



Specialized Foster Care Plan (FC Plan) Workgroup

Session #2: Eligibility & Enrollment and Benefits

May 3, 2021 3:00 pm – 4:30 pm

FC Plan Workgroup

Session #2: Eligibility & Enrollment and Benefits


Before we begin, please:

Note today's Workgroup session will be recorded

Display your name and organization in your Zoom display

- **Recap of FC Plan Workgroup Session #1.....3:00 – 3:15 pm**
- **Session Topic: Eligibility & Enrollment.....3:15 – 3:50 pm**
- **Session Topic: Benefits.....3:50 – 4:25 pm**
- **Wrap-Up & Next Steps.....4:25 – 4:30 pm**

Where We Are Today: FC Plan Workgroup Session #2

| Session # | Dates | Proposed Topic(s) |
|---|------------------------------|---|
|  | April 19, 2021 3 - 4:30pm | <input type="checkbox"/> Introduction to FC Plan Workgroup and Approach <input type="checkbox"/> FC Plan Overview <input type="checkbox"/> Statewide Design |
| 2 | May 3, 2021 3 - 4:30pm | <input type="checkbox"/> Eligibility & Enrollment <input type="checkbox"/> Benefits/Services |
| 3 | May 17, 2021 3 - 4:30pm | <input type="checkbox"/> Care Management |
| 4 | June 7, 2021 3 - 4:30pm | <input type="checkbox"/> Care Management, cont. <input type="checkbox"/> Provider Network |
| 5 | June 21, 2021 3 - 4:30pm | <input type="checkbox"/> Quality <input type="checkbox"/> Other Items* |
| 6 | July 12, 2021 3 - 4:30pm | <input type="checkbox"/> Interim Plan for Children in Foster Care 2021- 2023 |

* 'Spillover' topics or additional topics to be determined based on discussion

Today's Goals

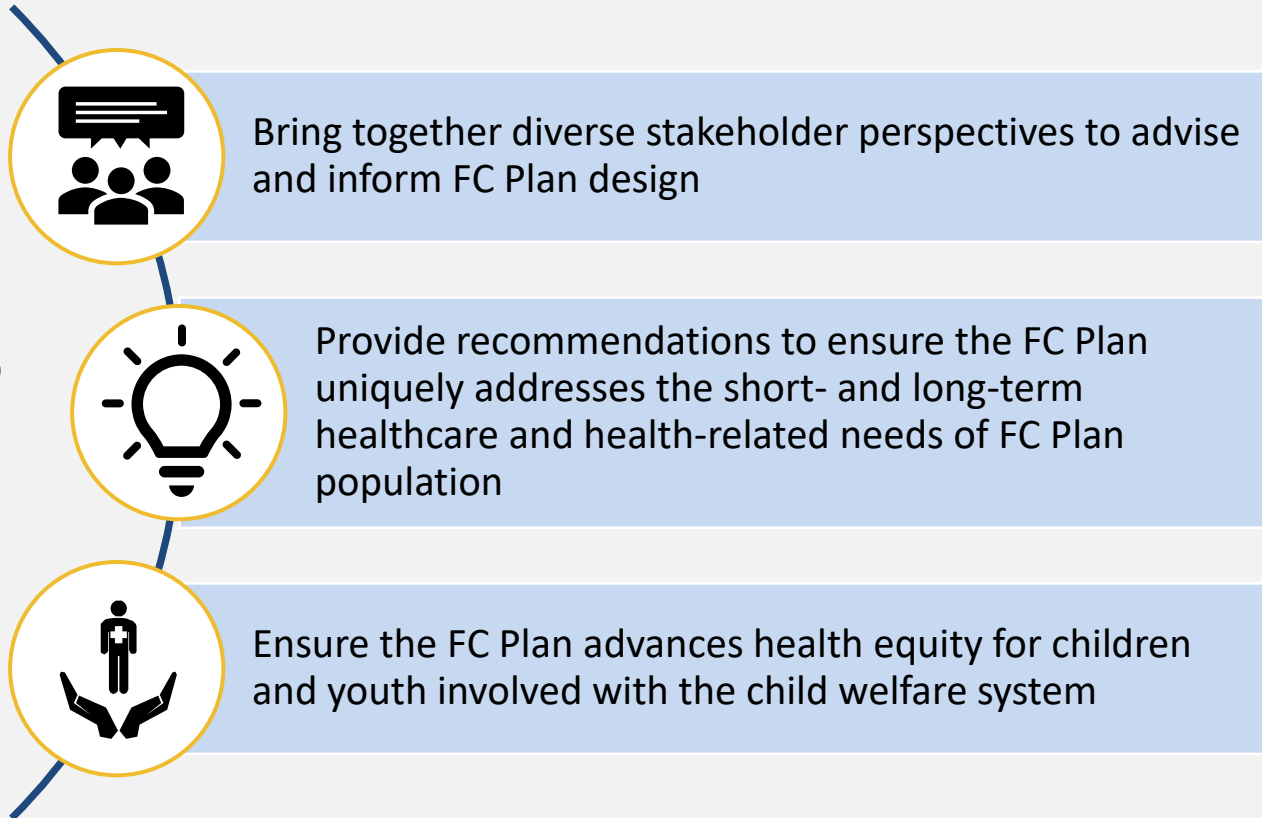
- Recap FC Plan Workgroup Session #1*
- Review proposed FC Plan eligibility & enrollment and benefits/service design*
- Discuss feedback received to date*
- Identify open questions, concerns and recommendations related to proposed design*

