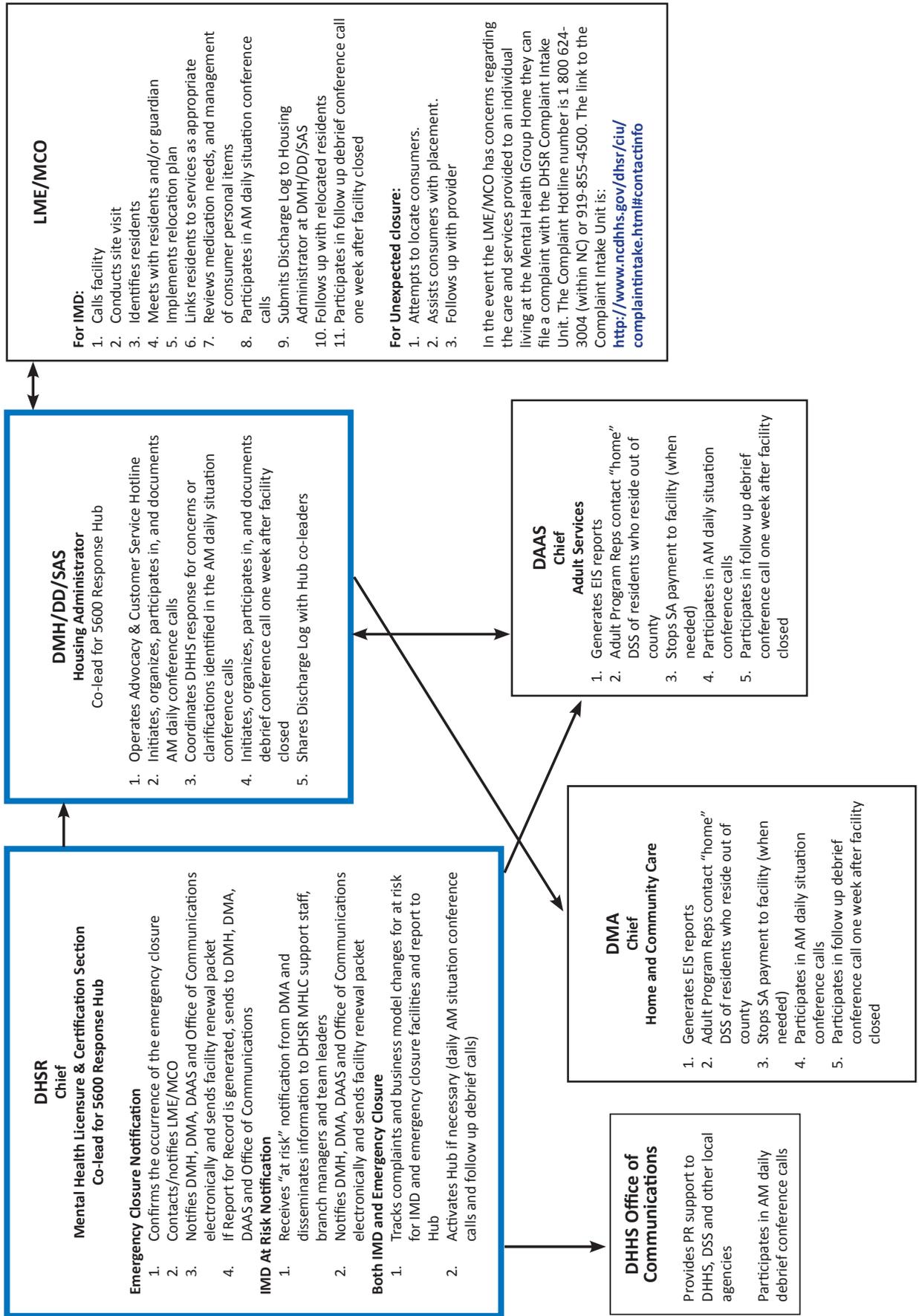


Exhibit C: DHHS Response Hub Activation for 5600 Group Homes

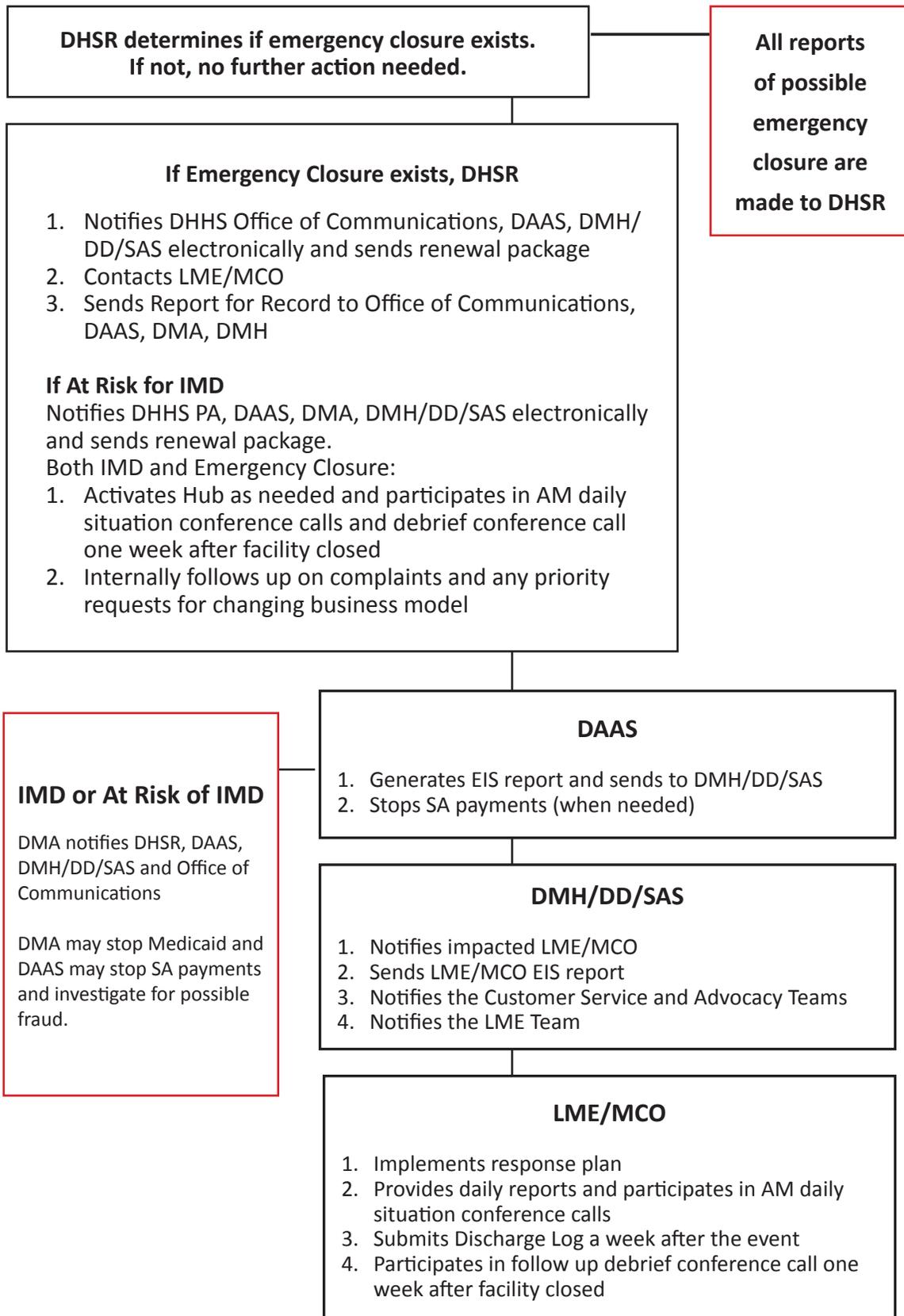


Exhibit D:



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Pyreddy Reddy
Chief Information Security Officer

