



Update on North Carolina's Specialized Foster Care Plan

June 4, 2021

- **Welcome & Introductions.....12:00-12:05**
- **Overview of Medicaid Managed Care Transition.....12:05-12:10**
- **Update on Foster Care (FC) Plan Development.....12:10-12:30**
- **FC Plan Stakeholder Engagement.....12:30-12:40**
- **Q&A.....12:40-12:55**
- **Next Steps.....12:55-1:00**

Welcome

Today's Goals

- Ensure common understanding of upcoming NC Medicaid managed care transition
- Provide update on FC Plan development and stakeholder engagement
- Offer opportunity for Q&A

Overview of Medicaid Managed Care Transition

Reminder: NC Will Offer Four Types of Health Plans

NC will offer four types of health plans once managed care is fully implemented. All health plans will serve different populations but 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

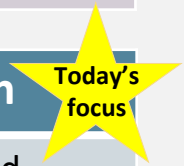
Provide the same services as Standard Plans, plus additional specialized services for individuals with significant behavioral health conditions, I/DDs, and traumatic brain injury, as well as people utilizing state-funded and waiver services.

EBCI Tribal Option

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

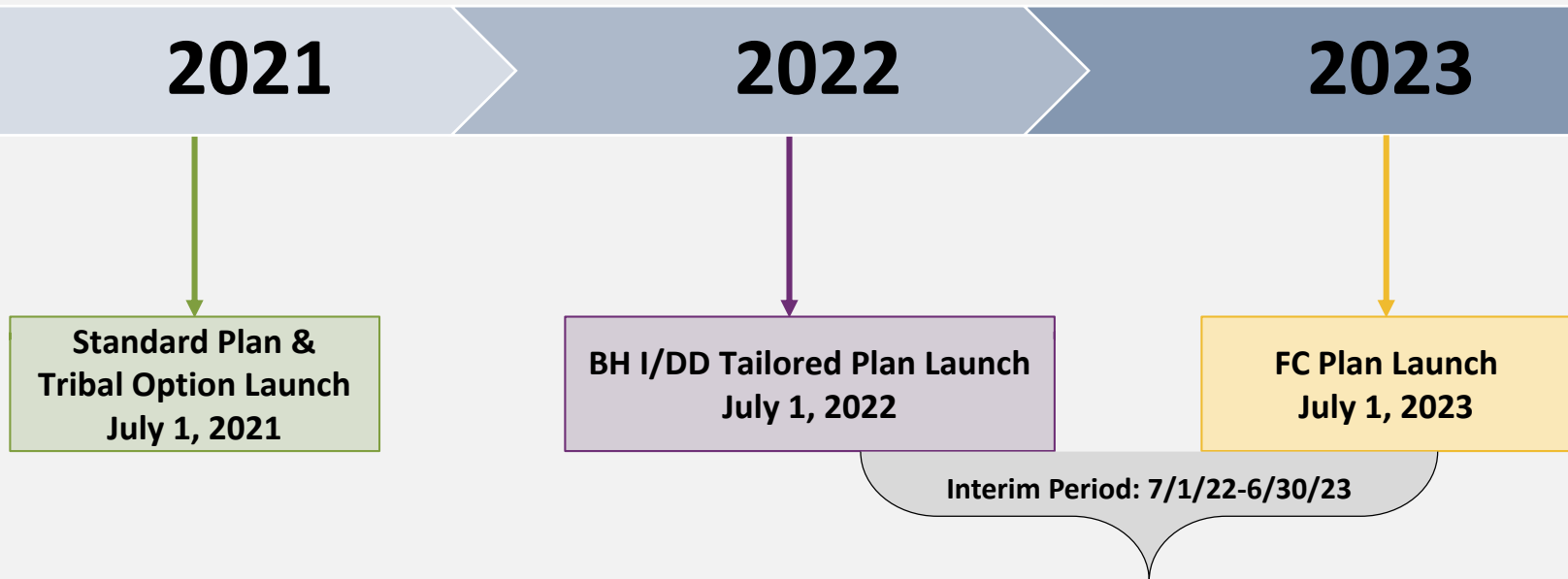
Specialized Foster Care (FC) Plan

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.