Recap of FC Plan Workgroup Session #1

Reminder: Objective & Goals of the FC Plan Workgroup

Provide feedback to the NC Department of Health and Human Services on key aspects of Specialized Foster Care Plan (FC Plan) design to ensure it effectively meets the unique needs of the State's children and youth currently and formerly involved in the child welfare system

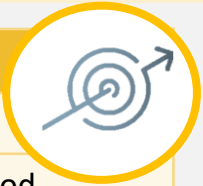
Workgroup Goals



Updated: Guiding Principles for FC Plan Design

FC Plan seeks to address the unique needs of the foster care population and alleviate many of the challenges children and youth involved in the child welfare system face today in receiving seamless, integrated, and coordinated health care. Following Session #1 feedback, the principles below were modified to further emphasize a family focus, particularly related to reunification and achieving permanency for children with better outcomes.

FC Plan Guiding Principles



- 1 **Deliver seamless, person-centered care** focused on promoting long-term well-being
- 2 **Support members' unique needs and circumstances**, including behavioral health needs and Adverse Childhood Experiences (ACEs), by supporting members' access to a diverse array of providers with specialized experience and training located throughout the State
- 3 Pair each member with a plan-based care manager charged with **facilitating coordination and collaboration among a member's care team** and promoting delivery of whole-person care
- 4 **Advance members' permanency planning goals** by ensuring the FC Plan, DSS and other entities involved in promoting the health of members closely coordinate with one another, directly with members, and with members' families
- 5 **Minimize members' disruptions in placement** and provide support during transitions (including between placements, when aging out, and during and after reunification) by promoting continuity of care through a trauma-informed lens
- 6 **Provide members with access to high-quality care** that promotes health equity and reduces disparities in outcomes based on race/ethnicity, gender, sexual identity, age, disability, and geographic location
- 7 **Improve members' outcomes** by continuously monitoring care delivery against a robust set of quality standards and regular reporting
- 8 **Consider members in the context of the environments**, with specific awareness and focus on family as well as the broader system of care

Session #1 Recap: Statewide Design Considerations

Key Considerations:

