Specialized Foster Care Plan (FC Plan) Workgroup

Session #3: Care Management

May 17, 2021 3:00 pm – 4:30 pm

FC Plan Workgroup

Session #3: Care Management

Before we begin, please:

Note today's Workgroup session will be recorded

Display your name and organization in your Zoom display

Agenda

- Recap of FC Plan Workgroup Session #2……..3:00 – 3:30 pm
- Session Topic: Care Management……3:30 – 4:25 pm
- Wrap-Up & Next Steps……4:25 – 4:30 pm

Where We Are Today: FC Plan Workgroup Session #3

Session #	Dates	Proposed Topic(s)
✓	April 19, 2021 3 - 4:30pm	❑ Introduction to FC Plan Workgroup and Approach ❑ FC Plan Overview ❑ Statewide Design
✓	May 3, 2021 3 - 4:30pm	❑ Eligibility & Enrollment ❑ Benefits/Services
3	May 17, 2021 3 - 4:30pm	❑ Care Management
4	June 7, 2021 3 - 4:30pm	❑ Care Management, cont. ❑ Provider Network
5	June 21, 2021 3 - 4:30pm	❑ Quality ❑ Other Items*
6	July 12, 2021 3 - 4:30pm	❑ Interim Plan for Children in Foster Care 2021- 2023
7-8	*July/August 2021*	❑ *To permit more time for discussion and feedback, we will add additional Workgroup sessions this summer*

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

Today's Goals

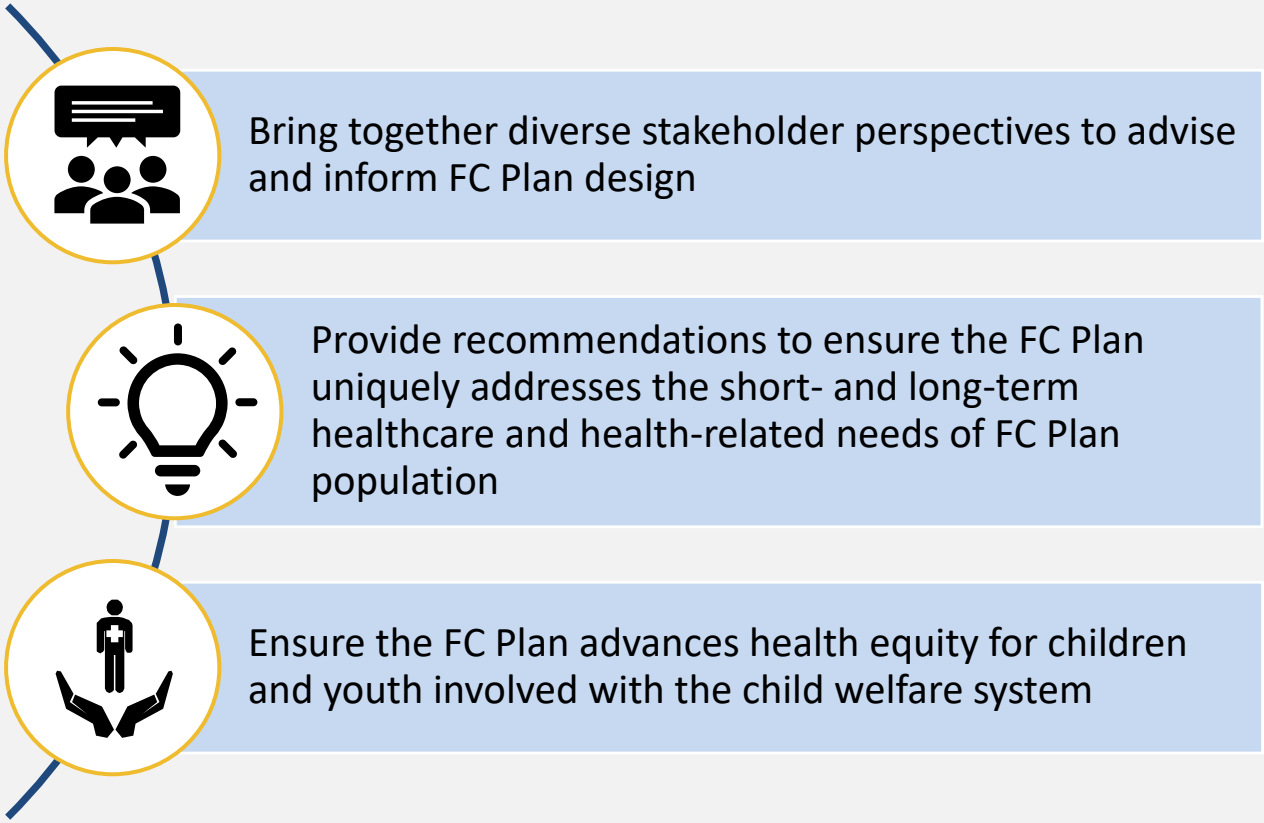
- ❑ *Recap FC Plan Workgroup Session #2*
- ❑ *Review proposed FC Plan care management design*
- ❑ *Discuss feedback received to date*
- ❑ *Identify open questions, concerns and recommendations related to proposed design*