March 7, 2013

MEMORANDUM

TO: Dennis Streets, Director, NC Division of Aging and Adult Services
Suzanne P. Merrill, Adult Services Section Chief

FROM: DHHS Privacy and Security Office

RE: Emergency Response

Dear Sir or Madam,

The office for Civil Rights allows Health care providers to share patient information to provide treatment in the event of an emergency. Treatment includes:

- Sharing information with other providers (including hospitals and clinics)
- Referring patients for treatment (including linking patients) and
- Coordinating patient care with others (such as emergency relief workers)

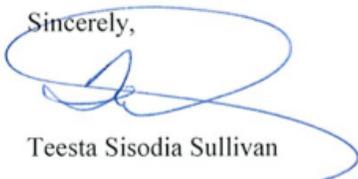
See <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/index.html>

Patient data may include information that has been identified as confidential. It may also include information that is identified as private by the Health Insurance Portability and Accountability Act (HIPAA), the N.C.G.S Identity Theft Statute, and/or the Social Security Administration. An overview can be found in the NC DHHS Privacy manuals.

DHHS workers will interact with LMEs and MCOs to facilitate the movement of clients to appropriate placements, if relocation is necessary. Quadel will coordinate the relocation individuals placed under the DOJ settlement.

The Department will limit its communication network to a bare minimum of individuals, sharing the bare minimum of information necessary to communicate in an efficient and effective manner. Encrypted emails will be used.

Sincerely,


Teesta Sisodia Sullivan

cc: Pyreddy Reddy

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Exhibit E: Adult Care Home/5600 Group Home Discharge Tracking Log

LME/MCO or DSS Name: LME or DSS Contact Person: LME or DSS Contact Phone #:

ACH/5600 Facility Name: Facility County: Facility License No.:

Discharge Reason:
 If Other. Please Specify:

Instructions: Enter LME/MCO/DSS and ACH/5600 facility information above. Create a separate log for each facility.
 When you have been notified of the HUB activation, complete the information below for consumers who are discharged in your LME/MCO or DSS catchment area.

- For columns with green header, select option from drop-down list. For columns with grey header, key in information.
- Use this sheet to keep a running history of discharges; maintain all previous submissions on list.
- At the end of the discharge process, submit this spreadsheet to the **DMH/DD/SAS Housing Administrator (for LME)** or **DAAS Adult Services Chief (for DSS)**.

Line #	Date of Update MM/DD/YYYY	Consumer Last Name	Consumer First Name MI	Consumer Medicaid ID#	Consumer Date of Birth MM/DD/YYYY	Consumer Medicaid County	Date Discharged MM/DD/YYYY	Destination Category	Destination County	If Destination is ACH or 5600, Home Name	Comments (List Guardian & Contact Info. if Applicable.)
1											
2											
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Exhibit E: Adult Care Home/5600 Group Home Discharge Tracking Log

LME/MCO or DSS Name: LME or DSS Contact Person: LME or DSS Contact Phone #:

ACH/5600 Facility Name: Facility County: Facility License No.:

Discharge Reason:
 If Other, Please Specify:

Instructions: Enter LME/MCO/DSS and ACH/5600 facility information above. Create a separate log for each facility.
 When you have been notified of the HUB activation, complete the information below for consumers who are discharged in your LME/MCO or DSS catchment area.

- For columns with green header, select option from drop-down list. For columns with grey header, key in information.
- Use this sheet to keep a running history of discharges; maintain all previous submissions on list.
- At the end of the discharge process, submit this spreadsheet to the **DMH/DD/SAS Housing Administrator (for LME)** or **DAAS Adult Services Chief (for DSS)**.