- Striking balance between consistency of coverage for all members regardless of their location and seamlessness of maintaining coverage/care when members move across the state and Plan's knowledge of local/regional issues and provision of individualized care
- Ensuring access to diverse set of providers; requires strong network adequacy requirements
- Promoting equitable distribution of resources so rural/less populous areas do not miss out
- Coordinating with county-based DSS system to standardize processes but also allow for flexibility to customize based on each county's uniqueness
- Optimizing System of Care to close gaps within the child welfare system and promote better outcomes for children, youth and families
- Ensuring sufficient volume of eligible members to support viability of a FC-specific plan, rather than fold FC population into other managed care plans
- Identifying special processes/coordination for IHS members and ECBI child welfare system (separate than DSS) and Tribal Option, which will be default plan for those individuals

The Department will review Workgroup member feedback with DHHS subject matter experts and design team.



Questions/Feedback?

Deep Dive: Eligibility & Enrollment

Proposed FC Plan Eligibility

Under the proposed design, children and youth eligible for the FC Plan include those who are currently or were formerly involved in the child welfare system.

Proposed Groups Eligible for FC Plan

- **Children and youth currently in foster care, including those who:**
 - Reside with foster families
 - Are in kinship care
 - Are in Therapeutic Foster Homes
- **Former foster youth (FFY) who aged out of care up to age 26:**
 - FFY who age out of the child welfare system *in North Carolina* remain eligible for Medicaid coverage until they reach the age of 26
 - FFY who age out of the child welfare system *outside of North Carolina* remain eligible for Medicaid coverage until they reach the age of 21
- **Children receiving adoption assistance**
- **Minor children of individuals eligible for FC Plan enrollment**

Individuals Excluded from the FC Plan




The FC Plan will exclude populations who receive services only available in BH I/DD Tailored Plans and populations otherwise excluded or exempt from overall Medicaid managed care enrollment. Some may have the option to enroll at their choosing.

Proposed Groups Excluded from FC Plan

- **Members who are Indian Health Service-eligible or federally recognized tribal members (*may opt-in to FC Plan*)**
- **Member requiring services only available in BH I/DD Tailored Plans (*may opt-in to FC Plan but not receive these services*)**
 - Members enrolled in the Innovations or TBI waivers
 - Children and FFY who meet FC Plan eligibility who are on the Innovations or TBI waiver *waitlist* will be auto-enrolled in the FC Plan; once approved for a waiver slot, they must enroll in a BH I/DD Tailored Plan to access waiver services
 - Members residing in ICF-IIDs
 - Members with I/DD receiving respite services through Murdoch Developmental Center's TRACKS program
 - Members ages 18 and older who are receiving State-funded BH, I/DD and TBI services that are not otherwise available through Medicaid
 - Members ages 18 and older who are admitted into a state psychiatric hospital and determined TCLI eligible
 - Members otherwise eligible for the BH I/DD Tailored Plan who enter an adult care home (ACH).
- **Members otherwise excluded or exempt from overall Medicaid managed care enrollment, including:**
 - Community Alternatives for Children or Disabled Adults (CAP-C/CAP-DA)
 - Health Insurance Premium Payment (HIPPP)
 - Medically Needy
 - Medicare/Medicaid Dual-Eligibles

FC Plan Enrollment

Proposed FC Plan enrollment will be automatic for most eligible members, allow for transfers between health plans, and provide continued coverage during and after reunification.

