

**Thank you for joining. The Community Partners webinar will begin shortly.
Gracias por unirte. El seminario web para socios comunitarios comenzará en breve.**

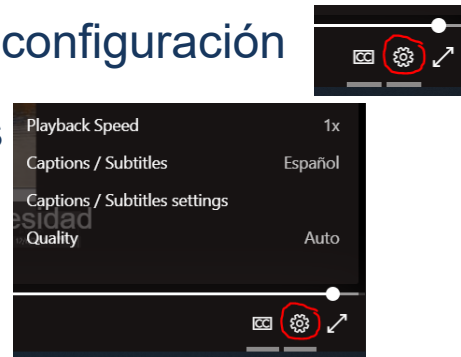
A copy of today's slide deck and recording will be available on our website at
medicaid.ncdhhs.gov/transformation/more-information

Una copia de la presentación y de la grabación de hoy estará disponible en nuestro sitio web

Quick tips on attending a Microsoft Teams Live Event / Consejos rápidos para asistir a un evento en vivo de Microsoft Teams.

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- Click the settings (gear icon) / Haga clic en el icono de configuración
- Click captions/subtitles / Haga clic en captions/subtitles

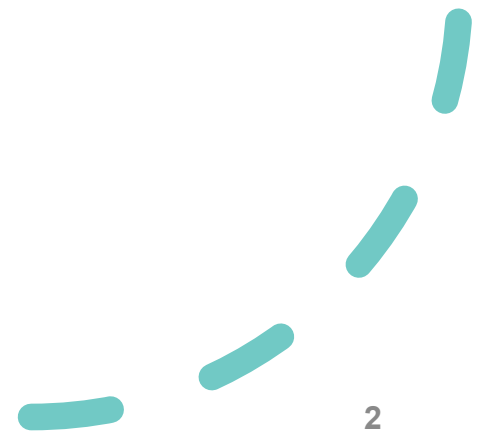


Use the Q&A feature at the top right of the screen to ask questions and provide comments, we will try to answer as many questions as possible in the Q&A session at the end of the webinar.

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**Ericka
Johnson**

**Chief of Staff
NC Medicaid**



NC Medicaid Community Partners Webinar

July 30, 2025



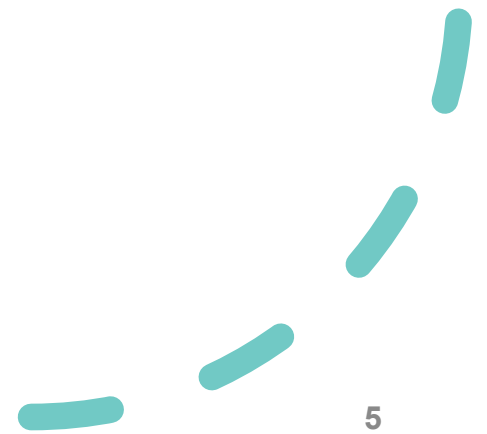
AGENDA

- Welcome
- Medicaid Updates
- Children and Families Specialty Plan
- Healthy Opportunity Pilots
- Long Term Services and Supports
- Resources
- Questions & Answers

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**Jay
Ludlam**

**Deputy Secretary
NC Medicaid**



Medicaid Updates

H.R.1, the "One Big Beautiful Bill Act," makes major changes to Medicaid's structure and funding that will eventually reduce federal support for North Carolina's program, with most changes taking effect over the next one to five years.

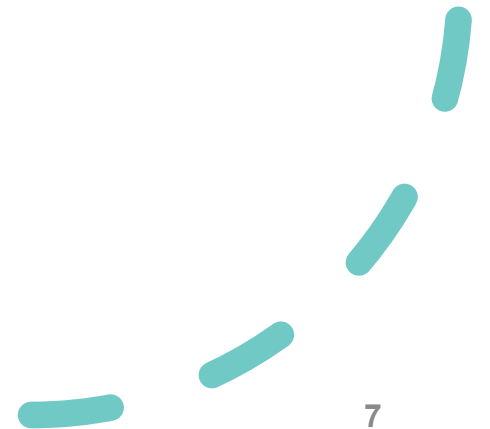
Key Messages

- It includes changes to some eligibility requirements and procedures and reduces the amount of federal money that North Carolina will get to support the Medicaid program.
- Most of the changes in the new law do not happen right away, and many of the changes will not happen for another one to five years.
- Once details are finalized, NC Medicaid will share information with beneficiaries and applicants about the new requirements.

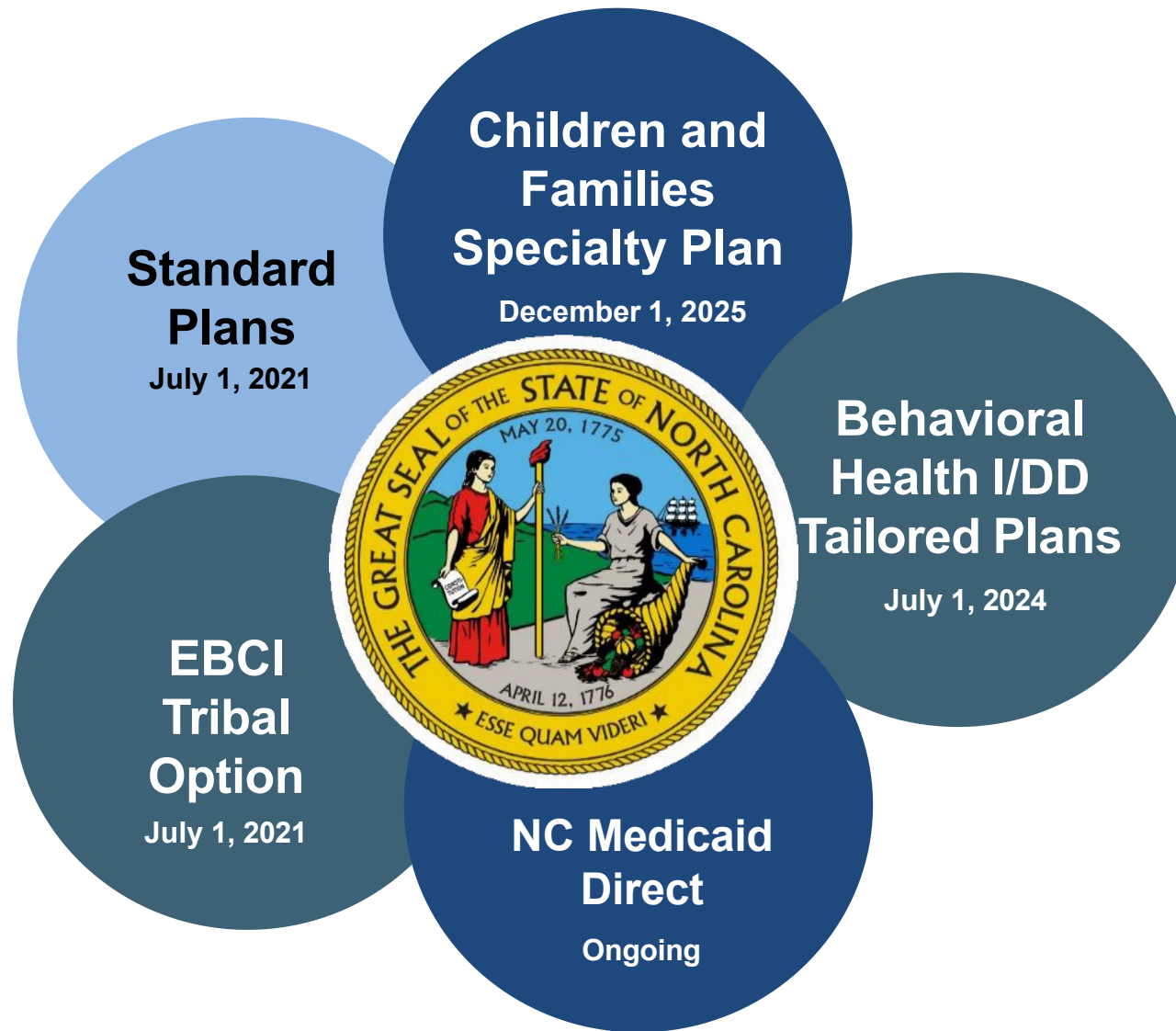


**Chameka
Jackson**

**Associate Director
Children and Families Specialty Plan**



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, statewide health plan that will be managed by Blue Cross and Blue Shield of North Carolina under the name Healthy Blue Care Together.