Line #	Date of Update MM/DD/YYYY	Consumer Last Name	Consumer First Name MI	Consumer Medicaid ID#	Consumer Date of Birth MM/DD/YYYY	Consumer Medicaid County	Date Discharged MM/DD/YYYY	Destination Category	Destination County	If Destination is ACH or 5600, Home Name	Comments (List Guardian & Contact Info, if Applicable.)
25											
26											
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Exhibit F: Daily Situation Report

This report is in response to a situation which requires displacement of residents from a residential care facility. The DSS and/or LME/MCO who are responding to the occurrence will participate in Daily Situation Conference Calls with the DHHS Response Hub. These will occur each morning. The call will be attended by LME/MCO and DSS (when an ACH), and Divisions of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS), Health Service Regulation (DHSR), Aging and Adult Services (DAAS), and the DHHS Office of Communications.

Facility name: _____

1. When is the facility scheduled to close?
2. How many residents remain in the facility?
3. How many residents have been relocated to date?
4. Of the residents who have been relocated, what number have been moved to each of these living/caregiving arrangements?

____ Moved in with a responsible family member
____ Moved to a licensed adult care home
____ Moved to a licensed group home
____ Moved to a private apartment (alone or with roommates)
____ Moved to a homeless shelter
____ Other arrangement(s). Specify _____

____ Total moved out of county
____ Total moved out of state

5. What is the overall impact on the residents? Are their health and safety needs being met?
6. Is your agency able to meet the scope of the situation with current staff? If no, are you getting support from other agencies?
7. Do you need assistance from DHHS?
8. Other comments (staffing, environment, medications, belongings, residents):

During the last Daily Situation Conference Call with DHHS Response Hub, an “After Event” Debrief Conference Call will be scheduled. Please be prepared to answer the questions in Exhibit G during the call. Also, feel free to use this time to include your own comments and to ask questions of DHHS.

Exhibit G: After Event Debrief with DHHS Response Hub

- Tell us how you learned about the closing of the facility(ies) and how you organized your response?
- Did you have any idea that this might happen to the facility(ies)? If so, on what basis? If not, would it have made a difference in your response if you had?
- Had your agency and/or other community partners already been engaged in any joint planning or communications about a scenario of this nature before it happened? If so, were any other community partners involved in this planning?
- When the event occurred, were any other community partners involved? If so, what was their role (e.g., Public Health)?
- What amount of additional local agency staff time was needed to deal with this event? How was it funded?
- In what ways was the State/DHHS most helpful? Were there ways that it was problematic and/or disappointing?
- What were the most challenging aspects of responding to this incident? How did you deal with them? Did the State/DHHS assist with these challenges?
- What else might the State/DHHS have done to assist you in preparing for and responding to this event?
- In reflecting on the information that you recorded about the residents and where they went, is it sufficient or is there additional information that you wish you had?
- Describe the overall effect on the residents of the facility(ies)? What were the most challenging issues for them?
- Do you have an opinion on whether the closing of the facility(ies) will prove to be positive or negative overall for the residents and the community?
- Did the manner in which the owners closed the facility(ies) place the health and safety of the residents at serious risk?
- What else would you like to share?



Exhibit H: **North Carolina Department of Health and Human Services**
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Memorandum

Drexdal Pratt
Division Director

To: LME/MCOs
From: Stephanie Gilliam, Chief, MH Licensure & Certification Section
Date: May 23, 2013
Re: Change Applications, Priority Requests

We recognize that due to a variety of reasons, providers may decide to consider some type of change to their business. This memo is a brief outline of the steps a provider must take to request a change of ownership or other change, plus how to request priority status.

Change Requests

1. Detailed information, including change application forms can be found on the DHSR Mental Health Licensure and Certification Section web page: <http://www.ncdhhs.gov/dhsr/mhlcs/mhforms.html>
2. Pursuant to 10A NCAC 27G .0404: Operations During Licensed Period, providers must submit a change application for anything that will result in issuance of a new license. These include the following:
 - Change of location (if residential and to another county, will need new letter of support)
 - Change of service category
 - Change in capacity
 - Change of ownership (has an associated fee which must be submitted with application)
 - Change of facility name
3. Once submitted, the application goes to the DHSR Construction if necessary (increase in capacity, change in physical plant, change in location, etc.). After Construction approves the change, the application is sent to one of our initial surveyors. If there is no Construction review needed, the change application goes directly to an initial surveyor.