| Design Feature | Proposed Enrollment Approach | Rationale |
|---|---|---|
| Automatic Enrollment  | <p>FC Plan eligible populations in NC Medicaid Direct will be automatically enrolled in the FC Plan at launch (7/1/2023), except for:</p> <ul style="list-style-type: none"> ○ Tribal Option members will default to the Tribal Plan with ability to opt-into the FC Plan ○ FC Plan eligible groups who are already enrolled in an SP or TP prior to FC Plan launch will default to their current plans, with the choice to opt-in to the FC Plan | <p>Minimize multiple transitions between plans as North Carolina moves to Managed Care implementation</p> |
| Transfer Between Plans  | <p>FC Plan members will be permitted to transfer to a SP, TP (if eligible) or Tribal Option (if eligible) at any point during the coverage year, effective the first day of the next month</p> <ul style="list-style-type: none"> ○ FC Plan will have robust Transition of Care requirements to address the needs of members moving in/out of the FC Plan | <p>Offers member choice</p> |
| Continued Coverage  | <p>Children who leave foster care will have the option to remain in the FC Plan for the duration of the coverage year</p> <ul style="list-style-type: none"> ○ Members will also be given the option to remain in the FC Plan for a subsequent coverage year | <p>Support children and youth and minimize disruptions in care and providers during and after reunification</p> |

Timeline for Enrollment

2021

Standard Plan &
Tribal Option Launch
July 1, 2021

FC Plan eligible groups will remain
enrolled in NC Medicaid Direct*^

2022

BH I/DD Tailored Plan Launch
July 1, 2022

FC Plan eligible groups will remain
in NC Medicaid Direct, with option
to opt-in to SP or TP (as eligible)

2023

FC Plan Launch
July 1, 2023

FC Plan eligible groups *in NC Medicaid Direct* will be auto-enrolled in FC Plan;
FC plan eligible groups *already enrolled in an SP or TP* prior to FC Plan launch will *default to their current SP or TP Plan*, with choice to opt-in to the FC Plan

*Children of individuals eligible for FC Plan enrollment are not exempt from SP enrollment and will be auto-enrolled in SP, as eligible, at launch.

^Individuals eligible for EBCI Tribal Option will be auto-enrolled in the Tribal Option effective 7/1/21 and are exempt from auto-enrollment into the FC Plan.

Stakeholder Feedback on E&E Design

In response to the FC Plan concept paper, stakeholders generally supported the proposed eligibility criteria and also offered additional recommendations under DHHS review and areas for clarification.

| Topic | Stakeholder Feedback | Considerations |
|---|--|--|
| Expansion of FC Plan eligibility | <ul style="list-style-type: none"> • Include children and youth receiving in-home services who are at imminent risk of coming into foster care • Include parents of children in foster care to support parental health/access to care and support for the total family unit • Permit child who qualifies for the FC Plan to remain enrolled until age 26, assuming continued Medicaid eligibility | <ul style="list-style-type: none"> • DHHS will review recommendations for expanding populations who could be eligible for the FC Plan |
| Clarification on who is eligible | <ul style="list-style-type: none"> • Clarify how Plan does/does not include: <ul style="list-style-type: none"> • Children and youth in kinship placements • Children and youth involved with DJJ • Children and youth with need for services provided by TPs | <ul style="list-style-type: none"> • Children and youth in kinship placements are eligible for the FC Plan • Children and youth who are involved with both the child welfare system and DJJ are eligible for the FC Plan • A small subset of behavioral health services will only be covered by TPs (<i>see slide 21</i>) |

Stakeholder Feedback on E&E Design

In response to the FC Plan concept paper, stakeholders generally supported the proposed eligibility criteria and also offered additional recommendations under DHHS review and areas for clarification.

| Topic | Stakeholder Feedback | DHHS Response |
|--|--|--|
| Clarification on FC Plan enrollment | <ul style="list-style-type: none">• Clarify how auto-enrollment works for FC Plan members• Exempt Tribal members and IHS members from auto-enrollment in FC Plan• Clarify Transition of Care requirements including:<ul style="list-style-type: none">• Continuity of care requirements to minimize disruptions when moving between plans• Ability for eligible members to move to the FC Plan at any point or disenroll from a non-FC Plan• How children in a non-FC Plan when they age out or leave foster care could switch to the FC Plan at that time or during any period of ongoing FC Plan eligibility | <ul style="list-style-type: none">• Most eligible groups will be auto-enrolled into the FC Plan, with specific exceptions (<i>see slide 14</i>)• Tribal/IHS members are exempt from auto-enrollment in FC Plan• The FC Plan has robust Transition of Care requirements for children moving between plans• FC Plan members are permitted to transfer plans at any point in the coverage year, effective first day of the next month• Enrollment from a non-FC Plan into the FC Plan upon aging out/leaving foster care will require additional operational planning and development |

