



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

**JOSH STEIN** • Governor

**DEVPUTTA SANGVAI** • Secretary

**JAY LUDLAM** • Deputy Secretary, NC Medicaid

September 15, 2025

**Re: Children and Families Specialty Plan (CFSP) Non-Emergency Medical Transportation (NEMT) History Tracker**

Dear County Department of Social Services Directors:

NC Medicaid will launch the Children and Families Specialty Plan (CFSP) on December 1, 2025. The CFSP is a single, statewide NC Medicaid Managed Care health plan designed to support beneficiaries in receiving seamless, integrated and coordinated health care. Healthy Blue Care Together (HBCT) will administer the plan. Beneficiaries include NC Medicaid-enrolled children, youth and young adults currently and formerly served by Child Welfare. The CFSP will provide Non-Emergency Medical Transportation (NEMT) for members.

Starting October 17, 2025, CFSP members or their Authorized Representative can begin scheduling NEMT trips for appointments scheduled on or after December 1, 2025. To support continuity of care, HBCT will conduct outreach to high utilizers of NEMT, their Authorized Representative, or Foster Parent. A high utilizer is any member who requires four or more trips a month for non-emergency medical appointments. Identifying these members will help prevent a disruption in current services received while on Medicaid Direct. NC Medicaid is requesting support from the local agencies to gather necessary NEMT-related details for the high utilizers. HBCT will have access to claims data from NC Tracks to gather necessary NEMT-related details for the CFSP members, but information provided by the local agencies will help ensure HBCT has comprehensive information regarding priority members to begin proactive outreach.

Please review the details below and actions required to assist in these efforts. The CFSP NEMT History Tracker should be completed by local agencies and returned to the Division of Health Benefits (DHB)/NC Medicaid no later than Thursday, September 25, 2025.

**Considerations:**

- The tracker is prepopulated with all the Medicaid beneficiaries in your county who have been identified to be auto enrolled into CFSP effective December 1, 2025.
- CFSP members have a county of Residence and county of Administration. Per Medicaid policy, the Residential County is where the beneficiary resides. The Administrative County manages the Medicaid case. In some scenarios it is the residential county that coordinates and provides NEMT, in other scenarios the administrative county coordinates and provides

**NC MEDICAID**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS**

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NEMT. The beneficiaries listed on each county's tracker include those for which your county is listed as the administrative county or residential county (or both) to ensure data is collected for all beneficiaries.

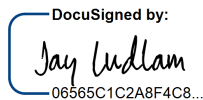
- The NEMT History Tracker for CFSP has been posted to NC FAST Help on the Home Page. The tracker is password protected with the usual NC FAST password used for other reports.
- If a tracker is submitted to DHB not in the template format, the county will be asked to resubmit the report as instructed so it can be consolidated. If there is missing information that is critical to have such as the name of the parent/legal guardian/authorized representative or foster parent for minor child; or contact information for the beneficiary/parent/ legal guardian/authorized representative/foster parent, the report will be returned for completion. Additional required information is outlined in the attached instructions. It is important that all fields are completed to the greatest extent possible with the information available. This information will help HBCT identify members that require proactive outreach.

### **Instructions for Completing the NEMT History Tracker**

Detailed instructions are attached to this letter and will be posted with the CFSP NEMT History Tracker on FAST Help. Please review the instructions prior to completing the tracker. The instructions provide step by step instructions and a legend providing guidance for every field on the tracker.

It is important to complete the county contact information located on the tracker should HBCT have any questions regarding the information provided. Once the tracker is complete, email the completed CFSP NEMT History Tracker via secure email to [Medicaid.OST.SpecialProjects@dhhs.nc.gov](mailto:Medicaid.OST.SpecialProjects@dhhs.nc.gov) by Monday, September 25, 2025, with the email subject line: "CFSP\_NEMT\_History\_Tracker\_[County Name]". Please ensure the appropriate naming convention for the tracker and email is used to avoid delays.

If you have questions, contact Brenda Gooch, NEMT Senior Manager, at [brenda.gooch@dhhs.nc.gov](mailto:brenda.gooch@dhhs.nc.gov) and Brianna Penn, NEMT Support, at [brianna.penn\\_ACN@dhhs.nc.gov](mailto:brianna.penn_ACN@dhhs.nc.gov).

DocuSigned by:  
  
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Jay Ludlam  
Deputy Secretary, NC Medicaid

(Attachments)

## Attachment 1

### CFSP Non-Emergency Medical Transportation (NEMT) History Tracker Instructions

Locate the CFSP NEMT History Tracker in FAST Help following the path: NC FASTHelp > CFSP > CFSP\_NEMT\_History\_Tracker. Open the tracker using the normal NC FAST password. Save the spreadsheet to your computer and rename it as “CFSP\_NEMT\_History\_Tracker\_[Your County]”. Enter the county contact information in the yellow boxes at the top.