Mental Health Licensure and Certification Section
www.ncdhhs.gov/dhsr
Tel 919-855-3795 • Fax 919-715-8078

Location: Broughton Building, 805 Biggs Drive • Raleigh, NC 27603
Mailing Address: 2718 Mail Service Center • Raleigh, NC 27699-2718
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4. The initial surveyor reviews policies, procedures and staffing as indicated by the change request and approves the change if the provider is in compliance with NC administrative rules.

Priority Requests

As you will note in the Change Instructions, we ask that Change Applications be submitted at least 60 days prior to the requested change. Many changes can routinely be accomplished in less time.

However, if there is an urgent need to accomplish a change in a brief amount of time (1 week to 1 month), providers may request priority status. Here are the steps a provider must take to request priority status:

1. Complete and submit change application as soon as possible according to the instructions on our web site.
2. Request priority status via email, from me: Stephanie.Gilliam@dhhs.nc.gov Please copy our administrative assistant Laurel Callis: Laurel.Callis@dhhs.nc.gov
3. We will email the provider a Priority Request mini-spreadsheet for them to complete and return to me. This spreadsheet includes the following items:
 - Date of Request
 - Date of Application
 - Requested Effective Date of Change
 - MHL#
 - Licensee
 - New Licensee (if applicable)
 - Service Category
 - Facility Name
 - Facility New Name (if applicable)
 - Facility Address
 - Facility New Address (if applicable)
 - Rationale for Request (include support from LME/MCO or others)
4. We will review the request and notify the provider if we approve the request or need more information for consideration. Consideration of priority requests is generally done in a very short time frame. If the request is approved, we will let the provider know which surveyor will be working with them. The surveyor will be the provider's main contact person from this point on.
5. The surveyor will work with the provider to accomplish the request. It is important to note that the provider must be in compliance with all applicable NC administrative rules in order for a change to be approved. Delays are generally the result of a provider not being prepared. If the provider is not able to be in compliance with the rules, the change will not be able to be accomplished.

Exhibit I [1]

Script – LME-MCO Telephone Call to Mental Health Facility to
Schedule Face-to-Face Meeting

My name is **(insert name)**. I work as a **(insert name of position)** at the **(insert name of LME-MCO)**. **(Name of Area Director)** is the Area Director of **(insert name of LME-MCO)**. Our LME-MCO has been notified by the Division of Medical Assistance (DMA) that your Mental Health facility where **(insert resident name)** lives has received written notification that the Mental Health facility is at risk of being classified as an Institution for Mental Diseases, or IMD, as that term is defined in federal law. Medicaid is not available to residents who live in an IMD.

If the facility is ultimately determined to be an IMD, **(insert resident name)** will no longer be eligible to receive ANY Medicaid services regardless of who provides the service, so long as **(insert resident name)** continues to live at the MH facility. There is a chance that residents living at the MH facility may be asked to move. Some residents may request assistance with moving to another home because of the possibility of losing their Medicaid.

LME-MCO staff are meeting with residents who DMA has identified as residing in “at risk” MH facilities or their guardians to discuss options available in the event a resident is asked to move or chooses to move.

I need to meet with you as soon as possible to discuss your plans regarding **(insert resident name)**’s living situation and housing options available if you want **(insert name)** to move.

If you have questions about the “at risk” letter sent to the facility where **(insert resident name)** lives, please contact Tasha L. Woodard-Charity or Sandra Terrell at DMA. They can be reached at 919-855-4260.

If you have any questions before our meeting you can contact me or **(insert name)** at **(insert telephone number)**.

Exhibit I [2]

Script for LME-MCO Face-to-Face with Designated MH Facility Staff

Thank you for meeting with me. The purpose of this meeting is to follow-up on the telephone conversation we had on **(insert date)**. The Division of Medical Assistance (DMA) has notified you that your MH facility is at risk of being classified as an IMD. If you have questions about the “at risk” letter you received please contact the DMA Clinical Policy Team at (919) 855-4260.

