

Fact Sheet

Supporting Children and Youth Disenrolling from Medicaid Managed Care and Entering Foster Care

Guidance for Department of Social Services (DSS) Child Welfare Workers

On July 1, 2021, NC Medicaid will transition to NC Medicaid Managed Care with Standard Plan health plans assuming responsibility for managing the services of most Medicaid beneficiaries. **Children in foster care before July 1, 2021 will not enroll with a health plan on July 1, 2021.**

After July 1, 2021, there will be Medicaid-enrolled children enrolled in a health plan who subsequently enter foster care custody. Once the Medicaid eligibility Foster Care evidence is reflected in NC FAST, the child will transition back to the fee-for-service Medicaid program known as NC Medicaid Direct. Once the child transitions to NC Medicaid Direct, the Community Care of North Carolina (CCNC) Foster Care Program will assume care management responsibilities from the health plan. The child's existing eligibility for Medicaid will not change because of this transition. This guide will help answer questions related to these transitions.

DSS CHILD WELFARE STAFF'S ROLE IN COMMUNICATING WITH THE CHILD'S HEALTH PLAN

- Establishing strong communication pathways between the DSS local agencies and the health plans will be critical to ensure the child's service continuity.
- The child's health plan will become a valuable resource to DSS child welfare workers in supporting this child.
- DSS child welfare workers will often be the first to know of a child entering foster care. In order to receive support from the child's health plan and to support an effective transition to NC Medicaid Direct, it is important for the child welfare worker to notify the child's health plan using the resources provided within this document.
- Once Medicaid eligibility Foster Care evidence is reflected in NC FAST, both the health plan and CCNC will be formally notified of the transition.

THERE IS NO "WRONG DOOR" FOR GETTING HELP WHEN A CHILD IS IN FOSTER CARE CUSTODY

The health plans and CCNC will work closely together to support children through these transitions.

- If the DSS child welfare worker calls the child's health plan to notify that the child has entered custody, the health plan will contact CCNC.
- If the DSS child welfare worker submits a Custody Status Notification form to the CCNC Foster Care Program CCNC will notify the health plan, as needed.

HOW TO GET HELP FROM THE CHILD'S HEALTH PLAN

- The health plan, through its call centers, will be available 24/7 to assist child welfare workers to meet urgent needs.
- As soon as the child enters into custody, the child welfare worker can contact the child's health plan by contacting the child's care manager (if known) or use the health plan's "Front Door for Foster Care" contacts provided below.
- The DSS child welfare worker should clearly convey that call relates to a child in foster care custody.
- The DSS child welfare worker may be required to provide "verbal verification" of the worker's DSS affiliation when calling for urgent needs.
- If the child welfare worker requires additional documentation or clinical records from the health plan, the worker should be prepared to provide written authorization, aligned with the DSS' current records request process.

| NC Medicaid Health Plan | Front Door for Foster Care | After Hours Number or Additional Instruction | TTY |
|----------------------------|----------------------------|---|----------------|
| AmeriHealth | (855) 375-8811 | (855) 375-8811, after language and COVID prompts, select "0" to be connected to operator. | 1-866-209-6421 |
| Carolina Complete Health | (833) 552-3876 | The afterhours number for Nurse Advice Line is available through the selecting 2 and then 4 when calling 1-833-552-3876 | 711 |
| Healthy Blue | (844) 594-5070 | (844) 545-1427 | 711 |
| United | (800) 349-1855 | (855) 202-0992 | 711 |
| WellCare of North Carolina | (866) 799-5318 | (800) 919-8807 | 711 |

HOW THE HEALTH PLAN CAN HELP

The health plan can assist the child welfare worker with:

- Information about the child's current providers or help in identifying a provider;
- Scheduling appointments;
- Information about potential allergies (if available);
- Current prescriptions;
- Specific health needs;
- Immunization status;
- Information that may assist in completing DSS-5207 Health History Form.
- Upon notification, the health plan will assign a care manager if one is not otherwise established to assist the child welfare worker in coordinating services for the child and to support the child through the transition back to NC Medicaid Direct. Support includes assistance with finding a doctor, re-filling medications and completing relevant forms.

HOW A CHILD WILL DISENROLL FROM A HEALTH PLAN

Once the DSS Medicaid eligibility worker keys in the DSS-5120 [Determination of Foster Care Assistance Benefits and/or Medical Assistance Only](#), the child will disenroll from the health plan and transition to NC Medicaid Direct.

MEDICAID CARE MANAGEMENT AVAILABLE ONCE CHILD TRANSITIONS TO MEDICAID DIRECT

Aligned with NC Medicaid's current support direction for all children enrolled in foster care, children disenrolling from a Medicaid health plan will typically transition to CCNC care manager. Both the child's health plan and CCNC are expected to work together before, during and after the child's transition to minimize disruption for the child. After the child disenrolls from her health plan, the child's CCNC care manager will become the DSS child welfare worker's primary point of contact.

Children Up to Five Years of Age

If the child is currently enrolled in the Care Management for At Risk Children (CMARC) through the Local Health Department, this care management will not change and when applicable, CCNC and the CMARC program staff will work together through the transition. If the child moves to another county, the current CMARC care manager would initiate a referral to a CMARC care manager in the child's new county. Children under 5 not yet linked to CMARC the child will be linked to CMARC.

ADDITIONAL QUESTIONS AND ANSWERS

Is Any of This Related to the Medicaid Foster Care Plan?

- The NC Medicaid Foster Care Plan is a managed care model that will serve children enrolled in foster care in the future. It will not be operational in 2021 and does not impact the information included in this document.
- Principles outlined in this document align with those of the Foster Care Plan.

How do I find out if a child is enrolled in a Medicaid health plan?

There are several ways to determine if the child is enrolled with a health plan:

- Look at Medicaid card. If the child is enrolled in a health plan, the child's Medicaid card will provide the health plan's information.
- Ask family or the child's current primary care provider.
- Consult with staff within DSS who have access to either NC FAST or NCTracks.
- Call the health plans at the numbers provided earlier in this Fact Sheet.

What if I serve a Medicaid-enrolled child who is not enrolled in a Standard Plan health plan and needs Care Management?

Children in foster care enrolled in Medicaid Direct should be referred to CCNC for care management under NC Medicaid Direct. All referenced information can be found on the Fostering Health North Carolina's webpage <https://www.ncped.org/page/FHNC> at the Resource Library link, in the Care Management section.

- To activate this referral, please send the [Custody Status Notification Form](#) to CCNC.
- To learn more, please contact the Fostering Health Program Manager for your county's region.

What if a child exits foster care? Will the child re-enroll with the health plan?

- If the child is reunified with his family at a later date, resulting in foster care disenrollment, this will change the child's Medicaid status.
- Depending on the child's resulting managed care status code, the child will potentially return to a Standard Plan health plan.
- Any Member with *former* foster care eligibility evidence, will be deemed high risk, eligible for health plan care management.

What if we want to talk to the health plan more about this process?

Each Standard Plan has a DSS Liaison who can facilitate dialogue between your organization and the Plan. If your organization would like to collaborate with the Plan for planning purposes or if the supports outlined here are not working as intended, please reach out to DSS Liaison for the specific Standard Plan health plan.