

**AMENDMENT NUMBER 6**

**CONTRACT #30-2024-001-DHB  
CHILDREN AND FAMILIES SPECIALTY PLAN**

**BETWEEN**

**THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF  
HEALTH BENEFITS**

**AND**

**BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA**

This Amendment to Contract #30-2024-001-DHB Children and Families Specialty Plan (“Contract”), which was made effective August 15, 2024 as subsequently amended, is between the North Carolina Department of Health and Human Services, Division of Health Benefits (“Department”), and Blue Cross and Blue Shield of North Carolina (“Contractor”). Department and Contractor may be individually referred to as “Party” and collectively as the “Parties.”

**Background**

The Children and Families Specialty Plan (CFSP) is an integrated Medicaid Managed Care plan that covers services specified to address a spectrum of Member needs, including those related to physical health, behavioral Health, I/DD, LTSS, and pharmacy services and unmet health-related resource needs. Intended to meet the unique health care needs of children, youth and families currently and formerly served by the child welfare system, the CFSP operates statewide, enabling Members to access a broad range of physical health and behavioral health services and maintain treatment plans when their geographic locations change.

The purpose of this Amendment is to modify the scope of work of the Contract.

The Parties agree as follows:

**1. Modifications to Scope of Work:**

**a. *Section V.D. Care Management, 2. CFSP Care Management, j. Care Management Comprehensive Assessment, v.* is revised and restated in its entirety as follows:**

- v. The CFSP shall make its best effort to complete the Care Management Comprehensive Assessment within the following timeframes:
  - 1) For the first ninety (90) Calendar Days after CFSP launch: within thirty (30) Calendar Days of CFSP enrollment for Members identified through the CFSP’s risk stratification as high risk and sixty (60) Calendar Days for all other Members.
  - 2) Following the first ninety (90) Calendar Days after CFSP launch: within fourteen (14) Calendar Days of CFSP enrollment for Members identified through the CFSP’s risk stratification as high-risk and thirty (30) Calendar Days for all other Members

- 3) "Best effort" is defined as including at least three documented strategic follow-up attempts, such as going to the Member's home, working with a known provider to meet the Member at an appointment, or working with the County Child Welfare Worker, as applicable, to contact the Member if the first attempt is unsuccessful.
- 4) The Department will provide further guidance on processes for Members who will require Warm Handoffs at CFSP launch.
- 5) The CFSP shall attempt a Care Management Comprehensive Assessment one time per month for Members the care manager has been unable to reach despite best efforts.
- 6) The CFSP shall attempt a Care Management Comprehensive Assessment at least annually for Members who have actively declined to participate in CFSP Care Management and are not receiving services duplicative of CFSP Care Management.

**b. Section V.D. Care Management, 2. CFSP Care Management, j. Care Management Comprehensive Assessment, vi. is revised and restated in its entirety as follows:**

- vi. For Members who remain enrolled in the CFSP after Aging Out of County DSS Custody or otherwise Exiting County DSS Custody, the CFSP shall make its best effort to conduct a Care Management Comprehensive Assessment (or reassessment, as appropriate) within ninety (90) Calendar Days of the Member Aging Out of County DSS Custody or otherwise Exiting County DSS Custody.

2. **Effective Date:** This Amendment is effective December 1, 2025, unless otherwise explicitly stated herein, subject to approval by CMS.
3. **Other Requirements:** Unless expressly amended herein, all other terms and conditions of the Contract, as previously amended, shall remain in full force and effect.

**IN WITNESS WHEREOF**, the Parties have executed this Amendment in their official capacities as of the Effective Date.

**BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA**

\_\_\_\_\_  
 Angela Boykin, Chief Executive Officer

Date: \_\_\_\_\_

**THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF HEALTH BENEFITS**

\_\_\_\_\_  
 Chris Gordon on behalf of Melanie Bush  
 Interim Deputy Secretary  
 NC Medicaid

Date: \_\_\_\_\_