NC Medicaid beneficiaries in foster care, receiving adoption assistance and enrolled in the former foster 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 health care 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, care management, long term services and supports (LTSS), Intellectual/Developmental Disability (I/DD) services and unmet health-related resource needs.

UNIQUE COMPONENTS OF CFSP

- Single statewide contract to lessen disruptions in continuity of care and maintain treatment plans when a members' geographic location changes.
- Significant coordination between NC Medicaid, NC Department of Social Services, local Departments of Social Services (DSS) and the Eastern Band of Cherokee Indians Family Safety Program will be required to successfully administer the program.
- A family-focused approach to care delivery to strengthen and preserve families, prevent entry and 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 most Tailored Plan benefits including 1915(i) services.
- Care Management model connecting local DSS with CFSP, Medicaid and significant Care Coordination requirements (including co-location).

ELIGIBILITY

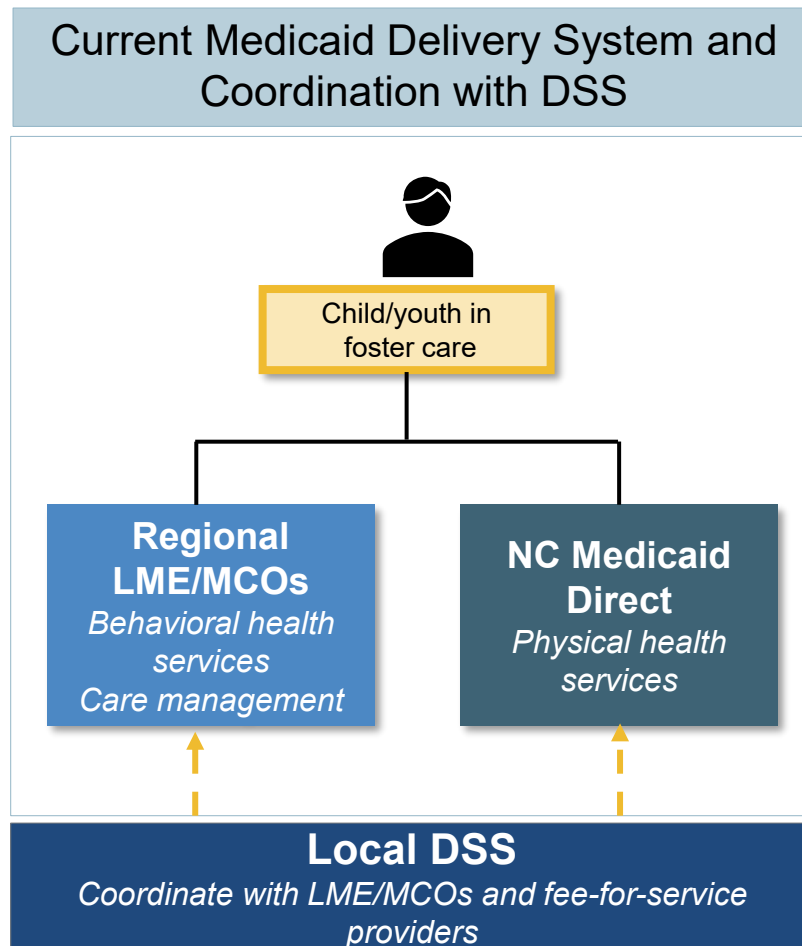
NC Medicaid beneficiaries in foster care, receiving adoption assistance and enrolled in the former foster care eligibility will be eligible for the Children and Families Specialty Plan.

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 December 31, 2022
- Former foster care children in any state who turned age 18 on or after January 1, 2023
- Minor children of these populations
- Children and youth currently in the EBCI Family Safety Program, or meet the criteria above, will not be auto-enrolled in the Children and Families Specialty Plan but will have the option to enroll

DESIGNED TO ADDRESS CURRENT SYSTEM CHALLENGES

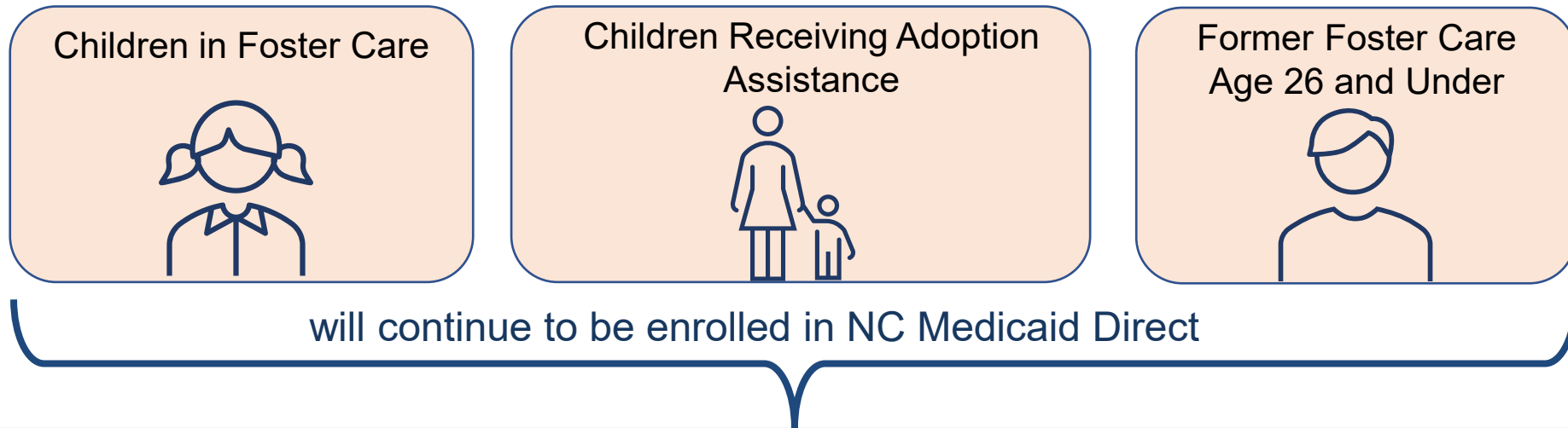
Children and youth served by the child welfare services receive Medicaid services through a split system of care, which has created challenges around coordination and meeting the population's unique needs.



