# NC Medicaid
# Back Porch Chat

## July Back Porch Chat

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Associate Medical Director/Consultant
NC Medicaid

**July 31, 2025**

**Closed Captioning is available for this webinar**
Participants can access real-time captioning by clicking "**Show Captions**" within Zoom.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

# Technical Assistance

## Logistics for Today's Webinar

**Questions during the live v**

Q&A

**Technical Assistance**

technicalassistanceCOVID19@gmail.

# Agenda

- Children and Families Specialty Plan Overview
- Healthy Blue Care Together
  - Overview
  - Care Management
  - Provider Contracting
- Healthy Opportunities Update
- Q&A

# Children and Families Specialty Plan Overview

Chameka Jackson, Associate Director
Children and Families Specialty Plan

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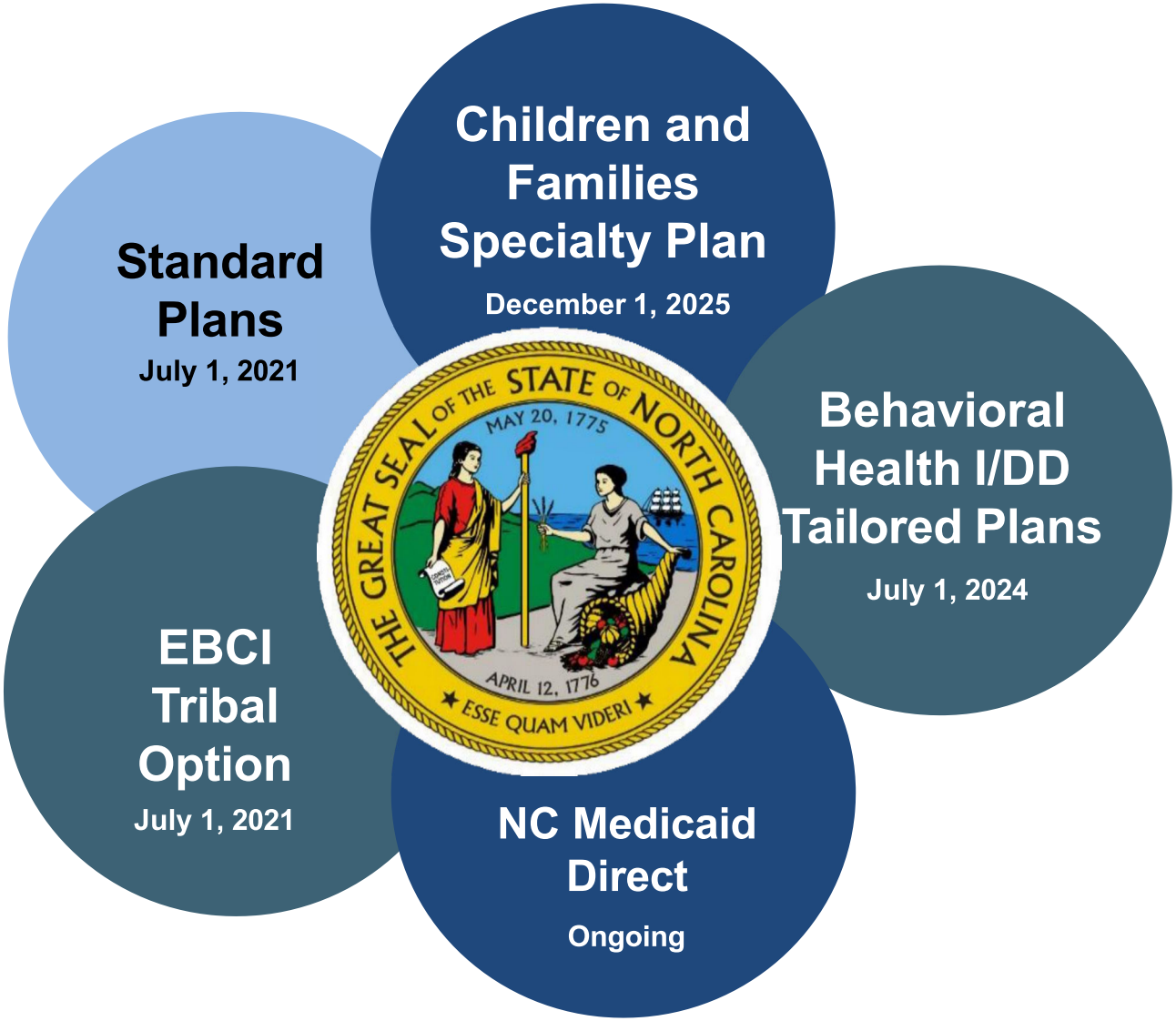
# NC Medicaid is comprised of five key programs



# Children and Families Specialty Plan Overview

## Children and Families Specialty Plan (CFSP)

CFSP is a new NC Medicaid Managed Care health plan. It is a single, statewi
that will be managed by Blue Cross and Blue Shield of North Carolina und
Healthy Blue Care Together.

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NC Medicaid beneficiaries in foster care, receiving adoption assistance and enrolled in
care eligibility will be eligible for the Children and Families Specialty Plan.

CFSP will launch Dec. 1, 2025. Until then, potential beneficiaries will continue to get he
services the same way they do today – through NC Medicaid Direct.

The plan will cover a full range of physical health, behavioral health, pharmacy, NEMT,
management, long term services and supports (LTSS), Intellectual/Developmental Disa
services and unmet health-related resource needs.