Recap of FC Plan Workgroup Session #2

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



Guiding Principles for FC Plan Design

The FC Plan seeks to support the health care needs of children and youth who are currently or were formerly involved in the child welfare system. 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.

- Provide **integrated and coordinated physical and behavioral health services** to address the whole person.
- Deliver **person-centered trauma-informed care** focused on promoting long-term well-being for children and youth, with a specialized focus on **addressing the population's Adverse Childhood Experiences** and family's specialized needs.
- Provide necessary health care services and supports that **improve health outcomes and advance the permanency goals** of the child/youth and their families.
- Ensure the provision of physical and behavioral health care services in order to **prevent family disruptions and support keeping families safely together**, as appropriate.
- Establish a **single point of care management accountability** that is responsible for coordinating with the Department of Social Services to ensure the child or youth's health care goals are met.
- Provide **intensive care management support during high-risk transition points including**: (1) child welfare transitions (e.g., when aging out, moving from one foster care setting to another, or during and after family reunification); and (2) health care setting transitions (e.g., when moving from a hospital back into the community).

Reminder: NC Will Offer Four Types of Health Plans

Once Medicaid Managed Care is fully implemented, NC will offer four types of health plans with different eligibility criteria for Medicaid members. All health plans will offer integrated behavioral health, physical health, and pharmacy services.

Standard Plan

Provide integrated physical health, behavioral health, pharmacy, long-term services and supports, and services that address unmet health related resource needs to the majority of Medicaid beneficiaries.

Behavioral Health I/DD Tailored Plan

Provide the same services as Standard Plans, plus additional specialized services for individuals with significant behavioral health conditions, I/DDs, and traumatic brain injury, as well as people utilizing state-funded and waiver services.

EBCI Tribal Option

Available to tribal members and their families and will be managed by the Cherokee Indian Hospital Authority (CIHA).

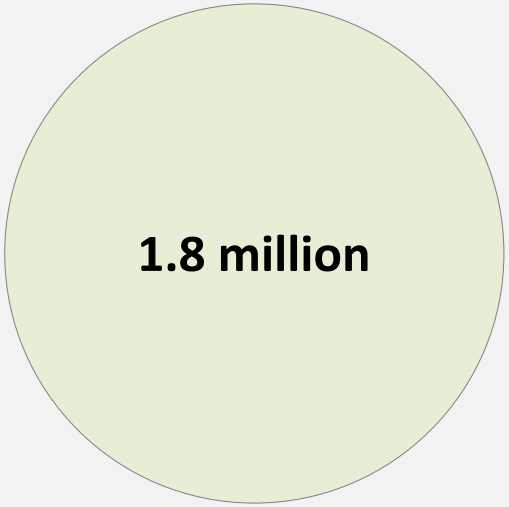
Specialized Foster Care Plan

Available to children and youth currently and formerly involved in the child welfare system and will cover a full range of physical health, behavioral health, and pharmacy services, including the majority of specialized behavioral health services also in TPs.