Timeline for Medicaid Managed Care Transformation

NC's Medicaid Managed Care products will launch on different dates, beginning in July 2021.



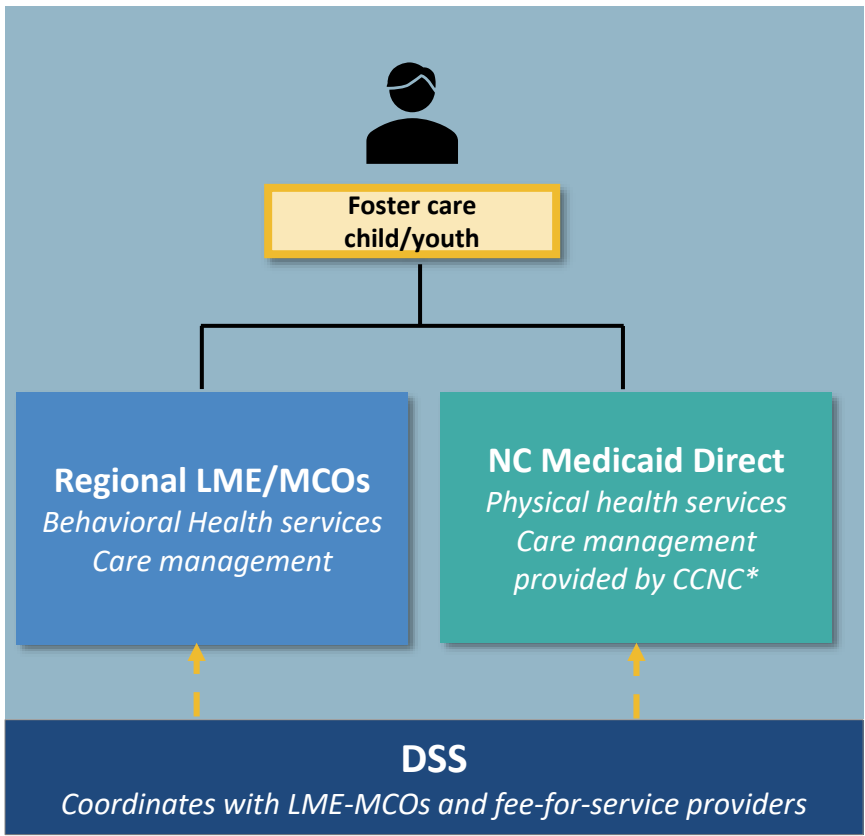
Department planning underway to determine how to best strengthen access to behavioral health services for children in youth involved in the child welfare system prior to the FC Plan launch.

Update on Foster Care (FC) Plan Development

Current State of Medicaid Delivery for Children/Youth Involved with the Child Welfare System

All children in foster care, receiving adoption assistance, and former foster youth under age 26 are categorically eligible for Medicaid. They currently receive Medicaid services through a bi-furcated system of care which has created challenges around meeting the population’s physical and behavioral health care needs.

Current Medicaid Delivery System and Coordination with DSS



Current State Challenges

- 1 **Disruptions in care** and provider continuity due to population’s frequent placement changes
- 2 **Lack of clarity in coordination responsibilities** and role delineation between entities related to locating and paying for certain services
- 3 **Information exchange challenges** between entities impedes timely access to care
- 4 **Challenges meeting the needs** of children/youth in foster care with complex physical and behavioral health or I/DD needs, resulting in restrictive residential or out-of-state placements
- 5 **Limited focus** on addressing the unique challenges of children in foster care as part of service delivery
- 6 **Limited array of available community-based services** across the state to support children remaining in family settings or the least restrictive setting possible

*CCNC provides care management to a subset of the foster care population.

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. Based on feedback from the first FC Workgroup session, 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).



Process to Date

The Department is in the process of designing a FC Plan and translating the design into model contract language to use when the State issues its FC Plan RFP. The draft model contract leverages Standard Plan and Tailored Plan contract requirements, where appropriate, and includes new design and requirements unique to the FC Plan.