# Unique components of CFSP

- Single statewide contract to lessen disruptions in continuity of care and maintain treat when a members' geographic location changes.
- Significant coordination between NC Medicaid, NC Department of Social Services, lo of Social Services (DSS) and the Easten Band of Cherokee Indians Family Safety Pr required to successfully administer the program.
- A family-focused approach to care delivery to strengthen and preserve families, preve reentry into foster care and support reunification and other permanency plan options.
- Benefits include all NC Medicaid State Plan benefits covered by Standard Plans and Plan benefits including 1915(i) services.
- Care Management model connecting local DSS with CFSP, Medicaid and significant Coordination requirements (including co-location).

# Eligibility

NC Medicaid beneficiaries in foster care, receiving adoption assistance and e
former foster care eligibility will be eligible for the Children and Families Spe

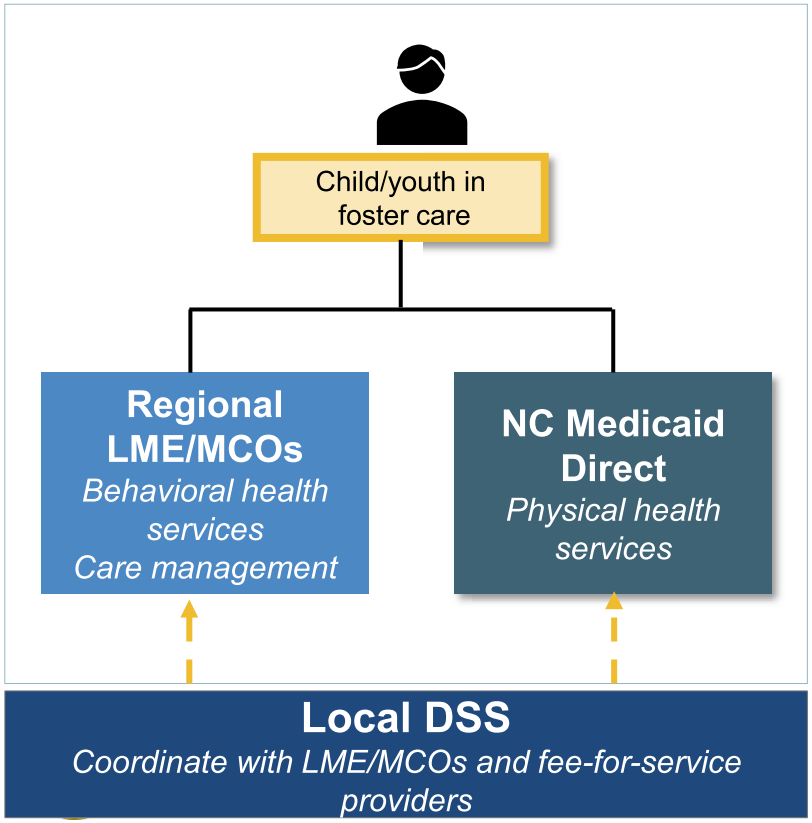
This includes:

- Children and youth currently in foster care
- Children and youth currently receiving adoption assistance
- Young adults under age 26 formerly in foster care at age 18
- Former foster care children in North Carolina that turned age 18 on or before Decem
- Former foster care children in any state who turned age 18 on or after January 1, 202
- Minor children of these populations
- Children and youth currently in the EBCI Family Safety Program, or meet the criteria
be auto-enrolled in the Children and Families Specialty Plan but will have the option

# Designed to Address Current System Challenges

Children and youth served by child welfare services receive Medicaid services through a care, which has created challenges around coordination and meeting the population's

Current Medicaid Delivery System and Coordination with DSS




- **Disruptions in continuity of care and providers** population's frequent movement between placem
- **Lack of service coordination, impeding timely** due to transitions between various regional entitie accountable for provision of whole-person care ar coordination.
- **Challenges meeting needs of children and you with complex physical and behavioral health c** resulting in restrictive residential or out-of-state pl
- **Limited focus on unique needs of populations Adverse Childhood Experiences and provision informed care** as part of health care service deliv management.
- **Limited array of available community-based s** state to support children remaining in family settin restrictive setting possible.

# CFSP Program Objectives

With stakeholder input, the Department identified a set of key objectives to g
CFSP design, operations and oversight as outlined in the CFSP RFP.

## CFSP Design Objectives

- **Improve members' near and long-term physical and behavioral health outcomes**
- **Increase access** to physical health, behavioral health, pharmacy, care management, LTSS an services to address unmet health-related resource needs
- **Strengthen and preserve families** – prevent entry into foster care and support reunification a permanency plan options
- **Coordinate care and facilitate seamless transitions** for members who experience changes settings, child welfare placements, transitions to adulthood and/or loss of Medicaid eligibility
- **Improve coordination and collaboration** with local DSS, EBCI Family Safety Program and m Community Collaboratives – a comprehensive network of community-based services and supp system of care approach to meet the needs of families who are involved with multiple child serv
- Provide services to meet children's behavioral health needs and **prevent children from board offices and Emergency Departments**
- **Advance health disparity** to address racial and ethnic disparities experienced by children, you served by child welfare services.

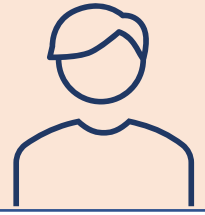
# Until CFSP Launch… Current Medicaid Enrollment Options

Most children, youth and young adults currently and formerly served by the child welf
will continue to receive their Medicaid services as they do today, through NC Medica

Children in Foster Care

Children Receiving Adoption Assistance

Former Foster Care Age 26 and Under



will continue to be enrolled in NC Medicaid Direct

NC Medicaid Direct is the State's health care program for Medicaid beneficiaries not enrolled in a NC Managed Care health plan.

It provides beneficiaries with physical health, pharmacy, long term services and supports, and behavi services (including for mental health disorder, substance use disorder (SUD), intellectual/developmer or traumatic brain injury (TBI).