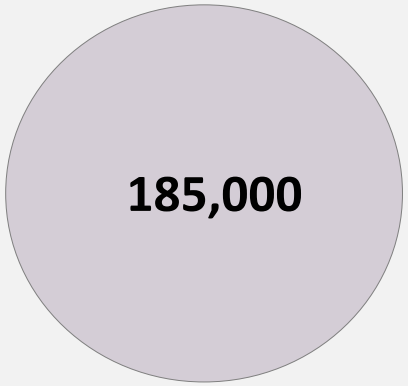
Workgroup's focus

By the Numbers: Medicaid Managed Care Enrollment

Est. Standard Plan Enrollment



Est. Tailored Plan Enrollment



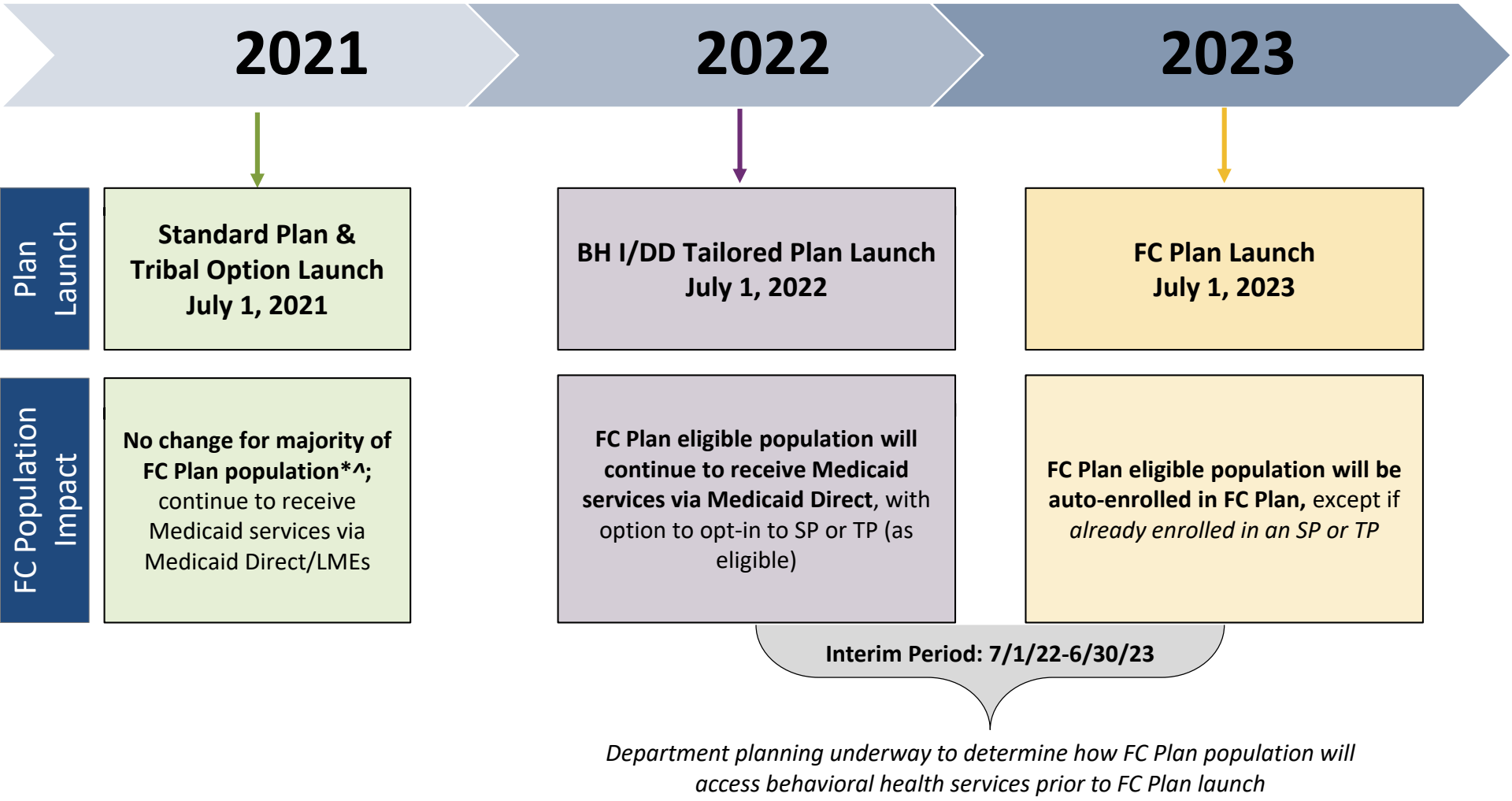
Est. Foster Care Plan Enrollment*

*Of these, **23% (~7,000)** are be eligible for BH I/DD Tailored Plan enrollment**

If there was no FC Plan, ~23% of the FC Plan population would be eligible to enroll in the BH I/DD Tailored Plan; the remainder would be enrolled in a Standard Plan.

*Based on January 2021 data analysis using proposed eligibility criteria; does not account for additional eligible population if eligibility expands

Timeline for Managed Care Launch



**Exception for children of individuals eligible for FC Plan enrollment who 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.

Session #2 Recap: Eligibility/Enrollment & Benefits Design Considerations