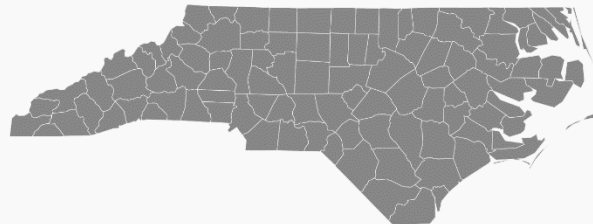
Design Process

To meet the unique needs of the FC population, the Department:

- ✓ Reviewed other states' specialty pediatric managed care contracts
- ✓ Researched best practices for delivering care management services for children and youth involved in the child welfare system
- ✓ Documented challenges with the existing system
- ✓ Engaged with subject matter experts from across NC DHHS to discuss policy issues and plan design
- ✓ Gathered an initial round of public comments on draft FC Plan requirements from external stakeholders
- ✓ Convened an FC Workgroup of diverse stakeholders who serve children and youth involved in the child welfare system in North Carolina to get feedback on the draft FC Plan design

FC Plan Overview

- The State intends to launch a single, statewide FC Plan to serve all eligible members in North Carolina
- The FC Plan will be operated by either a Standard Plan or Behavioral Health I/DD Tailored Plan selected to hold a contract with North Carolina
- Based on current eligibility categories, the FC Plan is estimated to serve 31,000 children and youth currently and formerly involved in the child welfare system*
- FC Plan will work closely with DSS and other stakeholders to improve care coordination