*Children in foster care, receiving adoption assistance and young adults formerly in foster care under age 26 who are enrolled in the Innovations waiver or Traumatic Brain Injury enrolled in a Tailored Plan.

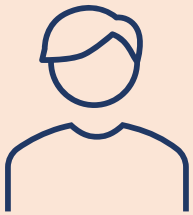
# Until CFSP Launch… Care Management Options

Most children, youth and young adults currently and formerly served by the child welfa
continue to receive care management as they do today.

Children in Foster Care

Children Receiving Adoption Assistance

Former Foster Care Ag
26 and Under



## Not Tailored Care Management-Eligible

These children and youth will continue to receive care coordination/care management through CCNC or CMARC.

## Tailored Care Management-Eligible

These children and youth will receive Tailored Care Management through an LME/MCO.*

*Some children and youth may receive Tailored Care Management through provider-based care management.

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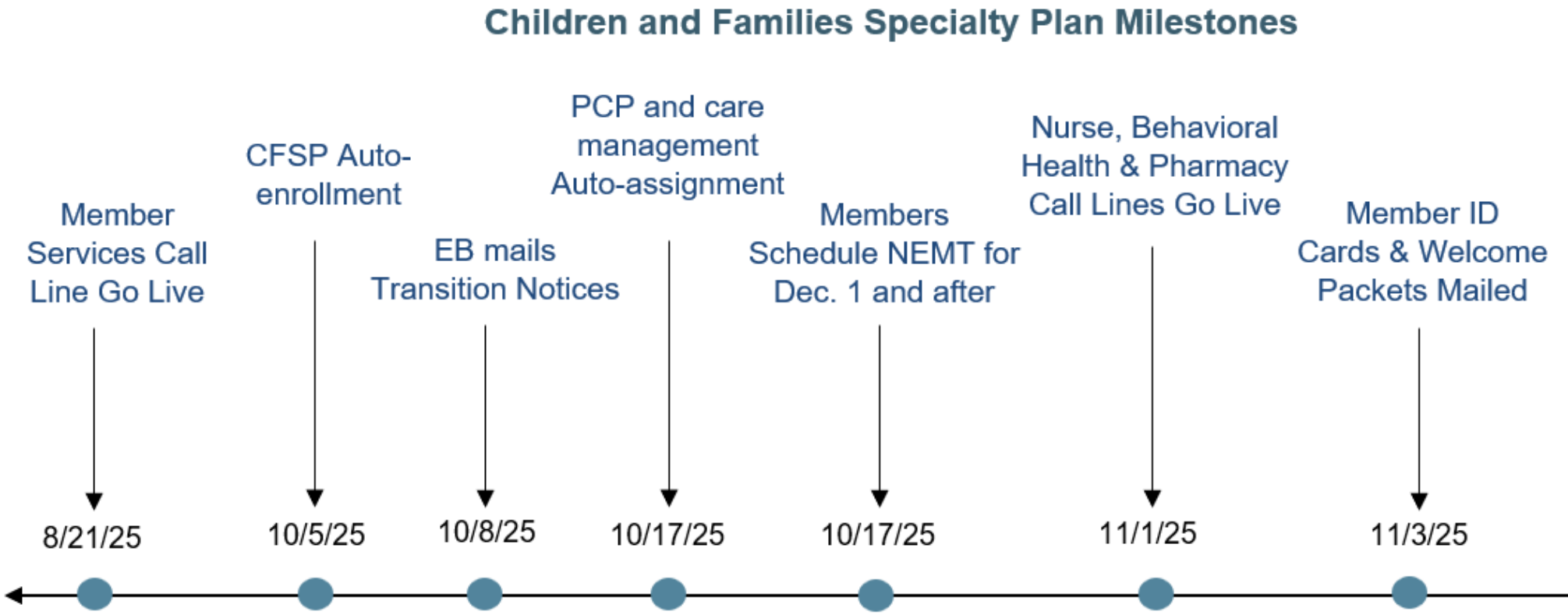
# CFSP Member Milestones



# Day 1 Priorities for CFSP Launch

Individuals get the care they need

Providers can submit claims for payment to CFSP

Members necessary

Members are enrolled and have ID cards in hand prior to launch

Members have timely access to information and are directed to the right resources

CFSP ha Provider contrac

Calls made to call centers are answered promptly

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# Healthy Blue Care Together

NC Medicaid Back Porch Chat
July 31, 2025
12-1pm

# Agenda

- Meet the Team
- Healthy Blue Care Together Overview
- Care Management
- Provider Network
- Q&A