Stakeholder Feedback Under Consideration

Eligibility & Enrollment

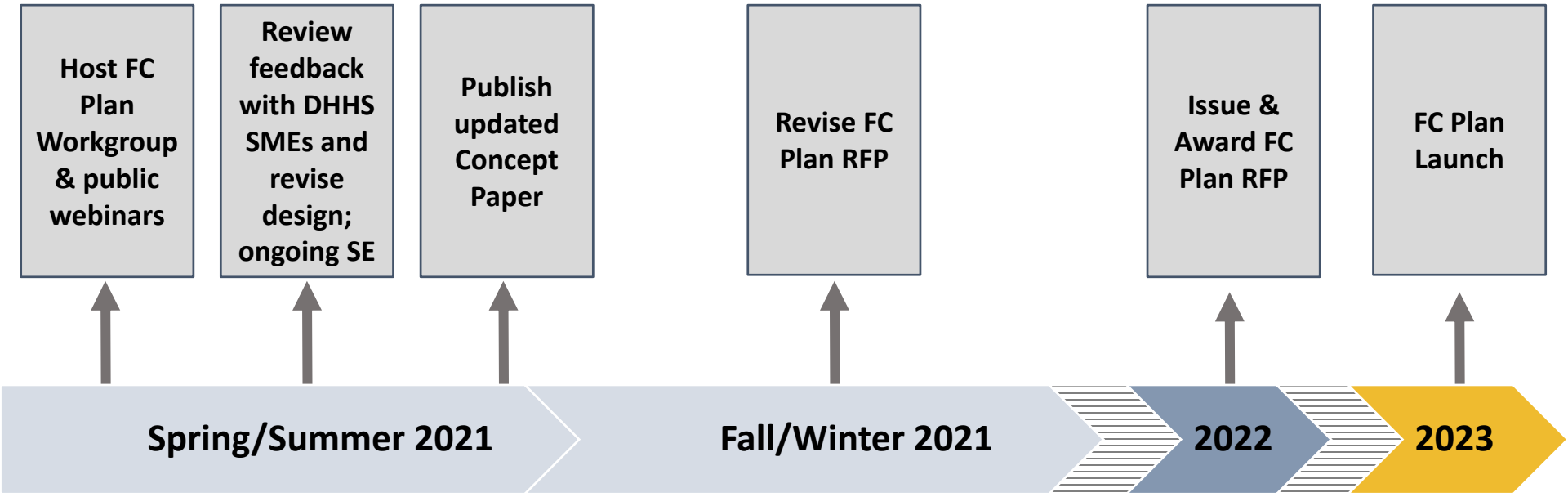
- Extending eligibility to Medicaid-eligible:
  - Biological parents of children/youth in foster care
  - Siblings of children/youth in foster care
  - Children receiving in-home services
  - Parents of children receiving in-home services
- Permitting vs. limiting opt-in to other health plans (e.g., Standard Plan or Tailored Plan)
- Establishing robust and clear consumer communication strategy, conducting trainings for DSS, community-based stakeholders, and the Enrollment Broker, and developing clear guidance and policies for helping all stakeholders understand the unique features of the FC Plan.
- Minimizing coverage disruptions