Discussion



- What additional considerations should the Department take into account for FC Plan eligibility?*
- To the extent that Workgroup members have concerns about proposed eligibility and enrollment, what are those concerns and how do you recommend the FC Plan address them?*
- Are there any areas of further clarification on eligibility and enrollment that would be helpful?*
- What does the E&E process look like through the lens of the people who will be using the program and are there potential unintended consequences with the proposed design for the Department to consider?*

Deep Dive: Benefits

Benefits/Services

The FC Plan will cover a comprehensive array of benefits for members.

Approach to Benefits/Services:

- The **FC Plan** will include nearly all of the benefits covered by **Standard Plans and Behavioral Health I/DD Tailored Plans including:**
 - Physical health
 - Behavioral health
 - Long-term services and supports
 - Pharmacy benefits
- Certain behavioral health services will be provided only by **Behavioral Health I/DD Tailored Plans**

Services Provided by FC Plan vs. DSS:

- The **FC Plan** will pay for Medicaid covered services (e.g., treatment-related placement)
- **DSS** will continue to comply with federal and state provisions to cover non-Medicaid, foster-care related services (e.g., non-treatment related placement, room and board)

Services Excluded from FC Plan

Certain behavioral health services will be covered only by BH I/DD Tailored Plans

Services Covered Exclusively by BH I/DD Tailored Plans

State Plan BH and I/DD Services

- Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)*

Waiver Services

- Innovations waiver services
- TBI waiver services

State-funded Services¹

Respite services through TRACK at Murdoch

¹ Members requiring State-funded Services will need to transfer to a BH I/DD Tailored Plan to access those services

*Includes any services provided in lieu of ICF-IID

Additional Services Available under FC Plan

In addition to the Medicaid benefits package, the FC Plan may also offer In Lieu of Services (ILOS) and Value-Added Services to address the needs of the Plan's members.

In Lieu of Services (ILOS)

- ILOS are services or settings that are not covered under the Medicaid State Plan, but are a medically appropriate, cost-effective alternative to a State Plan covered service.
- The FC Plan may offer the following Department-approved BH ILOS, or others as approved by the Department:
 - Behavioral Health Urgent Care
 - Institution for Mental Disease (IMD) for acute psychiatric care*
 - Behavioral Health Crisis Risk Assessment and Intervention (BH-CAI)
 - Rapid Care Services
 - Family Centered Treatment

Value-Added Services

- Value-Added Services are services that improve health through connecting members with or providing resources, social services and other supports.
- The FC Plan is encouraged to offer Value-Added Services with Department approval.
- Examples of Value-Added Services offered by other state foster care plans include:
 - Boys and Girls Club membership
 - Over-the-counter items that are not covered by Medicaid
 - Asthma management assistance (e.g. peak flow meter, deep carpet cleaning)

Additional Service: Healthy Opportunities

Working collaboratively with all Medicaid managed care entities, including the FC Plan, the Department will operate the Healthy Opportunities Pilot Program in select regions of the state to help bridge the health care system and local community resources.