# Meet the Team

# Meet the Healthy Blue Care Together Team

**Courtney L. McMickens, MD, MPH, MHS**
Deputy Chief Medical Officer
Healthy Blue Care Together

**Natosha Anderson, RN, BSN, CCM**
Director of Population Health and Care Management

**Bill Battershall**
Director of Network Management

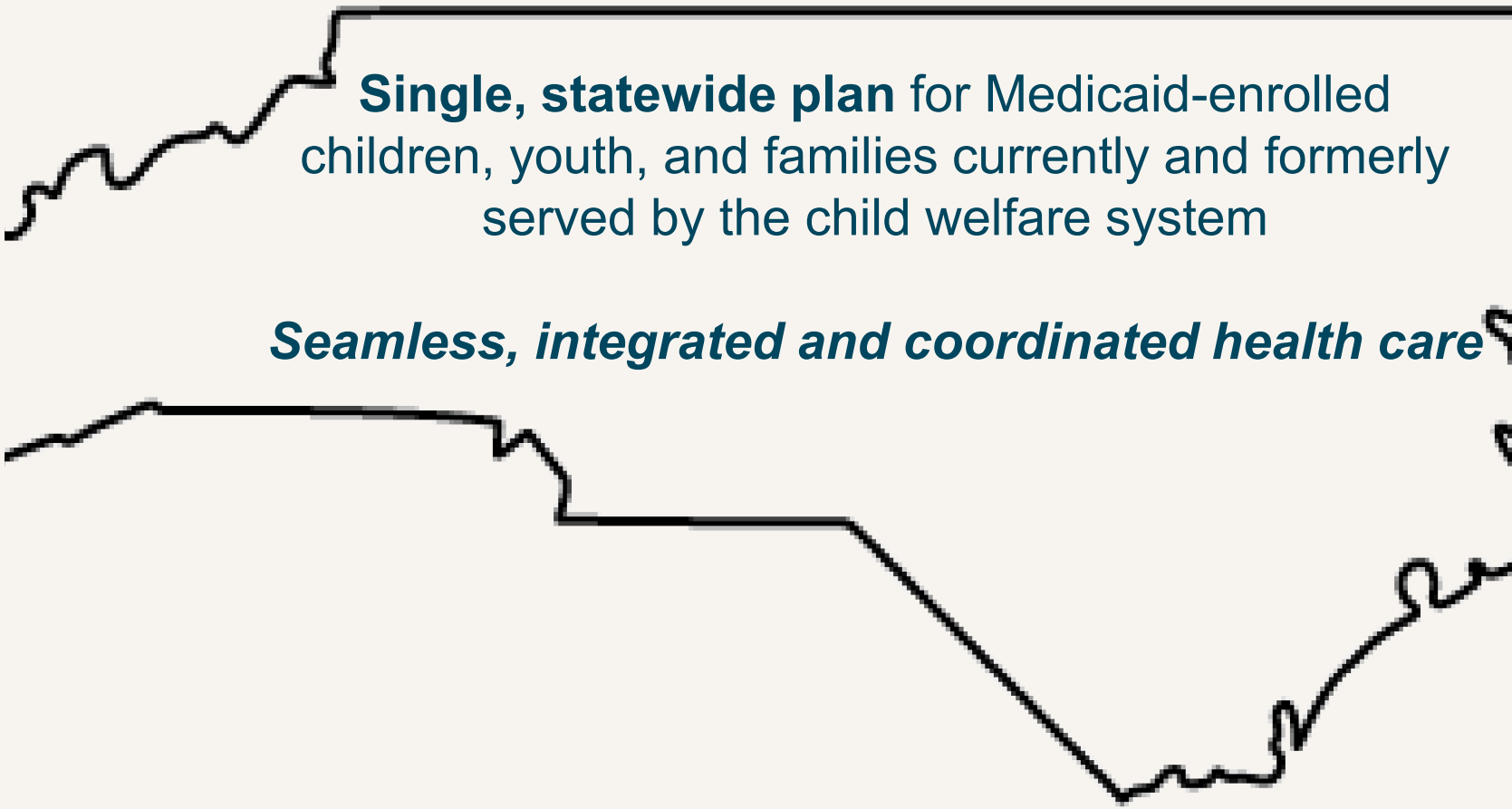
**John Thacker,**
Provider Netwo

# Healthy Blue Care Together Overview

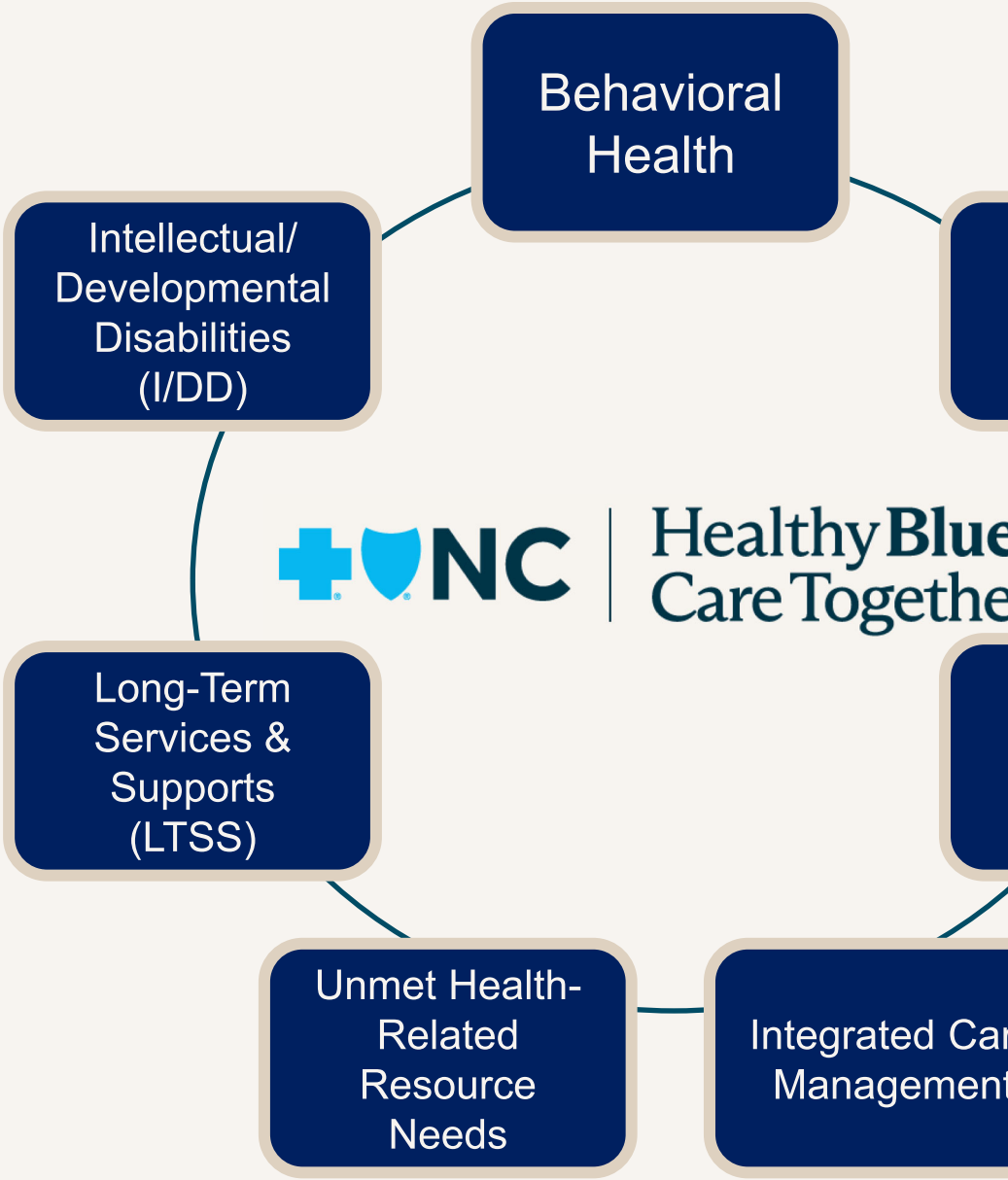
# Blue Cross NC's Children and Families Specialty Plan (CFSP)