- **Disruptions in continuity of care and providers** due to population's frequent movement between placements.
- **Lack of service coordination, impeding timely access to care**, due to transitions between various regional entities; no one entity is accountable for provision of whole-person care and care coordination.
- **Challenges meeting needs of children and youth in foster care with complex physical and behavioral health or I/DD needs**, resulting in restrictive residential or out-of-state placements.
- **Limited focus on unique needs of populations exposed to Adverse Childhood Experiences and provision of trauma-informed care** as part of health care service delivery and care management.
- **Limited array of available community-based services** across the state to support children remaining in family settings or the least restrictive setting possible.

Until CFSP Launch... Current Medicaid enrollment Options

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



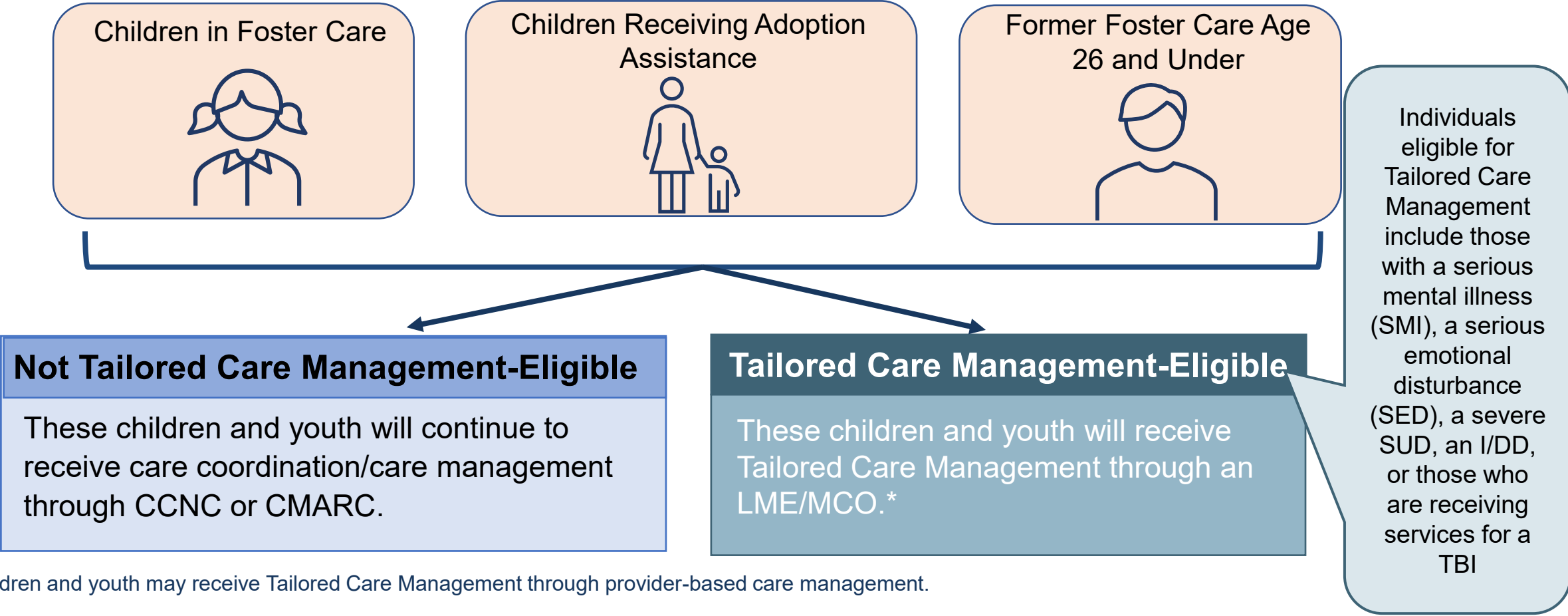
NC Medicaid Direct is the State's health care program for Medicaid beneficiaries not enrolled in a Standard Plan, Tailored Plan or EBCI Tribal Option.

It provides beneficiaries with physical health, pharmacy, long term services and supports, and behavioral health services (including for mental health disorder, substance use disorder (SUD), intellectual/developmental disability (I/DD) 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 (TBI) waiver will be auto-enrolled in a Tailored Plan.

Until CFSP Launch... Care Management Options

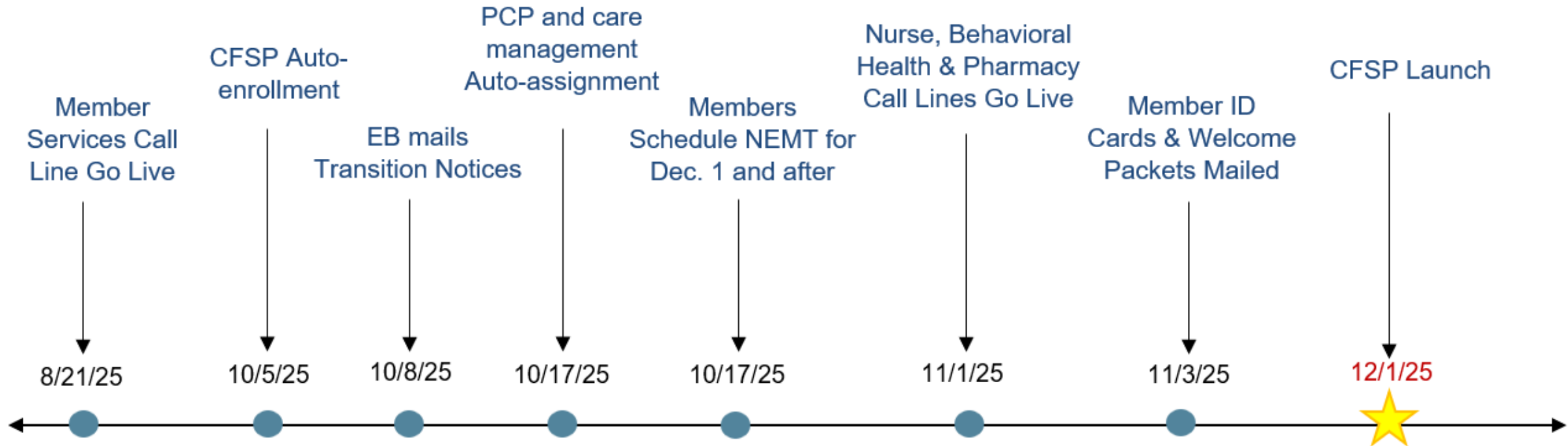
Most children, youth and young adults currently and formerly served by the child welfare services will continue to receive care management as they do today.



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

CFSP Member Milestones

Children and Families Specialty Plan Milestones



Day 1 Priorities for CFSP Launch

Individuals get the care they need

Providers can submit claims for payment to CFSP

Members can access necessary medications

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 has adequate Provider Networks per contract definition

Calls made to call centers are answered promptly

PROVIDER CONTRACTING

Sept. 1, 2025, is the last day for Primary Care Providers (PCPs) to have fully executed contracts with the Children and Families Specialty Plan (CFSP) for inclusion at the start of the Beneficiary Choice Period.

Providers who wish to participate in CFSP should contact Healthy Blue Care Together to discuss the contracting process and requirements.