Benefits

- Extending service provision to include preventive services
- Aligning with FFPSA and delineating services paid for by FC Plan/Medicaid vs. FFPSA/DSS

FC Plan Development Timeline

The Department will conduct ongoing stakeholder engagement in 2021 through the FC Plan Workgroup, public webinars and an additional public comment period in order to inform changes to FC Plan design



Questions/Feedback?

Deep Dive: Care Management

Goals of FC Plan Care Management Proposed Design

Proposed FC Plan care management design aims to facilitate seamless, coordinated delivery of health services for all members, in close coordination with DSS permanency planning efforts

- Provide robust care management to all members
- Coordinate delivery of physical health, behavioral health and other health-related services
- Address the unique needs of children and youth involved in the child welfare system
- Promote continuity of care and providers for members that experience frequent changes in placements and caregivers
- Ensure close coordination between FC Plan care managers and DSS Child Welfare Workers, as well as others who support members' health (e.g., providers, biological parents, guardians, etc.)
- Support members during transitions, including reunification, aging out of foster care, aging out of Medicaid, and between health plans

Key Design Features to Support Care Management Goals

1. Plan-based care management
2. Coordination and co-location with DSS
3. Continuity of care & coordination during transitions
4. Support for transition-age youth aging out of the child welfare system and transitioning to adulthood
5. Medication management services
6. Ensuring a System of Care approach

1. Plan-based Care Management

All members enrolled in the FC Plan will have access to a robust care management model administered by the FC Plan

Design Feature	Proposed Approach	Rationale

Available to All Members	• All members are assigned a FC Plan-based Care Manager
	• Care management provided to members:
	  • For the duration of their time in the Plan
	  • Regardless of geographic location
	  • Regardless of member's placement (e.g., residing with foster care family, PRTF)
		• Position care managers to proactively address trauma and other Adverse Childhood Events (ACEs) experienced by children and youth in the child welfare system that increases risk of behavioral health and physical health needs

Whole-Person Integrated Care Approach	• Comprehensive management of each member's healthcare needs, including physical health, behavioral health, LTSS, and pharmacy needs • Led by care manager in concert with multidisciplinary care team, including DSS Child Welfare Worker, family members/guardians, and PCP/providers, among others	• Ensure coordination across all health and health-related services and across all stakeholders involved in a member's care
Delivered by FC Plan Care Managers	• Administered primarily by plan-based care managers • Working in close partnership with members' providers (with additional provider reimbursement for care team meeting participation)	• Creates single point of accountability and oversight • Promote continuity when members change placements or move across geographic areas in the state • Promote clear delineation of roles/responsibilities and streamline coordination across individuals involved in member's care, including DSS and providers, among others

1. Feedback on Plan-based Care Management

Feedback

Public comment on plan-based care management design clustered around the following areas:

- Concern about the centralized approach to care management given local care management model in SPs and TPs
- Support for local providers to be able to offer care management
- Recommend setting caseload standards for care managers

For Discussion

- What additional considerations should the Department take into account for the proposed care management design?
- From a consumer perspective, what are some ways that provider-based care management could benefit members?
- Are there potential unintended consequences for members with the proposed design that the Department should consider?

2. Coordination & Co-location with DSS

Care managers will coordinate closely with each member's assigned County Child Welfare Worker. Some care managers will co-locate in local DSS offices to facilitate coordination

Design Feature	Proposed Approach	Rationale
Clear Division of Roles	• **FC Plan Care Managers:** Lead FC Plan core care management functions (e.g., care plan development, medication management) • **Child Welfare Workers:** Retain intake and assessment, placement, and permanency planning responsibilities (e.g., 7-day and 30-day health assessments)	• Ensure clear delineation of roles and responsibilities between Care Managers and Child Welfare Workers to avoid duplicating work
Coordination	• Timely initial meeting following member enrollment • Ongoing monthly meetings • Timely notification of unexpected/crisis events (e.g., member visits an ED)	• Ensure bidirectional sharing of information that is critical to facilitate health care services/reunification/permanency planning efforts
Co-location	• Co-location of 50% of Care Managers in local DSS offices • A minimum share of care managers will be co-located in rural offices	• Embed care management in the community and facilitate ongoing coordination