**Single, statewide plan** for Medicaid-enrolled children, youth, and families currently and formerly served by the child welfare system

***Seamless, integrated and coordinated health care***



***Every member will have access to the same benefits and services, regardless of their location.***



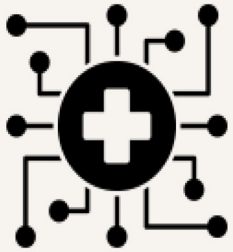
# Key Objectives

**Strengthen and preserve families**

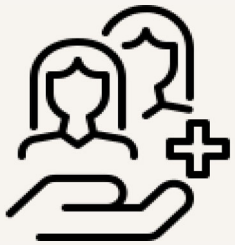
**Help avoid boarding DSS offices & Emerg Departments**

**Increase access** to services

**Improve** member outcomes

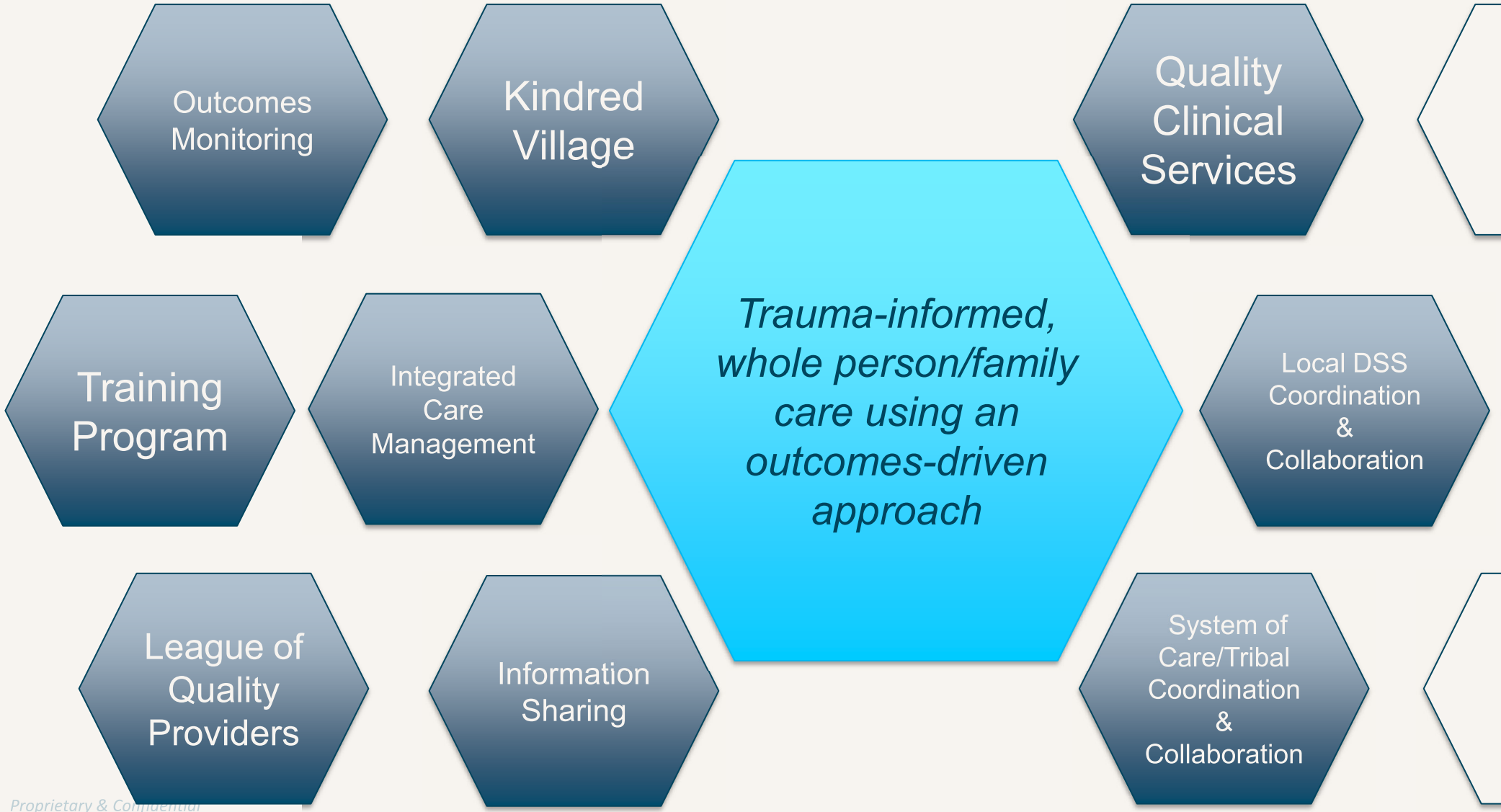


**Improve coordination & collaboration with stakeholders**



**Coordinate care and f seamless transitions** (including during child v placements)

# Innovative Strategies



# Audience Response Question

What is the name of the Children and Families Specialty Plan?