For inquiries, please use the following contacts:

Email:

Contracting Inquiries: NC_Contracting@healthybluenc.com

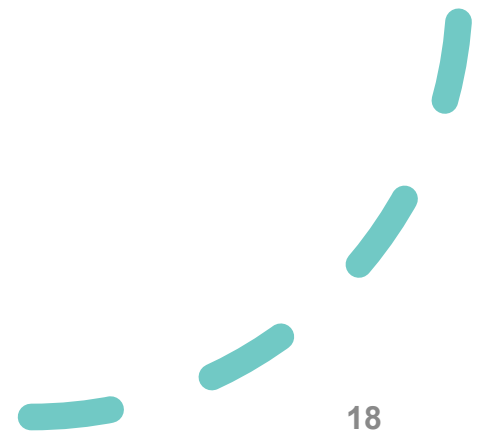
General Questions and Comments: NC_Provider@healthybluenc.com

Phone: 844-594-5072



**Andrea
Price-
Stogsdill**

**Program Manager
Healthy Opportunities**



Why Do We Need the Healthy Opportunities Pilots?

The Healthy Opportunities Pilots has provided an unprecedented opportunity to deliver selected, evidence based, non-medical interventions to NC Medicaid enrollees to address social needs within Medicaid.

Why it Works: Research shows up to 80% of a person's health is determined by social and environmental 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, transportation and interpersonal violence services are most effective and make them statewide offerings of NC Medicaid Managed Care
- Determine which population(s) benefit most from the services
- Build and maintain the capacity of local community organizations to provide services and establish infrastructure to bridge health and human service providers

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

HOP Service Winddown: Pilot Budget Update

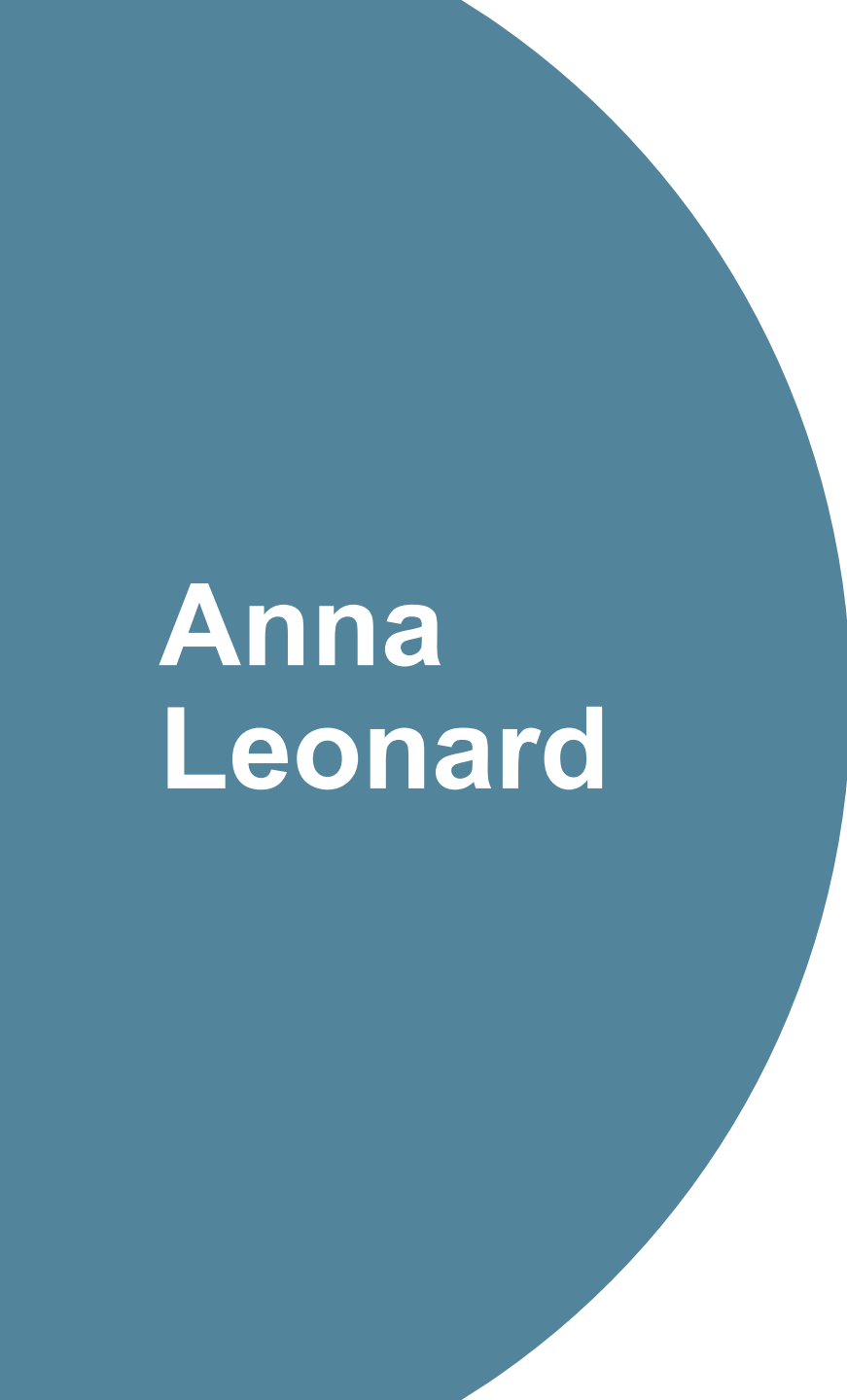
- As of July 1, 2025, Healthy Opportunities Pilots (HOP) services have stopped due to the absence of continued funding in the state budget for State Fiscal Years (SFY) 2026 and 2027. The Department is hopeful this is a pause and remains in close conversation with the North Carolina General Assembly. We also acknowledge the immediate impact to our partners and communities.
- Since its launch in 2022, HOP has delivered more than 1 million services to nearly 40,000 high-needs Medicaid members across 33 counties in North Carolina. Further, the program has operated efficiently and become a national model for addressing non-medical drivers of health (data as of May 31, 2025).

Healthy Opportunities Pilot Budget Update

Next Steps

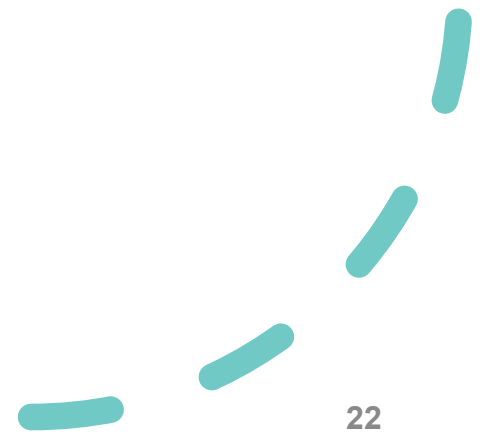
- Network Leads are expected to continue to monitor and oversee their network of HSOs, manage the HSO infrastructure and support program communications during this time.
- HOP-participating Care Management Entities are expected to support with transitions of care activities, as necessary, as member services winddown.
- Some services may take several months to winddown for members facing health and safety risks, health plan care managers will take on care management responsibilities for this small subset of members.
- The Department will continue to monitor the budget negotiation process but even with the "mini-budget" passage, at this time there are still no funds available Healthy Opportunities for SFY26.