FC Plan Care Managers will not assume any existing DSS responsibilities

2. Feedback on Coordination & Co-location with DSS

Feedback

Public comment on coordination with DSS clustered around the following areas:

- Clarify timeframe and approach to co-location with DSS
- Clarify roles between FC Plan Care Manager and DSS County Child Welfare Worker
- Clarify how data sharing will work among the FC Plan and DSS
- Recommend standardizing policies, forms, and how information is shared

For Discussion

- What additional considerations should the Department take into account to ensure robust coordination and co-location with DSS?
- What does care management 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?
- What other operational considerations should the Department take into account?

3. Continuity of Care & Coordination during Transitions

Care managers will provide care management when members transition between plans or treatment settings to ensure stability and continuity of care

Design Feature	Proposed Approach	Rationale
Continuity of Care	• Manage members in treatment for a chronic/acute medical or behavioral health condition when transitioning into or out of FC Plan	• Ensure members have the appropriate support needed when they experience transitions between plans or treatment settings • Minimize disruptions in care that may occur when members experience transitions • Help ensure members receive care in the most appropriate setting available
Health Plan/PCP Selection	• Notify DSS Child Welfare worker, foster parent(s), and biological parents of a change in health plan; assist in selecting a new PCP when necessary	
Discharge Planning	• Conduct discharge planning and arrange for medication management when members leave a hospital or institutional setting	
Institutional Care Settings	• Provide diversion interventions for members at risk of admission to an institutional setting • Engage with members in institutional settings who may be able to have their needs met in the community	

3. Discussion on Continuity of Care & Coordination during Transitions

- What additional considerations should the Department take into account to ensure robust continuity of care and coordination during transitions?
- From a consumer perspective, what other supports are integral to ensuring members have continuity of care during transitions?
- Are there potential unintended consequences for members with the proposed design that the Department should consider?

4. Support for Transition-Age Youth

Care manager will support transition planning for members aging out of the child welfare system, as well as members aging out of Medicaid coverage at age 26

Design Feature	Proposed Approach	Rationale
Transition Planning	• Participate in the 90-Day transition planning* led by DSS Child Welfare Workers to identify health-related supports, as appropriate	• Help facilitate a successful transition to self-sufficiency for members • Provide specialized supports for health-related aspects of transition out of foster care and/or out of Medicaid coverage eligibility
Health Passport	• Supplement DSS 90-Day Transition Plan with a "Health Passport" that contains critical health care-related information for each member (e.g., list of medication, copies of medical records)	
FFY Aging out of Medicaid Coverage Eligibility	• Discuss health insurance options and make plans for transitioning ongoing health care services/medications	

*Refers to the DSS administered "Transitional Living Plan – 90 Day Transition Plan for Youth in Foster Care (DSS-5096b)" completed prior to youth's 18th birthday

4. Discussion on Support for Transition-Age Youth

- What additional considerations should the Department take into account to ensure support for transition-age youth?
- From a consumer perspective, what other supports are integral to ensuring members have adequate support when they either age out of the child welfare system or age out of Medicaid?
- Are there additional areas where Care Managers and Child Welfare Workers can coordinate to support transition-age youth?