Healthy Opportunities Pilot

- Through the Healthy Opportunities Pilot program, the Department will deliver evidence-based interventions in four priority domains:
 - Housing,
 - Food,
 - Transportation, and
 - Interpersonal violence/toxic stress
- The FC Plan will be responsible for implementing the Healthy Opportunities Pilot Program for Pilot-eligible members, in accordance with Department requirements.
- The goal of the Healthy Opportunities Pilot Program is to learn which evidence-based interventions and processes are most effective for a specific population to improve health, lower health care costs, and to inform health care delivery statewide.
- Examples of Healthy Opportunity Pilot services include:
 - Housing Navigation, Support and Sustaining Services
 - Fruit and Vegetable Prescription
 - Dyadic Therapy

Stakeholder Feedback on Benefits/Services Design

In response to the FC Plan concept paper, stakeholders expressed general support for the provision and coordination of physical and BH services through one plan for the foster care population and proposed additional recommendations for covered benefits/services.

| Topic | Stakeholder Feedback | DHHS Response |
|--|--|---|
| Clarification on covered FC Plan services | Clarify whether the following benefits/services are included: <ul style="list-style-type: none"> • Mobile response, Family Peer Support, High-Fidelity Wraparound, Emergency/crisis services | <ul style="list-style-type: none"> • These benefits/services are covered under the FC Plan (<i>see appendix for other covered BH services</i>) |
| | Clarify whether the following benefits/services are included: <ul style="list-style-type: none"> • Waiver services and state-funded services • Behavioral health services that are also covered by TPs | <ul style="list-style-type: none"> • Innovations/TBI Waiver services and state-funded services will only be covered by TPs • TPs will also be solely responsible for covering ICF-IID services* and respite services through TRACK at Murdoch (<i>see appendix</i>) |

Stakeholder Feedback on Benefits/Services Design

In response to the FC Plan concept paper, stakeholders expressed general support for the provision and coordination of physical and BH services through one plan for the foster care population and proposed additional recommendations for covered benefits/services.

| Topic | Stakeholder Feedback | DHHS Response |
|--|--|--|
| Additional benefits to include in FC Plan | <ul style="list-style-type: none">• Prevention-oriented services to keep families together (e.g., pre-placement intervention, prevention plans, intensive evidenced-based in-home BH services to prevent young people coming into custody)• Transitional living services to support young people aging out of foster care and independent life skills program and tailored services for individuals ages 18-26 (e.g. LifeSet) | <ul style="list-style-type: none">• DHHS is considering the feasibility of including prevention-oriented services• DHHS is constrained to covering Medicaid State Plan and waiver services. |

Discussion



- What additional considerations should the Department take into account for FC Plan services/benefits?*
- To the extent that Workgroup members have concerns about proposed services/benefits, what are those concerns and how do you recommend the FC Plan address them?*
- Are there any areas of clarification on benefits/services that would be helpful?*
- What does the benefits design look like through the lens of the people who will be using the program and are there potential unintended consequences with the proposed design for the Department to consider?*

Wrap-Up & Next Steps

Looking Ahead

The Department values input and feedback from stakeholders and welcomes stakeholder to join the upcoming FC Plan Workgroup sessions and/or submit additional comments and questions to the Department.

Upcoming FC Plan Workgroup Sessions

- Session #3: Care Management
- Monday, May 17, 2021 (3 - 4:30pm)
- Pre-read materials will be shared in advance



Additional Comments & Question

- Comments, questions, and feedback are all welcome at Medicaid.NCEngagement@dhhs.nc.gov

The Department will also continue to provide regular updates at:
<https://medicaid.ncdhhs.gov/transformation/specialized-foster-care-plan>

Appendix

Behavioral Health and I/DD Services* Covered in Standard Plans, BH I/DD Tailored Plans, and FC Plan

