



North Carolina's Children and Families Specialty Plan Frequently Asked Questions (FAQs)

On January 16, 2024, the North Carolina Department of Health and Human Services (NCDHHS) issued an updated [policy paper](#) describing the latest Children and Families Specialty Plan (CFSP) design that will be reflected in the forthcoming CFSP RFP, which NCDHHS intends to issue in early 2024. The policy paper's release follows significant input received over the past three years on CFSP design from a diverse array of community partners.

The FAQs provide answers to questions about this specialized health plan for children, youth and families served by the child welfare system.

WHAT IS THE CHILDREN AND FAMILIES SPECIALTY PLAN?

In July 2021, North Carolina launched Medicaid Managed Care, changing how most people receive Medicaid, a health care program. With Medicaid Managed Care, North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical health, behavioral health and other health services for Medicaid beneficiaries.

As part of the transformation efforts, North Carolina will launch the CFSP – a single, statewide health plan – that will coordinate health care services, including physical health, behavioral health, pharmacy, long term services and supports (LTSS) and Intellectual/ Developmental Disability (I/DD) services, as well as unmet health-related resource needs for Medicaid-enrolled children, youth and families served by the child welfare system. Individuals who enroll in the CFSP are referred to as “members” throughout this FAQ.

WHAT MAKES THE CHILDREN AND FAMILIES SPECIALTY PLAN UNIQUE?

The CFSP is designed to meet the unique needs of children, youth and families served by the child welfare system and promote seamless and coordinated healthcare. The CFSP will:

- Operate statewide and increase access to a broad range of physical health, behavioral health, pharmacy, long-term services and supports (LTSS) and I/DD services, as well as unmet health-related resource needs for all members.
- Take a family-focused approach to care delivery to strengthen and preserve families, prevent entry and re-entry into foster care, and support reunification and other permanency plan options.
- Coordinate closely with the Division of Social Services, local Departments of Social Services (DSS), Eastern Band of Cherokee Indian (EBCI) Family Safety Program and more broadly, with the System of Care, a comprehensive network of community-based services and supports.

- Provide care management (e.g., coordinate health care services) to all members to support integrated, whole-person care and foster coordination across providers.
- Support members in shared decision-making and during transitions, including between health care settings and when transitioning out of foster care or Medicaid.
- Build a statewide provider network and train providers and Plan staff in the unique needs and experiences of children, youth and families served by the child welfare system.
- Ensure all members receive high-quality health care services that promote overall health and well-being.

WHO WILL BE ELIGIBLE FOR THE CHILDREN AND FAMILIES SPECIALTY PLAN?

The CFSP will include children, youth and families served by the child welfare system to help preserve families and support reunification and permanency.

As authorized by state law,¹ and with limited exceptions,² the following Medicaid-enrolled populations will be eligible for the CFSP:³

- Children and youth in foster care;⁴
- Children and youth receiving adoption assistance;⁵

¹ N.C. Gen. Stat. § 108D-62.

² The following populations are excluded from NC Medicaid Managed Care: beneficiaries who are enrolled in both Medicare and Medicaid for whom Medicaid coverage is limited to the coverage of Medicare premiums and cost sharing; qualified aliens subject to the five-year bar for means-tested public assistance under 8 U.S.C. § 1613 who qualify for emergency services under 8 U.S.C. § 1611; undocumented aliens who qualify for emergency services under 8 U.S.C. § 1611; medically needy Medicaid beneficiaries except for beneficiaries enrolled in the Innovations or TBI waivers; presumptively eligible beneficiaries, during the period of presumptive eligibility; beneficiaries who participate in the North Carolina Health Insurance Premium Payment (NC HIPP) program except for beneficiaries enrolled in the Innovations or TBI waivers; beneficiaries enrolled under the Medicaid Family Planning program, beneficiaries who are inmates of prisons or jails; beneficiaries being served through CAP/C; beneficiaries being served through CAP/DA (includes beneficiaries receiving services under CAP/Choice); and beneficiaries with services provided through the Program of All Inclusive Care for the Elderly (PACE). Individuals otherwise eligible for the CFSP who are Innovations or TBI waiver enrollees, beneficiaries residing in or receiving respite services at an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), beneficiaries ages 18 and older who are receiving State-funded BH, I/DD and TBI services that are not otherwise available through Medicaid, beneficiaries living in State-funded residential treatment, and recipients enrolled in and being served under Transition to Community Living (TCL) must enroll in a BH I/DD Tailored Plan to access those services; they may opt-in to the CFSP when they no longer require those services. Tribal members and other individuals eligible to receive Indian Health Services, including North Carolina's federally recognized tribe (the Eastern Band of Cherokee Indians) and state-recognized tribes, may opt-in.

³ The Department may, at a later date, extend CFSP eligibility to any other member that has been involved with the child welfare system that it determines could benefit from CFSP enrollment.

⁴ See [here](#) for Medicaid eligibility requirements for children and youth in foster care.

⁵ See [here](#) for Medicaid eligibility requirements for children receiving adoption assistance.

- Former foster care youth under age 26,⁶
- Minor children of children and youth in foster care, children receiving adoption assistance and former foster care youth who are eligible for the CFSP;
- Parents, caretaker relatives, guardians, custodians and minor siblings of children/youth in foster care;^{7,8}
- Families receiving Child Protective Services (CPS) In-Home Services, specifically:
 - Adults included in the NC In-home Family Services Agreement as caregivers
 - Minor children included on the NC In-home Family Services Agreement; and
- Adults identified in an open EBCI Family Safety Program case and any children living in the same home.