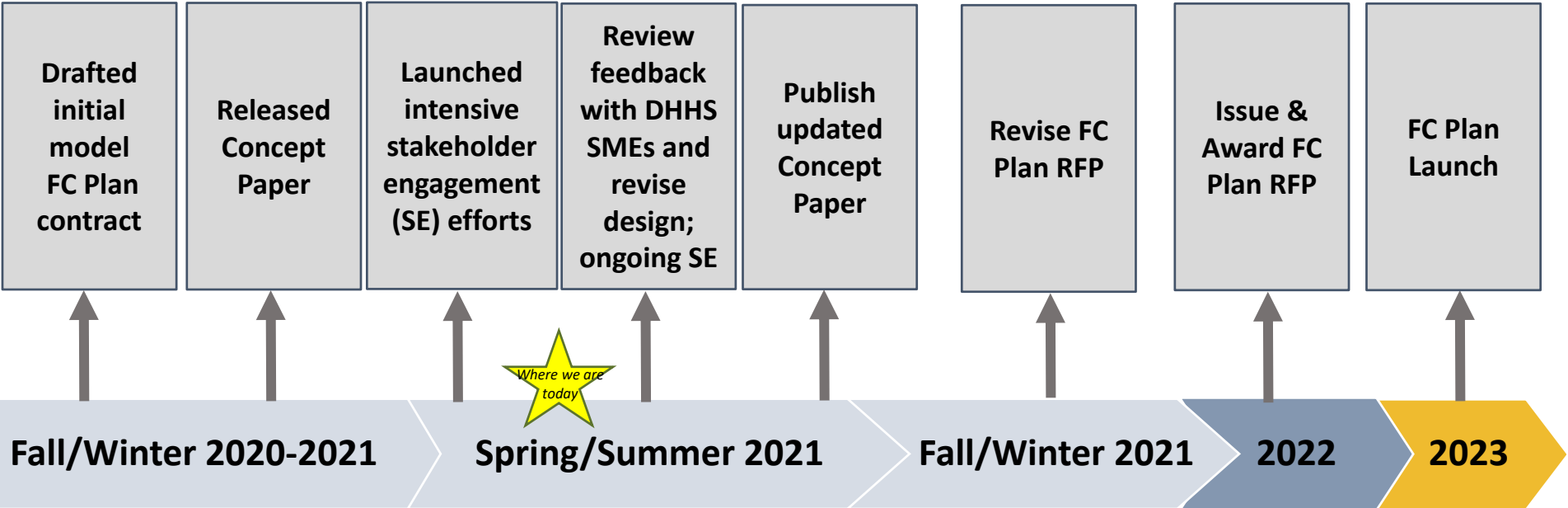
*Based on January 2021 data analysis

Key Features of the FC Plan

Design Area	Key Draft Features
Eligibility & Enrollment	<ul style="list-style-type: none"> • Eligible members will be children in foster care under age 21, children receiving adoption assistance, and former foster youth under age 26 • Department will auto-enroll eligible members at FC Plan launch with some exceptions: Innovations or TBI waiver enrollees; beneficiaries residing in ICFs; those eligible for TCLI; and Tribal members
Benefits	<ul style="list-style-type: none"> • Benefits will include nearly all Standard Plan and BH I/DD TP services, except for a subset of BH services that will only be covered by BH I/DD TPs: ICF-IID, Innovations/TBI waiver services, State-funded Services
Care Management	<ul style="list-style-type: none"> • Robust care management will be provided for <u>each</u> member • Model will include close coordination/co-location with DSS, medication management services and requirements for transition of care (including for members aging out of the child welfare system)
Provider Network	<ul style="list-style-type: none"> • Network will include physical health, BH, I/DD, and LTSS providers across the State and must meet network adequacy requirements which generally align with SP and TP time/distance requirements • Providers will receive training on trauma-informed care and ACEs to understand members’ needs
Quality	<ul style="list-style-type: none"> • The FC Plan will be required to report robust and dedicated quality measures that prioritize medical needs and experiences that are significant in the FC Plan population.

Current design for the FC Plan is based on RFP requirements drafted as of February 2021. Design is subject to change through stakeholder engagement process, including feedback from the FC Plan Workgroup, and on-going design work.


FC Plan Development Timeline




FC Plan Stakeholder Engagement Update

Stakeholder Engagement Overview

In February, the Department **published a Concept Paper based on the drafted model FC Plan contract** requesting input from those who support the foster care population and other interested stakeholders.



After reviewing feedback the Department delayed FC Plan launch by a year to allow **time for additional design and stakeholder input** on key features of FC Plan.