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



**Anna
Leonard**

**Support Care Assess Evaluator
Long Term Care and Supports (LTSS)**

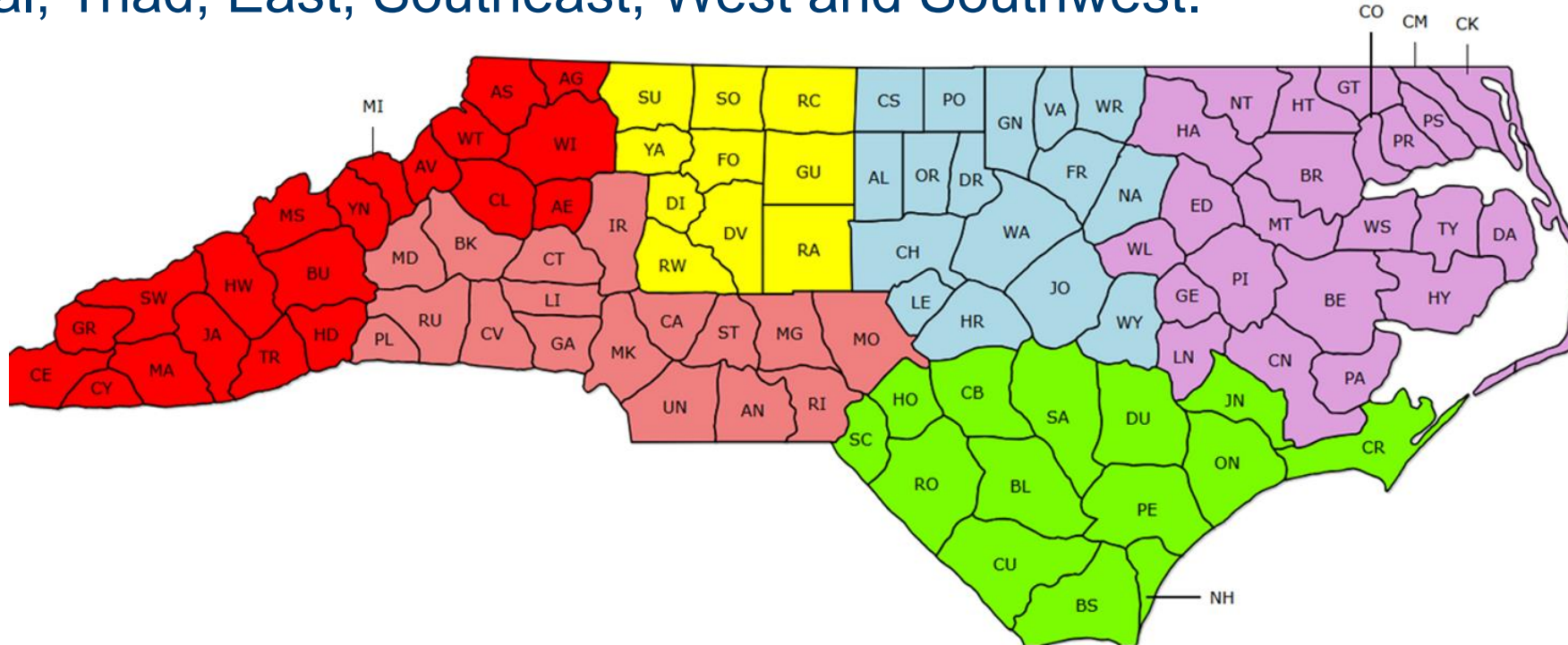


COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN OVERVIEW

- Community Alternatives Program for Children (CAP/C) is a NC Medicaid Home and Community-based Services (HCBS) program authorized under section 1915(c) of the Social Security Act.
- CAP/C serves medically fragile individuals at risk for institutionalization.
- As of July 2025, approximately 3,900 beneficiaries are participating in CAP/C.
- We are currently in year 3 of the waiver. By year 5, the CAP/C program can serve 6,000 individuals.
- Referrals are accepted through a no wrong door process.

CAP/C OVERVIEW - REGIONAL MAP

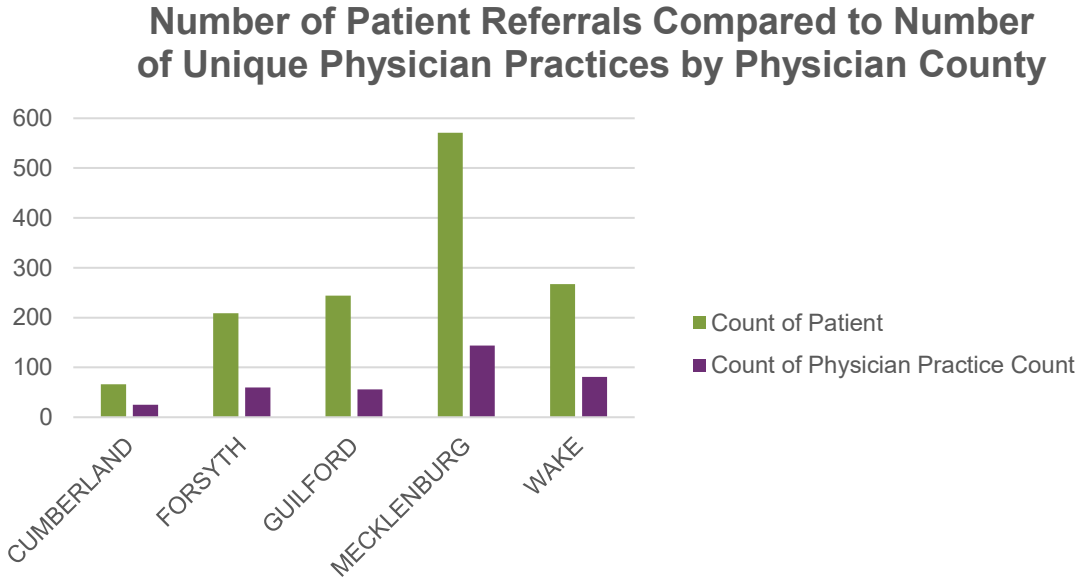
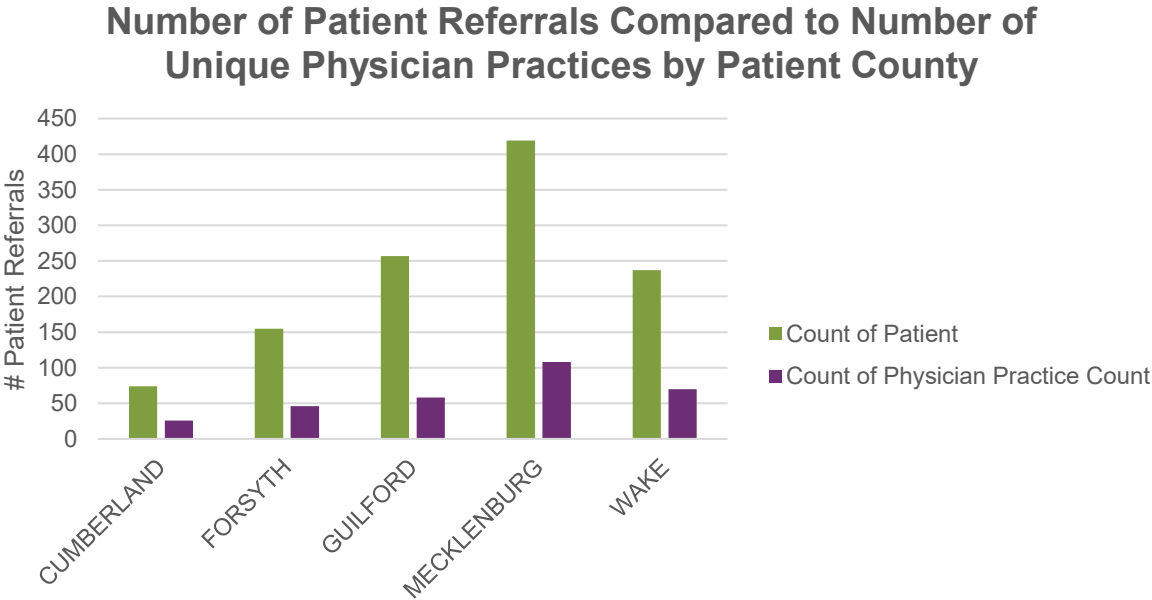
The map shows the CAP/C program planning is sorted by six regions: Central, Triad, East, Southeast, West and Southwest.