*Refers to the DSS administered "Transitional Living Plan – 90 Day Transition Plan for Youth in Foster Care (DSS-5096b)" comleted prior to youth's 18th birthday

5. Medication Management Services

FC Plan Care Manager will be responsible for coordinating with providers to ensure appropriate use and monitoring of psychotropic medications

Design Feature	Proposed Approach	Rationale
Best Practices	• Follow "Best Practices for Medication Management for Children & Adolescents in Foster Care" from the North Carolina Pediatric Society/Fostering Health NC* *(or other best practices for medication management)*	• Ensure adequate medication management to prevent overmedication or dangerous medication interactions, which is particular concern for children and youth in the child welfare system • Ensure members have access to their medications and that medication usage is coordinated across providers • Identify potential overuse of psychotropic medication • Integrate medication management best practices
Medication Review	• Review member's medications with a qualified clinician within 72 hours of enrollment • Ensure adequate supply of essential medications	
Psychotropic Medication Monitoring	• Coordinate with qualified clinician to assess and identify potentially harmful aspects of the medication regimen for members prescribed **psychotropic medications** and adjust prescriptions, as necessary • Ensure members prescribed **antipsychotic medications** receive clinically appropriate metabolic monitoring (e.g. monitoring of glucose and lipids)	
Coordinate with Clinical Experts	• Coordinate closely with members' clinicians • Leverage FC Plan psychiatrist/pharmacist expertise, as necessary	

*Available at: www.ncpeds.org/resource/collection/715AED5E-6572-4109-AD5E-1F064520FD69/BP_for_Medication_Management_July_2020.pdf

5. Feedback on Medication Management Services

Feedback

Public comment on medication management services clustered around the following areas:

- Clarify whether Care Managers or providers will be making recommendations on medication management
- Recommend using best practices for medication management requirements

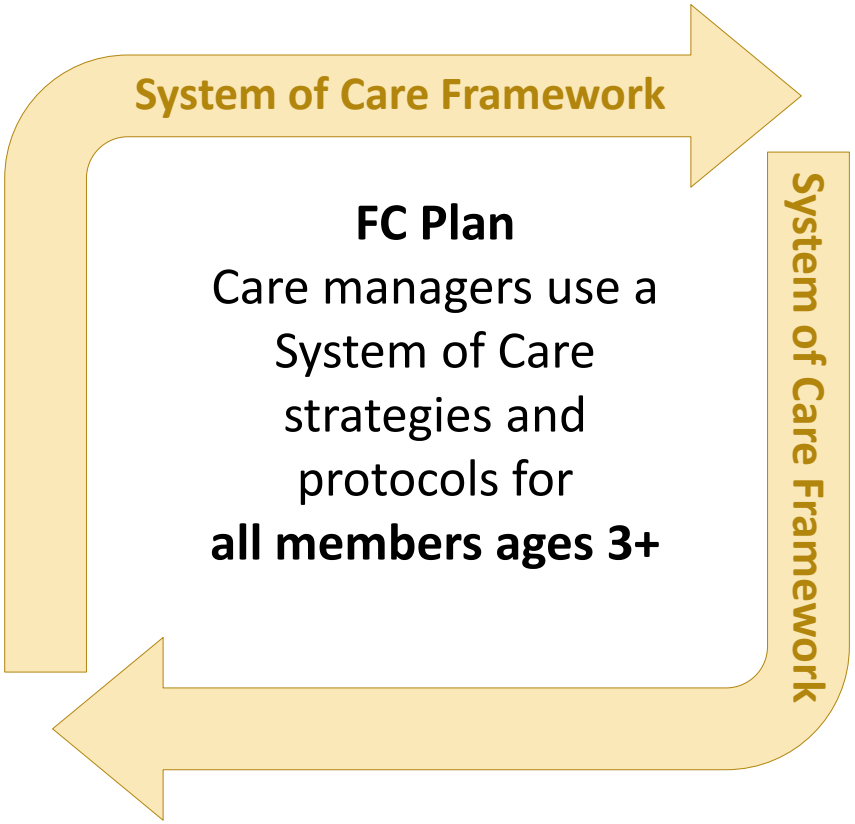
For Discussion

- What additional considerations should the Department take into account for design of medication management services?
- To the extent that Workgroup members have concerns about medication management services, what are those concerns and how do you recommend the FC Plan address them?
- What does this design area 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?

