



North Carolina's Children and Families Specialty Plan¹ Frequently Asked Questions (FAQs)

On February 18, 2022, the North Carolina Department of Health and Human Services (NCDHHS) issued a [policy paper](#) describing the updated design of the Children and Families Specialty Plan (CFSP) (formerly referred to as the "Specialized Foster Care Plan" or "FC Plan"). The policy paper's release follows a year-long stakeholder engagement effort to improve upon the initial CFSP design.

The FAQs provide answers to questions about this specialized health plan for children, youth and families served by the child welfare system. A slide deck summarizing the features of CFSP can be found [here](#).

WHAT IS THE CHILDREN AND FAMILIES SPECIALTY PLAN?

In July 2021, North Carolina launched Medicaid Managed Care, changing how most people receive Medicaid, a health care program. With Medicaid Managed Care, North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical health, behavioral health and other health services for Medicaid and NC Health Choice beneficiaries.

As part of the transformation efforts, North Carolina will launch the CFSP – a single, statewide health plan – that will coordinate health care services, including physical health, behavioral health, pharmacy, long term services and supports (LTSS) and Intellectual/ Developmental Disability (I/DD) services, as well as unmet health-related resource needs for Medicaid or NC Health Choice-enrolled children, youth and families served by the child welfare system. Individuals who enroll in the CFSP are referred to as "members" throughout this FAQ.

WHAT MAKES THE CHILDREN AND FAMILIES SPECIALTY PLAN UNIQUE?

The CFSP is designed to meet the unique needs of children, youth and families served by the child welfare system and promote seamless and coordinated healthcare. The CFSP will:

- Operate statewide and increase access to a broad range of physical health, behavioral health, pharmacy, long-term services and supports (LTSS) and I/DD services, as well as unmet health-related resource needs for all members.

¹ The Children and Families Specialty Plan (CFSP) is a placeholder name. NCDHHS intends to identify a new name for the CFSP to better represent the objective of the managed care plan and its target populations.

- Take a family-focused approach to care delivery to help keep families safely together, prevent family disruptions and advance permanency goals for children, youth and their families.
- Coordinate closely with the Division of Social Services, local Departments of Social Services (DSS), Eastern Band of Cherokee Indian (EBCI) Family Safety Program and more broadly, with the System of Care, a comprehensive network of community-based services and supports.
- Provide care management (e.g., coordinate health care services) to all members to support integrated, whole-person care and foster coordination across providers.
- Support members in shared decision-making and during transitions, including between health care settings and when transitioning out of foster care or Medicaid.
- Build a statewide provider network and train providers and Plan staff in the unique needs and experiences of children, youth and families served by the child welfare system.
- Ensure all members receive high-quality health care services that promote overall health and well-being.

WHO WILL BE ELIGIBLE FOR THE CHILDREN AND FAMILIES SPECIALTY PLAN?

Based on extensive stakeholder feedback, the CFSP will include children, youth and families served by the child welfare system to help support family preservation and reunification.

Specifically, pending legislative changes and reconfiguration of information technology systems, and with limited exceptions,² the following Medicaid and NC Health Choice-enrolled populations will be eligible for the CFSP:

- Children and youth in foster care
- Children receiving adoption assistance

² The following populations are excluded from NC Medicaid Managed Care: beneficiaries who are enrolled in both Medicare and Medicaid for whom Medicaid coverage is limited to the coverage of Medicare premiums and cost sharing; qualified aliens subject to the five-year bar for means-tested public assistance under 8 U.S.C. § 1613 who qualify for emergency services under 8 U.S.C. § 1611; undocumented aliens who qualify for emergency services under 8 U.S.C. § 1611; medically needy Medicaid beneficiaries except for beneficiaries enrolled in the Innovations or TBI waivers; presumptively eligible beneficiaries, during the period of presumptive eligibility; beneficiaries who participate in the North Carolina Health Insurance Premium Payment (NC HIPPP) program except for beneficiaries enrolled in the Innovations or TBI waivers; beneficiaries who are inmates of prisons or jails; beneficiaries being served through CAP/C; beneficiaries being served through CAP/DA (includes beneficiaries receiving services under CAP/Choice); beneficiaries with services provided through the Program of All Inclusive Care for the Elderly (PACE); and certain uninsured individuals receiving COVID-19 testing during the public health emergency. Individuals otherwise eligible for the CFSP who are Innovations or TBI waiver enrollees, beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), or eligible for the Transition to Community Living (TCL) must enroll in a Tailored Plan to access those services; they may opt-in to the CFSP when they no longer require those services. Tribal members and other individuals eligible to receive Indian Health Services, including North Carolina's federally recognized tribe (the Eastern Band of Cherokee Indians) and state-recognized tribes, may opt-in.

- Former foster care youth under age 26³
- Minor children of children and youth in foster care, children receiving adoption assistance and former foster care youth who are eligible for the CFSP
- Parents, guardians, custodians and minor siblings of children/youth in foster care^{4,5}
- Families receiving Child Protective Services (CPS) In-Home Services, specifically:
 - Adults included in the NC In-home Family Services Agreement as caregivers
 - Minor children included on the NC In-home Family Services Agreement

To enroll in the CFSP, family members of children in foster care and receiving CPS In-home Services must be Medicaid or NC Health Choice-enrolled and Medicaid Managed Care-eligible. All individuals eligible to participate in both the CFSP and the EBCI Tribal Option will be enrolled in the EBCI Tribal Option but will be given the choice to opt into the CFSP.

Given the system reconfigurations needed to operationalize the CFSP, NCDHHS anticipates it may be necessary to phase-in enrollment for CFSP-eligible populations and will issue further guidance following additional operational planning but prior to release of the Request for Proposals (RFP).