# Care Management

# Care Management Approach

- Partnership
- Integrated
- Person-Centered
- Strengths-Based
- Culturally-Centered
- Trauma-Informed
- Assessment- & Outcomes-Driven

# Care Management Core Components

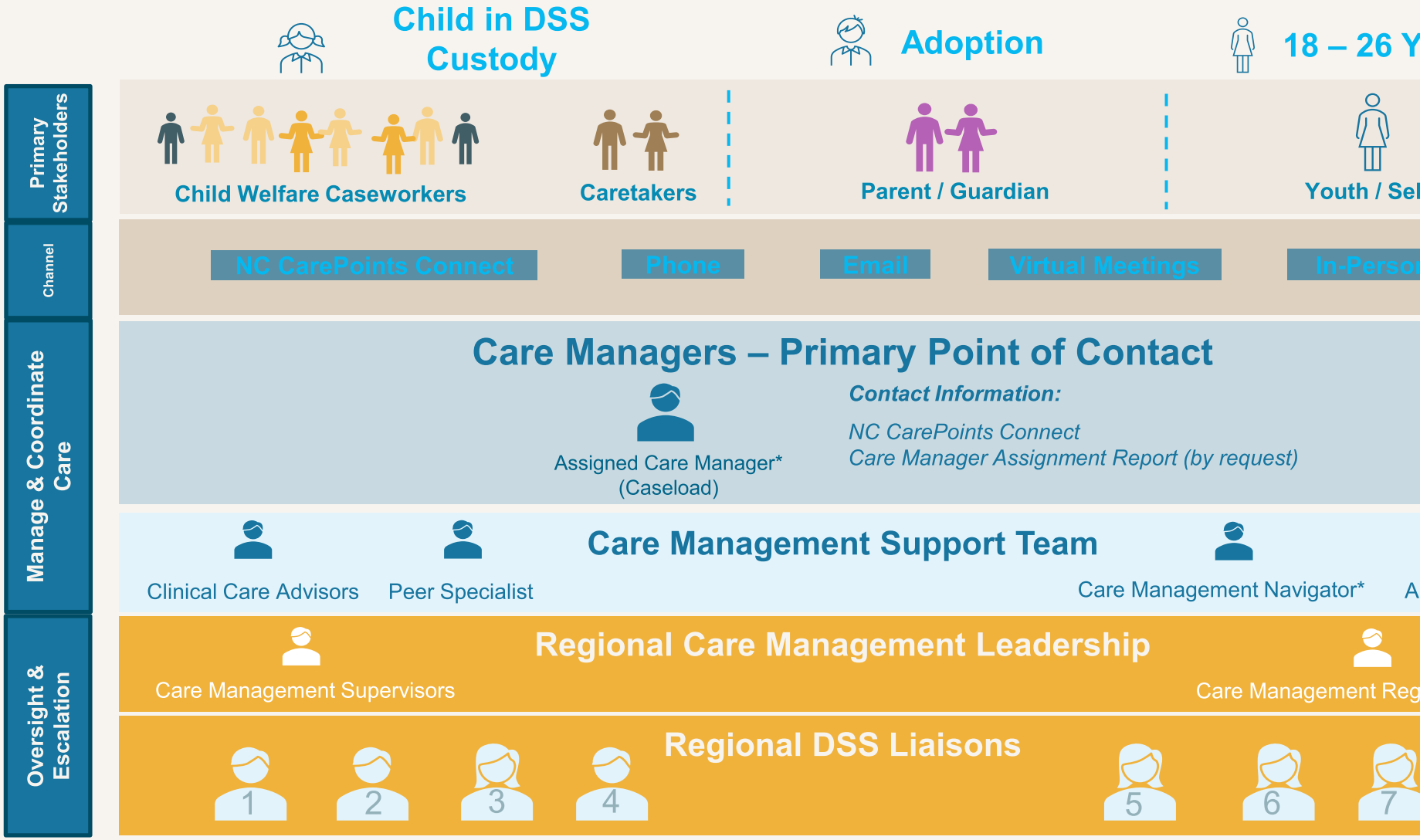
- Participation in **Child and Family Team (CFT) meetings**
- **Comprehensive screening and coordination** of trauma assessment
- **Risk determination** (and re-evaluation)
- **Regular medication review and reconciliation**
- **Intensive care management** and supports in coordination with others
- Continuity of care management **after permanency**
- **Support when placements are needed**

**Every child assigned a dec Manager within enrollm**

# Integrated Care Management Team


Healthy Blue Care To
Integrated Care Mana
staffing approach **em**
**local presence with**
**team supports** provi
expertise for the care
management team, n
and DSS.