DMA has identified **(insert number)** individuals who reside in your facility. Some of the individuals may choose to move as a result of the at risk notification. Since neither the individual’s Medicaid eligibility nor your ability to bill Medicaid is affected at this time it is important to meet with you to discuss any plans you may have to address your at-risk status. This includes plans that may result in discharging individuals.

LME-MCO staff will need to meet face-to-face with each individual who resides in your facility or their guardian to discuss options available to them if they choose to move as a result of the at-risk notification. I will need the names of any additional individuals residing in your MH facility not on this list provided by DMA.

Your staff may participate in the meeting if the individual requests assistance from your staff and provides written consent. After the meeting, the LME-MCO staff will provide the individual with written information about the LME-MCO and contact information in case they have questions later.

Before I leave here today, I will need the names of all guardian(s) and their contact information and potential dates and times for LME-MCO staff to meet with all individuals residing in your MH facility.

Space for notes related to visit:

Exhibit I [3]

Script – LME-MCO Telephone Call to Guardian
to Schedule Face-to-Face Meeting

My name is **(insert name)**. I work as a **(insert name of position)** at the **(insert name of LME-MCO)**. **(Insert name of Area Director)** is the Area Director of **(insert name of LME-MCO)**. Our LME-MCO has been notified by the Division of Medical Assistance (DMA) that the MH facility where **(insert resident name)** lives has received written notification that the MH facility is at risk of being designated as an Institution for Mental Diseases, or IMD, as that term is defined in federal law. Medicaid is not available to residents who live in an IMD.

If the facility is ultimately determined to be an IMD, **(insert resident name)** will no longer be eligible to receive ANY Medicaid services regardless of who provides the service, so long as **(insert resident name)** continues to live at the MH facility. There is a chance that residents living at the MH facility may be asked to move. Some residents may request assistance with moving to another home because of the possibility of losing their Medicaid.

LME-MCO staff are meeting with residents who DMA has identified as residing in “at risk” MH facilities or their guardians to discuss options available in the event a resident is asked to move or chooses to move.

I need to meet with you as soon as possible to discuss your plans regarding **(insert resident name)**’s living situation and housing options available if you want **(insert name)** to move.

If you have questions about the “at risk” letter sent to the facility where **(insert resident name)** lives, please contact the DMA Clinical Policy Team. They can be reached at (919) 855-4260.

If you have any questions before our meeting, you can contact me or **(insert name)** at **(insert telephone number)**.

Space for notes related to phone call:

Exhibit I [4]

Script – LME-MCO Initial Face-to-Face Meeting with Guardian

Thank you for meeting with me. My name is **(insert name)** and I work at **(insert name of LME-MCO)**.

I am meeting with you to follow-up on our telephone call that was held on **(insert date)** about the letter from the Division of Medical Assistance (DMA) that was sent to the MH facility where **(insert individual’s name)** lives regarding the possibility of the facility being designated as an IMD. As we discussed, Medicaid does not pay for services provided to residents of an IMD.

If that happens, **(insert individual’s name)** will no longer be eligible to receive ANY Medicaid services while living there regardless of who provides the service. As shared during our call, there is a chance some people living at the MH facility may want to move or be asked to move.

I am meeting with you to determine whether you would like for **(insert individual’s name)** to move and to discuss housing options in the event you choose for **(insert individual’s name)** to move.

If you want **(insert individual’s name)** to move, I will need for you to provide me with written permission to share information about **(insert individual’s name)**.

Before I leave I am going to give you contact information for **(insert name of LME-MCO)** where I work in case you have questions later.

If you have questions about the “at risk” letter sent to the facility where **(insert resident name)** lives, please contact the DMA Clinical Policy Team. They can be reached at 919-855-4260.

Space for notes related to visit:



Operational Guide for a Coordinated Response to the Sudden Closure of an Adult
Residential Care Facility

– Protecting the Interests of Residents –

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