

AMENDMENT NUMBER 5

**CONTRACT #30-2024-001-DHB
CHILDREN AND FAMILIES SPECIALITY 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 to ensure minimum Medical Home Fees align with the NC Medicaid State Plan.

The Parties agree as follows:

1. Modifications to Scope of Work.

- a. *Section V.E. Providers, 4. Provider Payments, p. Payments of Medical Home Fees to AMH, ii. is revised and restated in its entirety as follows:***
 - ii. The CFSP shall pay Medical Home Fees to AMH practices for any month in which the CFSP Member is assigned to that AMH practice as their PCP. Medical Home Fees for AMH practices shall be no less than five dollars (\$5.00) PMPM.**

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

Jay Ludlam, Deputy Secretary
NC Medicaid

Date: _____