# Care Management Operating Model






*Role may be co-locate
offices

# Care Management Co-location

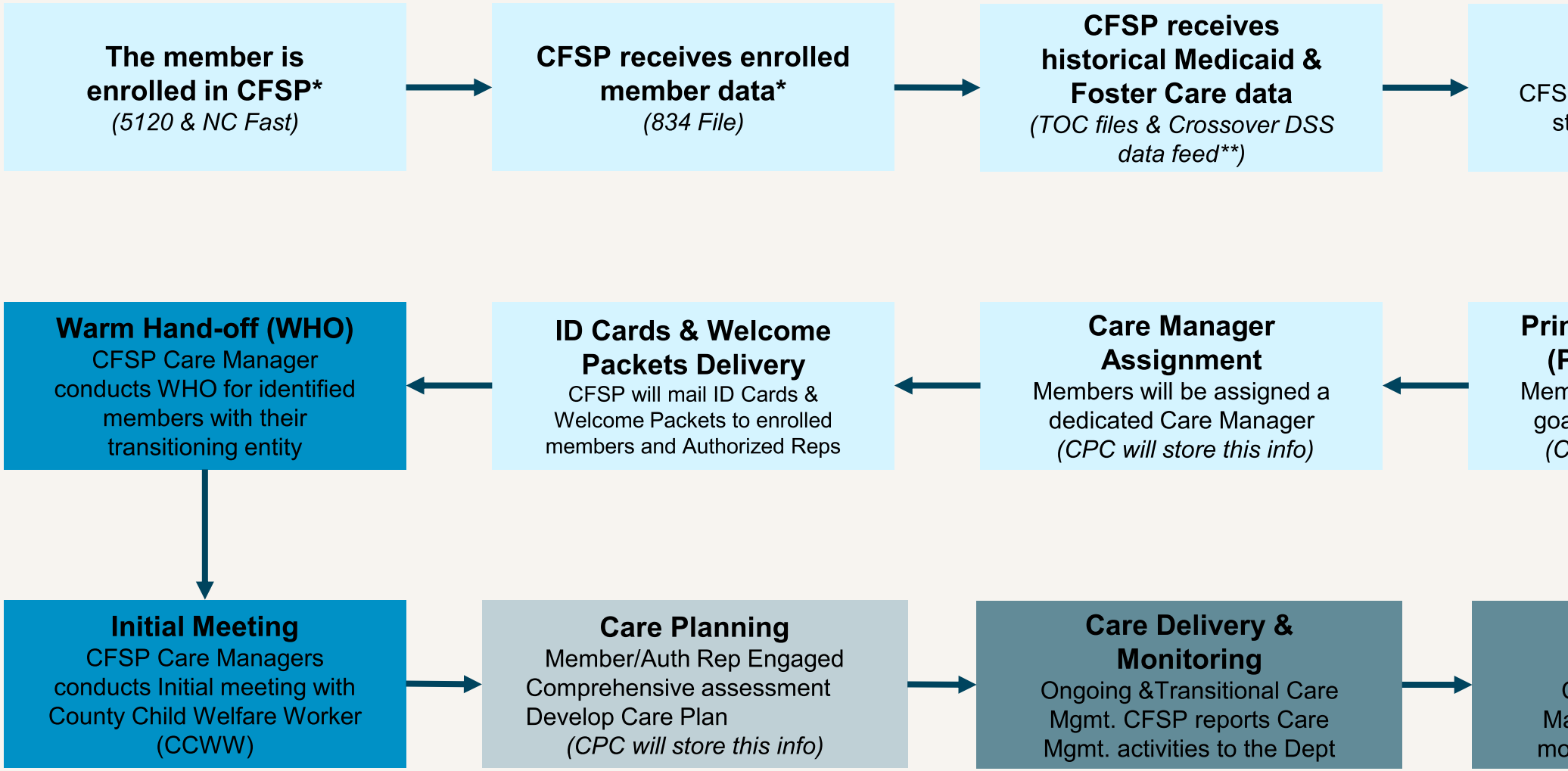
## Enhancing Our Operating Model

Co-location provides effective, timely communication, coordination, and collaboration between the youth's Child Welfare Worker and Healthy Blue Care Together to **enhance** our core care management operating model.

| | | | |
|---|---|---|---|
| **Co-located Care Manager** | Provides on-site, real-time support specific to their caseload. | If a need/issue arises for a child/youth outside their caseload, they will conduct preliminary research and kick start the resolution. | C<br>M<br>sea<br>c |
| **Co-located Care Management Navigator** (*no caseload, reserved for larger counties*) | If a need/issue arises for a child/youth, they will conduct preliminary research and kick start the resolution. | Coordinates with the assigne<br>ensure a seamless transit<br>resolution | |

*Co-location* ***does not replace the assigned Care Manager as the primary point of contac***

# Care Management Process

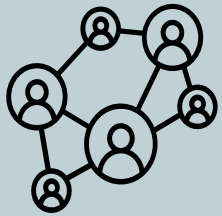


# Audience Response Question

Only high-risk members of the Children and Families Specialty plan will have a care manager.

# Provider Network

# Provider Approach



**Healthy Blue Care Together will use Healthy Bl strong, existing provider network.**

Additional providers who specialize in care, treatment, and therapeutic service in DSS custody will be added.

This includes:

- Residential treatment facilities (Levels II-PRTF)
- Community-based mental health providers (TICCA/Assessments, Intensiv Home, High-Fidelity Wraparound)
- 1915(i) services, including respite care
- Therapeutic Foster Care agencies
- Crisis Response and Crisis Transition

# League of Quality Providers (LOQP)


Providers participating in **our proprietary CFSP Leag**
**Providers** will have access to:

- Enhanced rates, incentives, and value-based paym arrangements
- Partnership to develop and scale effective services
- Free competency-based clinical training in a broad evidence-based treatment modalities
- Ongoing consultation by Regional LOQP Clinicians

We will partner with our network of providers as we see

- Reduce the number of children staying in DSS offic settings
- Increase local access, placement capacity and stab
- Increase and sustain the number of evidence-inform the Healthy Blue Care Together Network
- Maintain a 24/7 response to youth in behavioral hea

# AMH/PCP Choice & Assignment

**Before Launch**:

- Contracting deadline to ensure inclusion in PCP Auto Assignment is 9/1.
- The CFSP will **automatically assign** an AMH/PCP to all members between 10/17 - 10/23.
- Members and/or their authorized representatives will be able to **select and/or change** their AMH/PCP during the **choice period after auto assignment.**

**After Launch:**

- Members and/or their authorized repre will have an additional (90-120 days*) **to change** their AMH/PCP for any rea
- After the Choice Period, members and authorized representatives will be allo change their AMH/PCP **with cause (e placement changes) at any time an cause** twice a year.
- The CFSP shall assign the member to AMH/PCP within twenty-four (24) hou of enrollment in CFSP.