HOW WILL ELIGIBLE INDIVIDUALS RECEIVE THEIR MEDICAID HEALTH CARE SERVICES PRIOR TO THE CHILDREN AND FAMILIES SPECIALTY PLAN LAUNCH?

Until the CFSP launches, most children and youth in foster care, children receiving adoption assistance and former foster care youth will continue to receive Medicaid services through NC Medicaid Direct.⁶ Between the time when Tailored Plans and CFSP launch, these individuals will receive care management delivered via one of the two pathways as outlined below:

- Children and youth who are Tailored Plan-eligible⁷ will receive Tailored Care Management (TCM) through a Prepaid Inpatient Health Plan (PIHP) operated by an LME/MCO

³ Former foster youth who transitioned out of the child welfare system outside of North Carolina remain eligible for Medicaid coverage until they reach the age of 21; former foster youth who aged out of the child welfare system in North Carolina remain eligible until they reach the age of 26.

⁴ The CFSP will recognize the Tribal definition of “parents, guardians, and custodians” in determining Tribal member eligibility for the Plan.

⁵ North Carolina passed legislation that will allow Medicaid-enrolled parents of children entering the foster care system to keep their Medicaid coverage while they are working toward reunification.

⁶ NC Medicaid Direct is North Carolina’s current health care program for Medicaid beneficiaries who are not enrolled in NC Medicaid Managed Care

⁷ To be TP-eligible, a child/youth must have a serious emotional disturbance/serious mental illness (SMI/SED), severe substance use disorder (SUD), intellectual/developmental disability (I/DD) or traumatic brain injury (TBI).

- Children and youth who are not Tailored Plan eligible will receive care coordination through Community Care of North Carolina (CCNC) and a PIHP operated by an LME/MCO.

Many other people who will be eligible for the CFSP once it launches have already begun receiving Medicaid services through NC Medicaid Managed Care; NCDHHS will provide more information about the opportunity to enroll in the CFSP prior to launch. NCDHHS must make significant systems changes to launch the CFSP and will keep stakeholders updated about the potential timeline.

WHAT BENEFITS WILL THE CHILDREN AND FAMILIES SPECIALTY PLAN COVER?

The CFSP will cover a comprehensive set of physical health, behavioral health, I/DD, LTSS and pharmacy benefits.⁸ The CFSP will also be responsible for addressing other health-related needs, including housing, food, transportation and interpersonal violence. Some benefits, such as dental services, will only be available outside of the CFSP. Individuals enrolled in CFSP will access those benefits, as needed, the same way they do today.

HOW WILL THE CHILDREN AND FAMILIES SPECIALTY PLAN CARE MANAGEMENT MODEL SUPPORT MEMBERS?

The CFSP will provide robust, whole-person plan-based⁹ care management to all members by assigning a specially trained care manager to each member. Care managers will be responsible for helping members navigate their health and health-related needs and access needed physical and behavioral health services. Specifically, CFSP care managers will:

- Identify each member's health and health-related needs through a comprehensive assessment and develop a care plan.
- Coordinate closely with the member's care team, including the member's primary care provider (PCP), assigned County Child Welfare worker or EBCI Family Safety Program staff, parent(s), guardian(s), or custodian(s) and others, as appropriate.
- Conduct medication management for all members, including reconciling medications for members experiencing health care or life transitions (e.g., enrolling in the CFSP, changing child welfare placements), ensuring members have an adequate supply of essential medications, and leveraging CFSP clinical staff to monitor the appropriateness of member medication regimens.

⁸ Individuals eligible for the CFSP who are on the Innovations or Traumatic Brain Injury (TBI) waivers, served by intermediate care facilities for individuals with intellectual disabilities (ICF-IID) or TRACK at Murdoch Center, eligible for North Carolina Transitions to Community Living (TCL), or need State-funded Services will be required to enroll in a Behavioral Health I/DD Tailored Plan to access those services.

⁹ With NCDHHS's approval, the CFSP may, at its discretion, delegate care management functions to community-based entities, provided that those entities are meaningfully integrated into the CFSP's statewide model.

- Support transitions between treatment settings or health plans to ensure continuity of care.
- Support transition planning for members transitioning out of the child welfare system or losing Medicaid eligibility upon turning 26, including development of a “Health Passport” to track upcoming appointments, medications and medical records.
- Identify key health-related resources and supports, such as housing, food and transportation necessary to meet health care-related goals.

WHAT WILL THE CHILDREN AND FAMILIES SPECIALTY PLAN PROVIDER NETWORK LOOK LIKE TO MEET MEMBERS’ NEEDS?

The CFSP will have a statewide network of physical health, behavioral health, I/DD and LTSS providers across North Carolina to meet the needs of eligible members. The CFSP will have an “any willing provider”¹⁰ network for all services except a subset of behavioral health services.¹¹ The goal is to provide access to high quality, specially-trained providers that best meet members’ needs as close to where a member lives as possible. All members will be assigned a PCP once enrolled in the CFSP.

HOW CAN I PROVIDE FEEDBACK ON THE CHILDREN AND FAMILIES SPECIALTY PLAN?

NCDHHS welcomes feedback from stakeholders as it continues to refine the CFSP design. Please submit feedback and recommendations to NCDHHS at Medicaid.NCEngagement@dhhs.nc.gov.

More details about the CFSP, including resources from the CFSP Workgroup, are available on [NC Medicaid’s Children and Families Specialty Plan webpage](#).

¹⁰ “Any willing provider” means that the CFSP must accept into its network any provider that is Medicaid or NC Health Choice-enrolled, meets certain quality standards and agrees to the CFSP’s network rates.

¹¹ The CFSP will have a closed network for intensive in-home services, multisystemic therapy, residential treatment services and Psychiatric Residential Treatment Facilities (PRTFs).