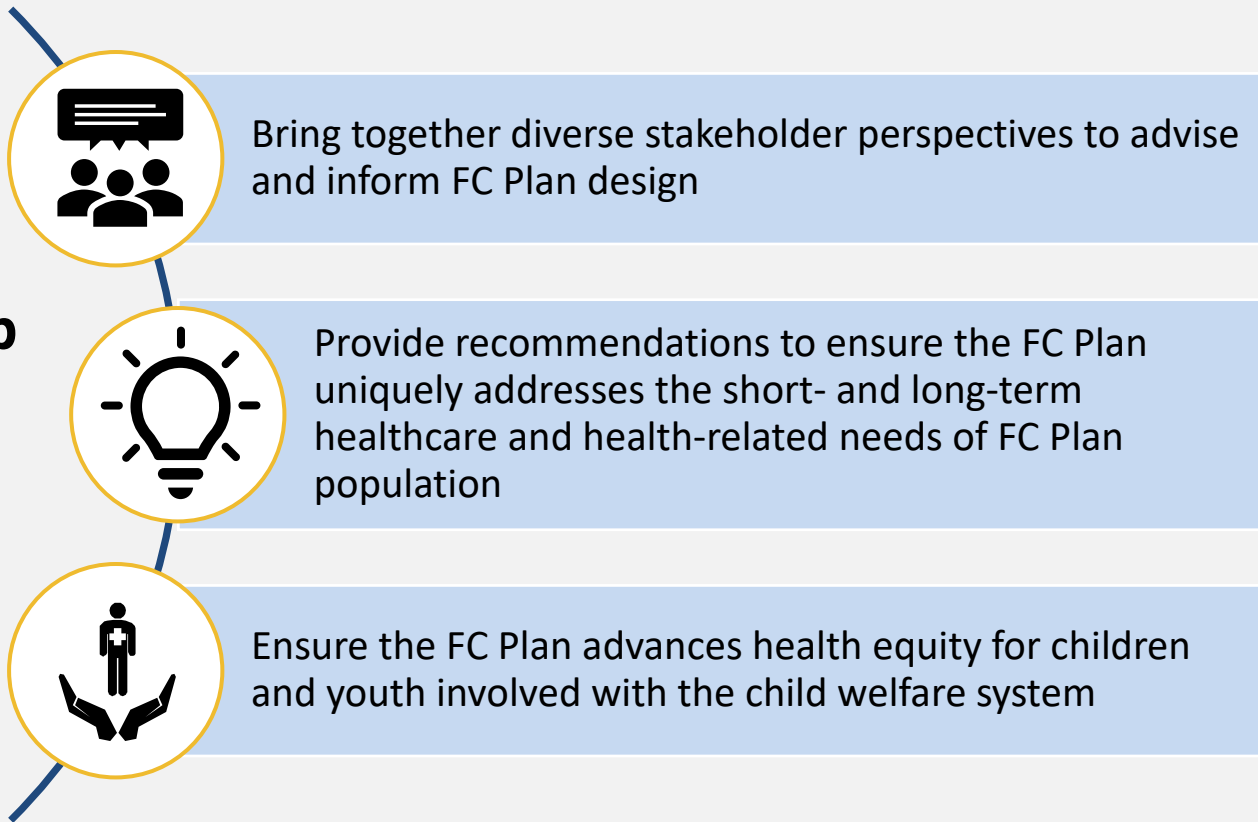


The Department is pursuing **multiple avenues for stakeholder engagement**, including the FC Plan Workgroup, public webinars, and DSS engagement.

FC Plan Workgroup

The Department has convened the FC Plan Workgroup to provide feedback on key aspects of 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



FC Plan Workgroup Sessions

The FC Plan Workgroup is meeting from April through August 2021 to provide feedback on key areas of FC Plan design.

FC Plan Workgroup Participants

- ✓ State/Local Agencies
- ✓ Child & Family Advocacy Groups
- ✓ Providers
- ✓ LME/MCOs
- ✓ Standard Plans
- ✓ Others (e.g., CCNC)

Full list in the Appendix

The FC Plan Workgroup is open to the public. Stakeholders who are not members of the FC Plan Workgroup may join meetings and submit written feedback through Medicaid.Transformation@dhhs.nc.gov.

Session #	Dates	Proposed Topic(s)
1	April 19, 2021	<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	<input type="checkbox"/> Eligibility & Enrollment <input type="checkbox"/> Benefits/Services
3	May 17, 2021	<input type="checkbox"/> Care Management
4	June 7, 2021	<input type="checkbox"/> Care Management, cont.
5	June 21, 2021	<input type="checkbox"/> Quality <input type="checkbox"/> Providers
6	July 12, 2021	<input type="checkbox"/> Interim Plan for Children in Foster Care 2021- 2023
7-8	July/August 2021	<input type="checkbox"/> <i>To permit more time for discussion and feedback, we will hold additional sessions this summer</i>

Engagement with Department of Social Services (DSS)

DSS as a Partner in FC Plan Design

- DSS submitted comments in response to February 2021 FC Plan Concept Paper
- DSS representatives participate in weekly Department FC Plan Meetings
- DSS representatives are active FC Plan Workgroup participants

Additionally, the Department is engaging DSS leadership directly around FC Plan design and other opportunities to holistically address the needs of children, youth, and families involved in the child welfare system.

Additional Stakeholder Engagement Opportunities



Reissue
updated FC Plan
Concept Paper

Host webinar to
provide FC Plan
updates

Provide
opportunity for
further public
comment

Q&A

Next Steps

Next Steps



- Continue to refine the FC Plan design based on stakeholder feedback
- Advance additional stakeholder engagement efforts, including with DSS

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

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

Appendix

FC Plan Workgroup Participants

Name	Organization	Stakeholder
Teka Dempsey	Child Welfare Advisory Council	Advocacy Group
Melissa Love	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
Carmelita Coleman	SaySo	Advocacy Group
Tara Larson	EBCI Public Health and Human Services	EBCI
Christy Street	NC Pediatric Society/Fostering Health	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)	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*