- **Purple is EAST**
- **Blue is CENTRAL**
- **Yellow is TRIAD**
- **Green is SOUTHEAST**
- **Red is WEST**
- **Pink is SOUTHWEST**

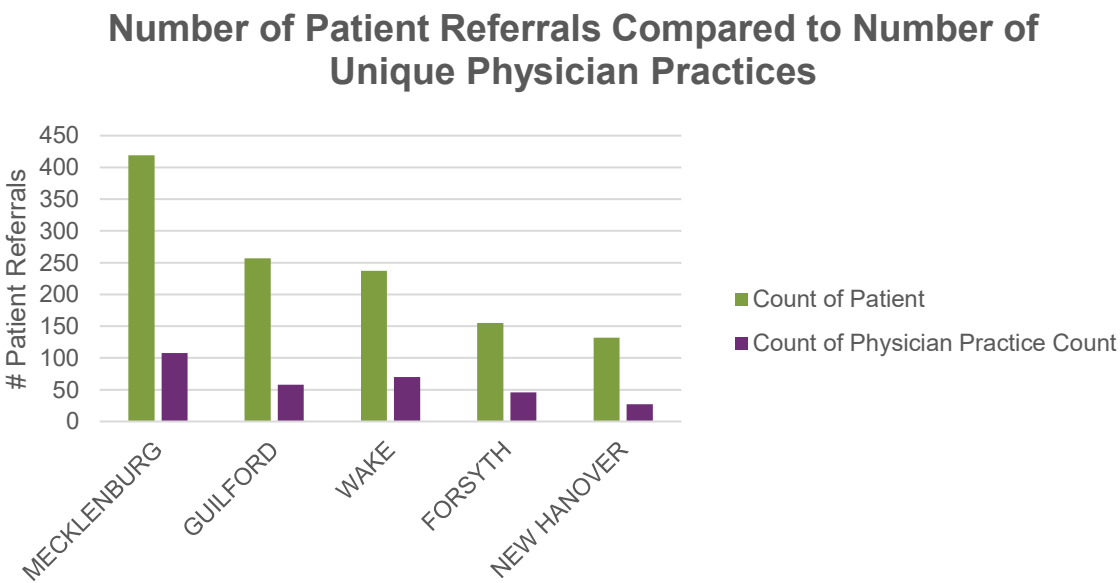
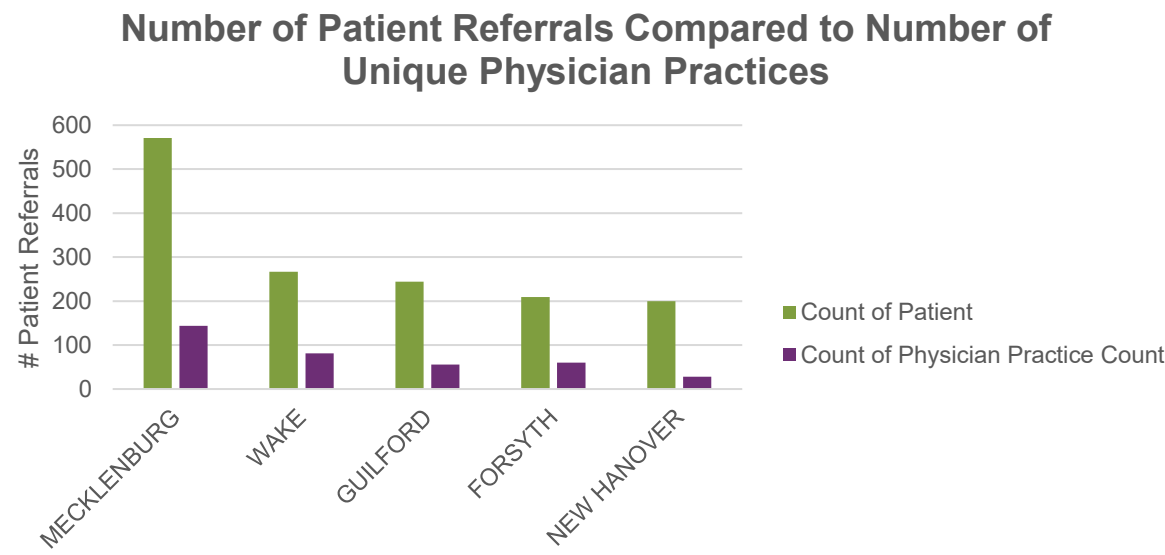
CAP/C REFERRALS

- When looking at the number of CAP/C referrals using the patient’s county as the point of reference, the number of referrals appears proportionate to the size of the county.
- When using the provider’s address, the chart is much less proportionate.
- CAP/C referrals are likely to come from another county from the resident’s home county.

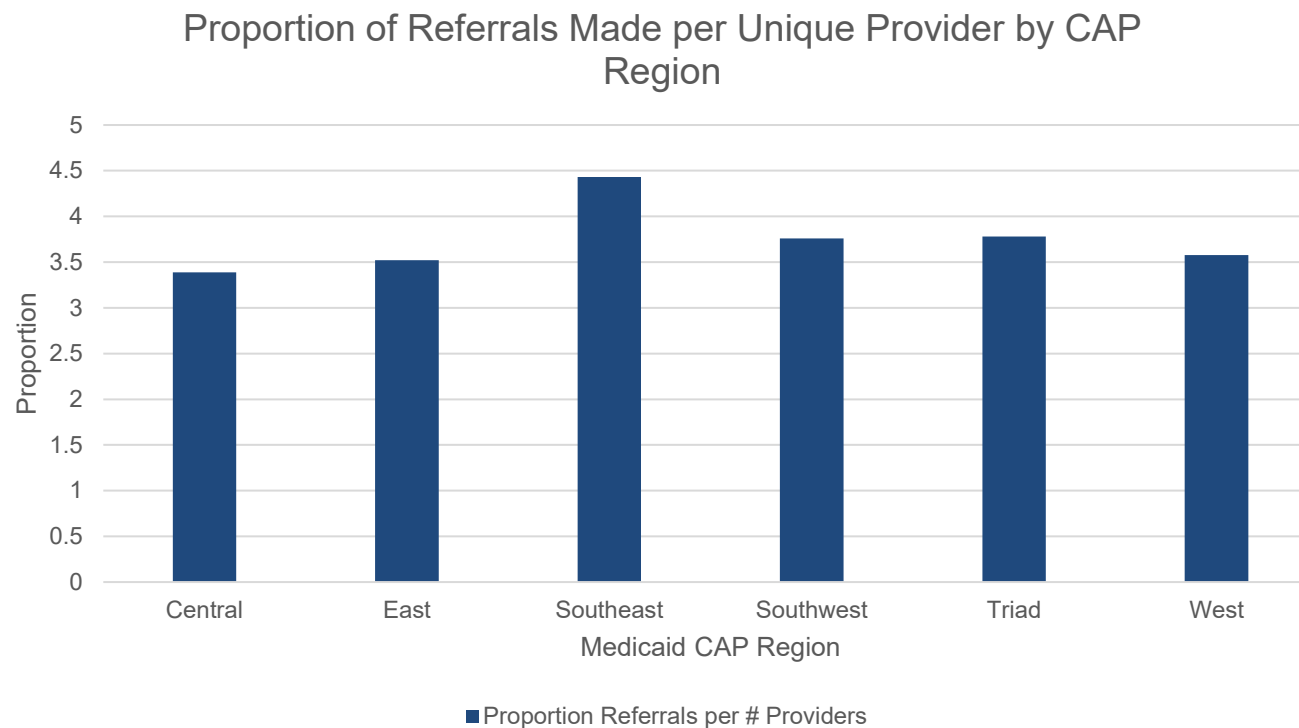


CAP/C REFERRALS

- The distribution of top 5 counties by number of referrals is not the same as the top 5 counties by population.
- For example, New Hanover is the 12th largest county but shows the 5th highest number of CAP/C referrals.
- Like the previous slide, when using the provider’s address as the reference point for referrals, the chart is much less proportionate.