The tracker is prepopulated with all the Medicaid beneficiaries in your county who have been identified to be auto enrolled into CFSP effective December 1, 2025. In some scenarios it is the residential county that coordinates and provides NEMT, in other scenarios the administrative county coordinates and provides NEMT. The beneficiaries listed on each county’s tracker include those for which your county is listed as the administrative county or residential county (or both) to ensure data is collected for all beneficiaries. Your individual county tracker lists the beneficiaries you will need to review and provide information for. No filtering is necessary.

If a tracker is submitted to the Department not in the template format, the county will be asked to resubmit the report as instructed so it can be consolidated. If there is missing information that is critical to have such as the name of the parent/legal guardian/authorized representative or foster parent for a minor child or contact information for the beneficiary/parent/ legal guardian/authorized representative or foster parent, the report will be returned for completion. It is important that all fields are completed to the greatest extent possible with the information available. This information will help HBCT identify members that require proactive outreach.

Please read through the instructions one time before starting the process. See the legend chart for explanations of the fields to be completed on the tracker. Once you start completing the information, be sure to save frequently throughout the completion process.

#### **Detailed steps:**

1. Navigate to your individual County tab in the tracker.
2. Fill in county contact information in the yellow boxes on the top left of your tab.
3. Review all the names shown in your county’s tab and identify those Medicaid beneficiaries for whom you provide NEMT four times per month or more by indicating Yes or No in Column I (look back one month through present day).
  - a. If the beneficiary is a frequent user, enter Yes in Column I and complete the remaining columns with the requested information.
  - b. If the beneficiary is NOT a frequent user, enter No in column I and stop. Do not complete any additional information for that individual.
4. Once step 3 is complete, check that all beneficiaries have been addressed. Go to Column I and click the drop-down. You should see “No”, “Yes”, and “Blanks”.

NOTE: if “Blanks” is not present, then you have addressed all of the beneficiaries for whom you are connected as the residential and/or administrative county.

5. Deselect “No” and “Yes”, so that only “Blanks” is checked. Click okay. This should bring those that need to be addressed up for you.
6. Address those beneficiaries answering yes or no for frequent user for everyone. If yes, complete the remaining fields as necessary.

Remember to save your spreadsheet periodically throughout the above process so you do not lose your work.

Once complete, email the tracker via secure email to

**[Medicaid.OST.SpecialProjects@dhhs.nc.gov](mailto:Medicaid.OST.SpecialProjects@dhhs.nc.gov)** with the subject line **“CFSP\_NEMT\_History\_Tracker [Your County Name Here].**

Attachment 2

## NEMT History Tracker Legend

Administrative County (prefilled)	Administrative county of the beneficiary requiring the NEMT
Residential County (prefilled)	Residential county of the beneficiary requiring the NEMT
Administrative and Residential County Same or Different? (prefilled)	Is the beneficiary's administrative county and residential county the same or different?
First Name (prefilled)	First name of the beneficiary requiring the NEMT
Last Name (prefilled)	Last name of the beneficiary requiring the NEMT
CNDS ID (prefilled)	Medicaid/CNDS ID of the beneficiary requiring the NEMT
DOB (prefilled)	Date of birth of the beneficiary requiring the NEMT
Child/Youth in DSS Custody (prefilled)	Is this beneficiary in DSS custody? Yes (Y) or No (N)
<b>Required:</b> Frequent NEMT User	Does this beneficiary require 4 or more trips per month? Yes (Y) or No (N)
Name of Parent/ Legal Guardian/Authorized Representative or Foster Parent who provides and coordinates transportation	Enter name of parent/ legal guardian/authorized representative/ or foster parent who provides and coordinates transportation if the beneficiary is a minor child or if adult beneficiary has an authorized representative that schedules NEMT
<b>Required:</b> Contact Phone Number for Beneficiary/ Parent/ Legal Guardian/Authorized Representative/Foster Parent	Enter contact phone number for beneficiary/ parent/ legal guardian/authorized representative or foster parent who provides and coordinates transportation
Additional Support Accommodations Needed for Travel	Does this beneficiary have additional support accommodations needed for travel? Yes (Y) or No (N)
<b>Required:</b> Private Reimbursement	Is the NEMT service via private reimbursement for this beneficiary, such as mileage reimbursement or gas voucher - Yes (Y) or No (N)
Frequency	If the beneficiary has a consistent frequency of trips (e.g., goes to dialysis 3 times per week; M/W/F) please indicate that here
<b>Required:</b> Mode of Transport	Mode of transport used. Enter: car, wheelchair van, ambulance, etc. Use the Notes on Transportation Information and Special Accommodations column (column S) if more detail is required.
<b>Required:</b> Beneficiary Transported by County DSS Staff or Foster/Kinship/ Placement Parents (Yes/No)	Is the beneficiary transported by County DSS Staff or Foster/Kinship/Placement Parents? Yes (Y) or No (N)

Frequently Used NEMT Transportation Provider Name	If applicable, name of frequently used NEMT transportation provider
NEMT Transportation Provider NPI#	NPI/API for transportation provider
Notes on Transportation Information and Special Accommodations (ex: Dialysis, Chemo, Therapy, Support for Visually Impaired Members)	Any special notes to share with the health plan to assist in the continuity of care for this beneficiary such as transportation for dialysis, chemo, therapy and support for visually impaired members.