*Available at: www.ncpeds.org/resource/collection/715AED5E-6572-4109-AD5E-1F064520FD69/BP_for_Medication_Management_July_2020.pdf

6. System of Care

The FC Plan will align with the NC System of Care framework designed to meet the needs of families who are involved with multiple child service agencies (e.g. child welfare, juvenile justice). The FC Plan will address members' needs through evidence-based, trauma-informed, resiliency-oriented approach to behavioral health care



System of Care Policy

- FC Plan will develop a System of Care Policy, to be approved by the Department
- FC Plan will have a System of Care Manager and Outreach Coordinators responsible for local implementation of the policy

Rationale

- Ensure coordination between FC Plan Care Manager, child service agencies, and community-based services that support the needs of children and youth

6. Discussion on System of Care Integration

- What additional considerations should the Department take into account to ensure the FC Plan aligns with the state's System of Care framework?
- Are there any areas of further clarification on System of Care requirements for the FC Plan that would be helpful?

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 #4: Care Management (cont.) and Provider Network**
- **Monday, June 7, 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

Care Management Timeframes

Requirement	Recommended Timeframe
Share FC Plan enrollment packet with Member, including information on Care Manager assignment	• At initial FC plan launch: 30 days prior to FC Plan launch • After plan launch: within 14 days of enrollment
Conduct initial meeting between Care Manager and DSS Child Welfare Worker	• At Initial FC Plan launch: Within 60 days of enrollment, or earlier, if necessary to appropriately to manage the member's healthcare needs (meeting may be telephonic, if necessary) • Ongoing: Within 72 hours of enrollment, or earlier, if necessary to appropriately to manage the member's healthcare needs (meeting may be telephonic, if necessary)
Initiate contact with Member to start the Comprehensive Assessment	Within 7 days of FC Plan enrollment, or earlier, if necessary to appropriately to manage the member's healthcare needs
Complete Comprehensive Assessment	• High-risk members: Within 14 days of FC Plan enrollment • Other members: Within 30 days of FC Plan enrollment
Complete initial Care Plan/ISP (note: the FC Plan must not withhold services pending completion of the Care Plan/ISP)	• High-risk members: Within 7 days of the completion of the comprehensive assessment • Other members: Within 14 days of the completion of the comprehensive assessment
Update Care Plan/ISP	• At minimum every 12 months • Within 14 days of re-assessment
Document/store and make Care Plan/ISP available to Member	Within 24 hours of completion
Convene Child and Family Team (for children with a mental health disorder/SUD who are receiving MH/SUD services)	At least once every 30 days
Ensure post-partum visit with physician	Within 56 days of delivery
Follow up with Member after inpatient/ED discharge	Within 48 hours
Arrange outpatient follow-up visit after inpatient/ED discharge	Within 7 days, unless a shorter timeframe is required
Comprehensive Assessment/reassessment following inpatient/ED discharge	Within 14 days
Update Care Plan/ISP following inpatient/ED discharge	Within 14 days of Comprehensive Assessment/reassessment
Reassessment for Members leaving the Child Welfare System but remaining enrolled in the FC Plan (i.e., former foster youth)	Within 90 days of member leaving the Child Welfare System
Discuss health insurance options for individuals aging out of Medicaid at age 26	90 days prior to the member's 26th birthday
Outreach related to high-risk ADT alert	Same-day or next-day for all members
Care Needs Screening for Members who have opted out of care management	Within 45 calendar days of FC Plan enrollment

FC Plan Workgroup Participants

Name	Organization	Stakeholder
Teka Dempsey	Child Welfare Advisory Council	Advocacy Group
Tiffany Munday	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. Shanita	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

Name	Organization	Stakeholder
Sean Kenny (Trillium) **Rhonda Cox** (Vaya) **Lynn Grey** (Partners Health)	Representatives from*: • Alliance Health • Cardinal • Eastpointe • Partners Health • Sandhills • Trillium • Vaya Health	LME/MCOs
Julie Ghurtskaia (CCH) **Sarah Goscha (UHC)** **Matt Oettinger (WellCare)**	Representatives from*: • AmeriHealth • Healthy Blue • Carolina Complete Health • UnitedHealthcare • WellCare	Standard Plans
Kimberly Deberry	CCNC	Other Stakeholder(s)

**Representatives may rotate per session*