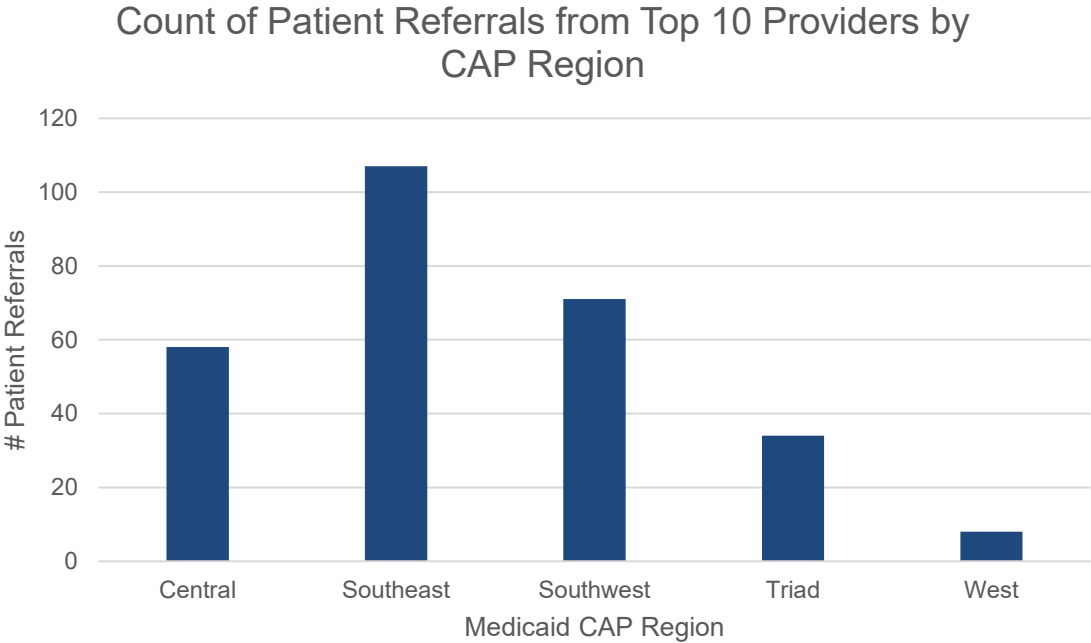
CAP/C REFERRALS



- The southeast region shows a higher proportion of referrals made per unique provider.
- Providers in the southeast make more referrals proportionally than providers in the other regions.
- It is possible that providers in the Southeast region are more familiar with the CAP/C referral process.

Data source: e-CAP CAP/C referral data, Jan 2022 – Mar 2025

CAP/C REFERRALS

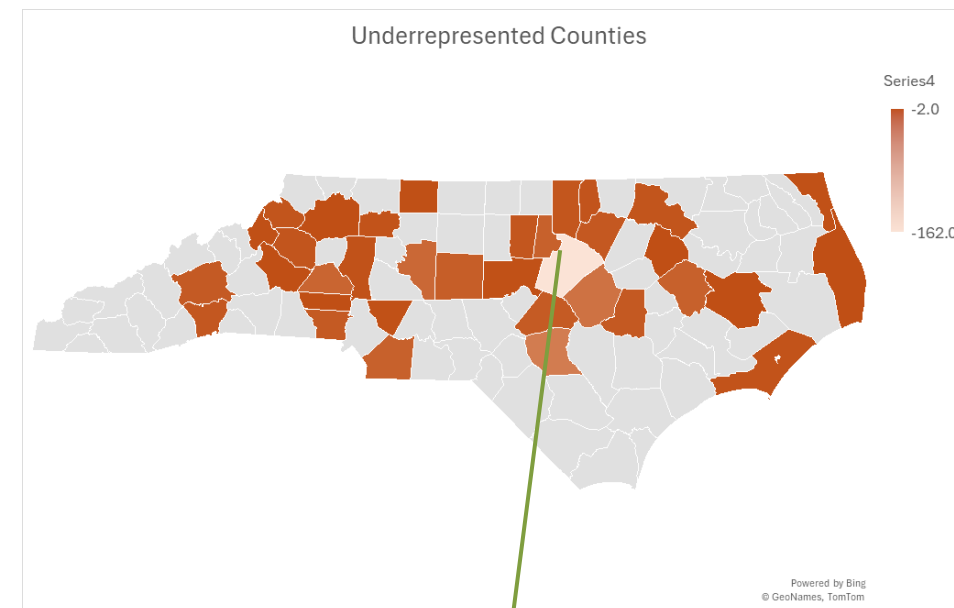
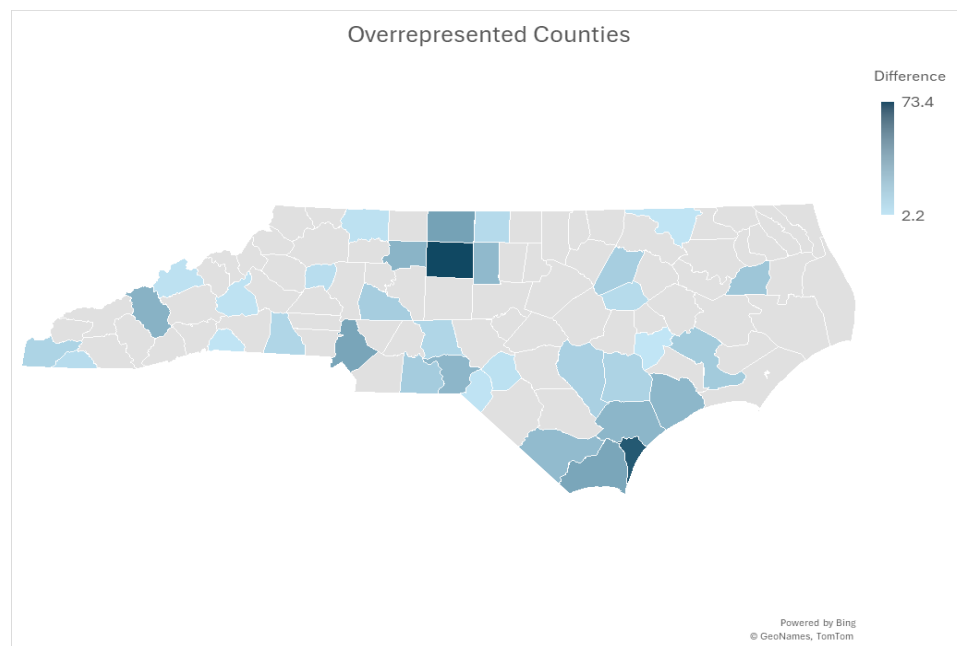


CAP Region	# Patient Referrals
Central	58
Southeast	107
Southwest	71
Triad	34
West	8

- There are no providers/hospital systems in this list that primarily serve the West CAP region.
- Each of the other CAP regions has a provider that primarily services patients in their region.
- The data suggest that the West region maybe be more underserved than the other CAP regions. People from the West region may be less likely to go to a larger facility that makes more gross referrals because large facilities are less accessible.