# Contracting

## Listening, engaging, and building together

**Contracting Process Overview:**

- Streamlined steps for existing and new providers
- Key milestones

**Introducing the New Network:**

- Key benefits and enhancements
- Support for onboarding new providers
- CFSP directory

**Reimbursement Considerations:**

- Committed to maintaining network and stability
- Open to feedback to refine and sta

**Our Commitment:**

- Actively listen to your concerns
- Transparent and open communicat
- Fostering long-lasting partnerships

# Target Outcomes for Specific Service Interventions

## Decrease inappropriate ED utilization & DSS boarding

- Increase treatment initiation (from referral to admission)

## Treatment stability & continuity of care: Improve near & long-term physical and beha health

- Increase well-child visits
- Increase clinical and functional improvement across life domains while in treatment
- Examples include:
  - Improve academic performance
  - Improve pro-social behaviors
  - Reduce justice involvement

# Target Outcomes for Specific Service Interventions (Cont.)

## Treatment stability & continuity of care: Improve near- & long-term physical and behavi (cont.)

- Reduction in the use of multiple psychotropic medications
- Reduction in admission to acute settings (ex. inpatient psychiatric)
- Reduction in placement/treatment moves

## Discharge & transitions of care: Improve outcomes at discharge and post discharge

- Completion of treatment goals prior to discharge
  - Family & youth satisfaction
- Increase frequency of prior engagement with post-discharge environment
- Increase 7-day follow-ups post discharge
- Reduction in readmissions to lateral or higher level of care post discharge
- Adherence to treatment gains post discharge (ex. 30/60/90 days)

# Provider Education

Register online:
Provider.healthybluenc.com

Click on Training Academy, then “Events to Keep You Up To Date”

| Upcoming CFSP Office Hours | |
|---|---|
| **Date** | **Office Hours Topic** |
| 14-Aug | Children and Families Specialty Plan (CFSP): Kindre Placement/Transition Support |
| 27-Aug | Children and Families Specialty Plan (CFSP): Kindre Placement/Transition Support |
| 17-Sep | Children and Families Specialty Plan (CFSP): Leagu Providers and Training |
| 23-Sep | Children and Families Specialty Plan (CFSP): Leagu Providers and Training |
| 13-Oct | Children and Families Specialty Plan (CFSP): Crisis System of Care/Tribal Coordination |
| 29-Oct | Children and Families Specialty Plan (CFSP): Crisis System of Care/Tribal Coordination |
| 12-Nov | Children and Families Specialty Plan (CFSP): Top In |
| 20-Nov | Children and Families Specialty Plan (CFSP): Top In |

# Audience Response Question

What is the contract deadline to ensure inclusion in PCP Auto Assignment?

# Contact Us

## Provider Services
nc_provider@healthybluenc.com

## Contracting
nc_contracting@healthybluenc.com

# Healthy Opportunities Pilot Update

Maria Perez, Associate Director
Healthy Opportunities Pilot

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# Why Do We Need the Healthy Opportunities Pilots?

The Healthy Opportunities Pilots has provided an unprecedented opportunity to deliver s
based, non-medical interventions to NC Medicaid enrollees to address social needs w

**Why it Works:** Research shows up to 80% of a person's health is determined by social and
factors and the behaviors.

**Pilot Vision and Goals**

- Improve outcomes for Medicaid members
- Reduce costs for NC Medicaid program
- Evaluate which services offer the highest value and impact
- Reduce differing health outcomes among populations served by the Pilots

**Long-term Goals of the Healthy Opportunities Pilots**

- Determine which of the 28-evidence based, federally-approved, food, housing, transporta
interpersonal violence services are most effective and make them statewide offerings of
Managed Care
- Determine which population(s) benefit most from the services
- Build and maintain the capacity of local community organizations to provide services and
infrastructure to bridge health and human service providers

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More information about Healthy Opportunities Pilots ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-

# HOP Service Winddown: Pilot Budget Update

- As of July 1, 2025, Healthy Opportunities Pilots (HOP) services have stopped due t absence of continued funding in the state budget for State Fiscal Years (SFY) 2026 The Department is hopeful this is a pause and remains in close conversation with th Carolina General Assembly. We also acknowledge the immediate impact to our part communities.

- Since its launch in 2022, HOP has delivered more than 1 million services to nearly 4 needs Medicaid members across 33 counties in North Carolina. Further, the program operated efficiently and become a national model for addressing non-medical drivers (data as of May 31, 2025).

# Healthy Opportunities Pilot Budget Update

## Next Steps

- Network Leads are expected to continue to monitor and oversee their network of HSO HSO infrastructure and support program communications during this time.
- HOP-participating Care Management Entities are expected to support with transitions activities, as necessary, as member services winddown.
- Some services may take several months to winddown for members facing health and health plan care managers will take on care management responsibilities for this sma members.
- The Department will continue to monitor the budget negotiation process and will notify adjustments to the HOP service delivery funds allocated for SFY26.

The Department recognizes the significant impact this change will have on the individua communities it serves.

# QUESTIO