| Services Covered by Standard Plans, BH I/DD Tailored Plans, and the FC Plan | Services Covered by BH I/DD Tailored Plans and the FC Plan | Services Covered <u>Exclusively</u> by BH I/DD Tailored Plans |
|--|--|--|
| <p>State Plan BH and I/DD Services</p> <ul style="list-style-type: none"> • Inpatient BH services • Outpatient BH emergency room services • Outpatient BH services provided by direct-enrolled providers • Psychological services in health departments and school-based health centers sponsored by health departments • Peer supports • <i>Partial hospitalization</i> • <i>Mobile crisis management</i> • <i>Facility-based crisis services for children and adolescents</i> • <i>Professional treatment services in facility-based crisis program</i> • <i>Outpatient opioid treatment</i>¹ • <i>Ambulatory detoxification</i> • Research-based BH treatment for Autism Spectrum Disorder (ASD) • <i>Diagnostic assessment</i> • <i>Non-hospital medical detoxification</i> • <i>Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization</i> • Early and periodic screening, diagnostic and treatment (EPSDT) services | <p>State Plan BH and I/DD Services</p> <ul style="list-style-type: none"> • <i>Residential treatment services</i> • <i>Child and adolescent day treatment services</i> • <i>Intensive in-home services</i> • <i>Multi-systemic therapy services</i> • <i>Psychiatric residential treatment facilities (PRTFs)</i> • <i>Assertive community treatment (ACT)</i> • <i>Community support team (CST)</i>² • <i>Psychosocial rehabilitation</i> • <i>Substance abuse non-medical community residential treatment</i> • <i>Substance abuse medically monitored residential treatment</i> • <i>Substance abuse intensive outpatient program (SAIOP)</i> • <i>Substance abuse comprehensive outpatient treatment program (SACOT)</i> | <p>State Plan BH and I/DD Services</p> <ul style="list-style-type: none"> • Intermediate care facilities for individuals with intellectual disabilities (ICF-IID) <p>Waiver Services</p> <ul style="list-style-type: none"> • Innovations waiver services • TBI waiver services <p>State-funded Services³</p> <p>Respite services through TRACK at Murdoch</p> |

*Enhanced BH services are *italicized*

¹The FC Plan will also be required to cover OBOT (office based opioid treatment) service

² CST includes tenancy supports.

³ Members requiring State-funded Services will need to transfer to a BH I/DD Tailored Plan to access those services

FC Plan Workgroup Participants

| Name | Organization | Stakeholder |
|---|---|--------------------|
| Teka Dempsey | Child Welfare Advisory Council | Advocacy Group |
| Nalini Joseph | Guardian ad Litem | Advocacy Group |
| Kaylan Szafranski | NC Child | Advocacy Group |
| Fredrick Douglas | NC Families United | Advocacy Group |
| Nicole Dozier | NC Justice Center | Advocacy Group |
| Ms. Mariah | SaySo | Advocacy Group |
| Tara Larson | EBCI Public Health and Human Services | EBCI |
| Christy Street | NC Pediatric Society/Fostering Health | Provider |
| Dr. Molly Berkoff | UNC Child Medical Evaluation Program | Provider |
| Karen McLeod | Benchmarks | Provider |
| Peter Kuhns | Department of Juvenile Justice (DJJ) | State/Local Agency |
| Lisa Cauley | Division of Social Services (DSS) | State/Local Agency |
| John Eller (Mecklenburg County DSS) Brenda Jackson (Cumberland County DSS) Lizzi Shimer (Buncombe County DSS) | NC Association of County Directors of Social Services | Local Agency |

FC Plan Workgroup Participants, cont.

| Name | Organization | Stakeholder |
|---|---|----------------------|
| Sara Wilson (Alliance) Nicole Six (Cardinal) Barbara Hallisey (Eastpointe) | Representatives from*: <ul style="list-style-type: none"> • Alliance Health • Cardinal • Eastpointe • Partners Health • Sandhills • Trillium • Vaya Health | LME/MCOs |
| Heidi Strickler (UHC) George Cheely (AmeriHealth) Charles Dunham (CCH) | Representatives from*: <ul style="list-style-type: none"> • AmeriHealth • Healthy Blue • Carolina Complete Health • UnitedHealthcare • WellCare | Standard Plans |
| Kimberly Deberry | CCNC | Other Stakeholder(s) |

*Representatives may rotate per session