Data source: e-CAP CAP/C referral data, Jan 2022 – Mar 2025

CAP/C REFERRALS



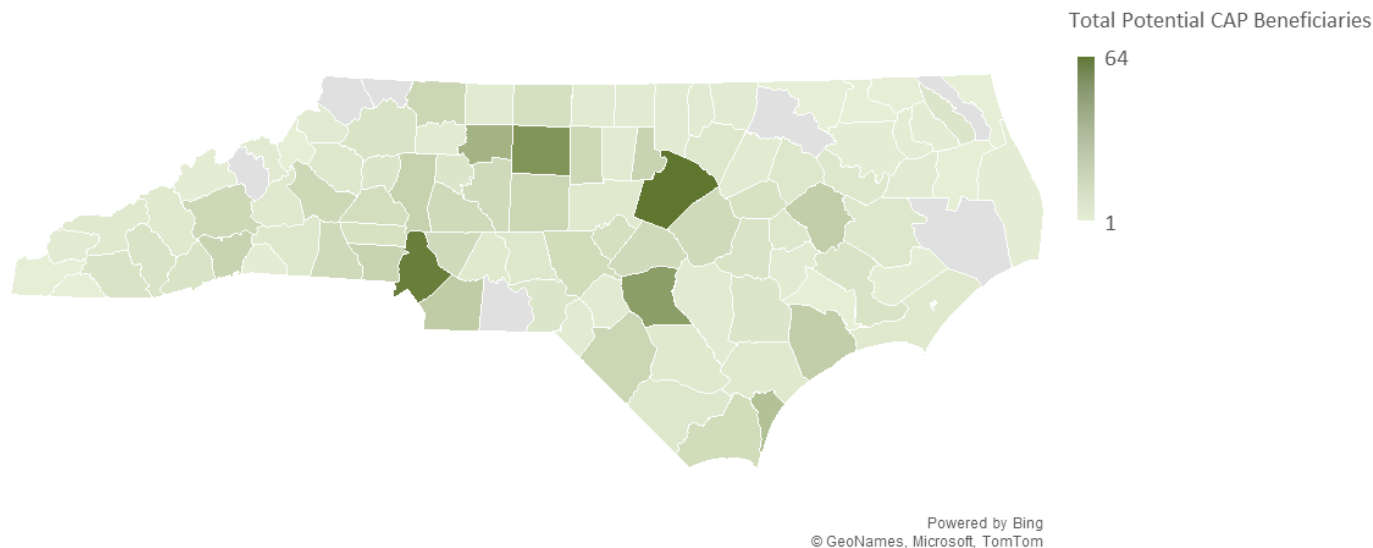
Wake county is a significant outlier—showing a potential gap in CAP/C referrals larger by a factor of 3 than other underrepresented counties.

- Using 2025 census population of children aged 0-19 date, the charts reflect a comparison of the total of CAP/C in each NC county.
- The CAP West, Central, and East regions all show significant potential gaps in children's access to CAP/C based on this analysis.
- Wake County appears underserved based on this population analysis.

Data source: e-CAP CAP/C referral data, Jan 2022 – Mar 2025

CAP/C REFERRALS

Map of Enrolled Medicaid Beneficiaries with a Top 50 CAP/C Diagnosis by County



- The darker green shows a higher number of beneficiaries who may be eligible for CAP/C in that county.
- Most NC counties appear to have children/young adults on Medicaid who may be eligible for CAP/C, but several have a relatively high concentration of people who may be eligible.
- Wake County and Mecklenburg County stand out as having a large concentration of like-eligible children/young adults.

Source: Medicaid Data Warehouse, 2025

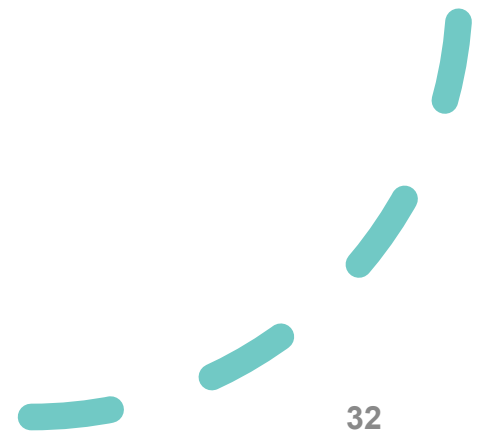
CAP/C Referrals Conclusion

- There are individuals across the state that may be eligible for CAP/C services.
- Additional CAP/C outreach efforts will maximize the potential of healthier North Carolinians through home and community-based services.
- CAP/C current enrollment capacity, in year 3 of the waiver, is 78% of the maximum number of 5,000 available slots.
- The data show children across the state who may benefit from CAP/C through efforts of outreach.
- There is an opportunity to refine the referral process and increase the acceptance rate of referrals on the first attempt.
 - Educate physicians on CAP/C and the referral process.
 - Educate families on their responsibility to complete the referral process.



**Melanie
Bush**

Assistant Secretary



MEDICAID AMBASSADOR INITIATIVE

How to become a Medicaid Ambassador?

- Send an email stating your interest in becoming a Medicaid Ambassador to Medicaid.NCEngagement@dhhs.nc.gov
- Complete the Medicaid Essentials training
- Complete ePASS navigation training either by attending a live ePASS demo or watching the recording posted to the Medicaid expansion website
- Have an established confidentiality agreement with your organization
- Sign the Attestation form with NC Medicaid that you meet all the requirements

ePASS RESOURCES

- ePASS Fact Sheet [English](#) | [Spanish](#)
- Watch our video on how to help someone with an application using the links below:
 - English youtu.be/204bNI5pGkI
 - Spanish youtu.be/whLNhXj7zvM
- [ePASS website](https://epass.nc.gov) (epass.nc.gov)
- Local DSS Directory ncdhhs.gov/localdss

PROVIDER RESOURCES

- NC Medicaid Website medicaid.ncdhhs.gov
 - Includes County and Provider Playbooks
- NC Medicaid Help Center medicaid.ncdhhs.gov/helpcenter
- Regular Medicaid Bulletins medicaid.ncdhhs.gov/providers/medicaid-bulletin
- NC Medicaid Managed Care Webinar Series (Back Porch Chat)

Hosted by Medicaid and AHEC

July 31, 2025, noon-1 p.m.

Nov. 20, 2025, noon-1 p.m.

Feb. 19, 2026, noon-1 p.m.

May 21, 2026, noon-1 p.m.

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ncahec.net/practice-support/medicaid-managed-care-2-2/

QUESTIONS & ANSWERS

A copy of today's slide deck and recording will be available
on our website at

medicaid.ncdhhs.gov/transformation/more-information

If we couldn't get to your question, feel free to email it to
Medicaid.NCEngagement@dhhs.nc.gov