HOW WILL ENROLLMENT WORK FOR THE CHILDREN AND FAMILIES SPECIALTY PLAN?

As described in **Table 1: CFSP-Eligible Population Enrollment Timeline** below, a subset of CFSP-eligible children and youth served by the child welfare system will be auto-enrolled at CFSP launch.⁹ Given the system reconfigurations needed to operationalize the CFSP, the remaining populations will have the option to enroll beginning no sooner than July 2026.

<i>Populations Auto-Enrolled at CFSP Launch</i>	<i>Populations with Option To Enroll No Sooner Than July 2026¹⁰</i>
<ul style="list-style-type: none"> • Children and youth in foster care • Children receiving adoption assistance • Former foster care youth under age 26 • Minor children of children and youth in foster care, children receiving adoption assistance, and former foster youth 	<ul style="list-style-type: none"> • Parents, caretaker relatives, guardians, custodians and minor siblings of children/youth in foster care • Families receiving CPS In-Home Services, specifically <ul style="list-style-type: none"> ○ Adults included in the NC In-Home Family Services

⁶ See [here](#) for Medicaid eligibility requirements for former foster care youth under age 26. NCDHHS recognizes the need to update the former foster care eligibility group description in CFSP and is working to replace legislative language with “young adults under age 26 formerly in foster care.”.

⁷ The CFSP will recognize the Tribal definition of “parents, guardians, and custodians” in determining Tribal member eligibility for the Plan.

⁸ Pending CMS approval.

⁹ Beneficiaries who are members of a federally recognized tribe or eligible for Indian Health Services who are eligible for the CFSP have been enrolled into the EBCI Tribal Option or remain in NC Medicaid Direct depending on their region and will have the option to enroll in the CFSP at launch; individuals eligible for Medicare or are in other managed care excluded groups are not eligible to enroll in the CFSP as outlined in footnote 14.

¹⁰ The Department may, at a later date, extend CFSP eligibility to any other member involved with the child welfare system that it determines could benefit from CFSP enrollment.

while the parent is CFSP-enrolled	<p>Agreement as caregivers</p> <ul style="list-style-type: none"> ○ Minor children included on the NC In-Home Family Services Agreement ● Adults identified in an open EBCI Family Safety Program case and any children living in the same home
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Individuals auto-enrolled into the CFSP will have the option to opt out of the CFSP and transfer to a Standard Plan, Tailored Plan, EBCI Tribal Option or NC Medicaid Direct, if eligible, at any point during the coverage year.

All other CFSP-eligible populations will have the option to enroll in the CFSP no sooner than July 2026. If these individuals do not opt-in to the CFSP, they will remain in a Standard Plan, Tailored Plan, EBCI Tribal Option or NC Medicaid Direct, as eligible. All individuals eligible to participate in both the CFSP and the EBCI Tribal Option will be enrolled in the EBCI Tribal Option but will be given the choice to opt into the CFSP.¹¹ The Enrollment Broker will be available to educate and help individuals navigate this decision.

HOW WILL ELIGIBLE INDIVIDUALS RECEIVE THEIR MEDICAID HEALTH CARE SERVICES PRIOR TO THE CHILDREN AND FAMILIES SPECIALTY PLAN LAUNCH?

Until the CFSP launches, most children and youth in foster care, children receiving adoption assistance and former foster care youth will continue to receive Medicaid services through NC Medicaid Direct.¹² Before the CFSP launches, these individuals will continue to receive care management delivered via one of the two pathways as outlined below:

- Children and youth who are Tailored Care Management-eligible¹³ receive Tailored Care Management through an LME/MCO.
- Children and youth who are not Tailored Care Management-eligible receive care coordination through Community Care of North Carolina (CCNC) and an LME/MCO.

Many other people who will be eligible for the CFSP once it launches have already begun receiving Medicaid services through NC Medicaid Managed Care; NCDHHS will provide more information about the opportunity to enroll in the CFSP prior to launch. NCDHHS must make

¹¹ The EBCI Tribal Option is available to beneficiaries who live in the following counties: Buncombe, Clay, Cherokee, Graham, Haywood, Henderson, Jackson, Macon, Madison, Swain, and Transylvania. The EBCI Tribal Option is primarily offered in these counties: Cherokee, Graham, Haywood, Jackson and Swain. Individuals located outside of these counties will remain in NC Medicaid Direct. See here for more information on EBCI Tribal Option eligibility and enrollment.

¹² NC Medicaid Direct is North Carolina's current health care program for Medicaid beneficiaries who are not enrolled in NC Medicaid Managed Care

¹³ Tailored Care Management is North Carolina's specialized care management model targeted toward individuals with a behavioral health condition (including both mental health and substance use disorders), intellectual/developmental disability (I/DD), or traumatic brain injury (TBI).

significant systems changes to launch the CFSP and will keep community partners updated about the potential timeline.

WHAT BENEFITS WILL THE CHILDREN AND FAMILIES SPECIALTY PLAN COVER?

The CFSP will cover a comprehensive set of physical health, behavioral health, I/DD, LTSS and pharmacy benefits.¹⁴ The CFSP will also be responsible for addressing other unmet health-related resource needs, including housing, food, transportation and interpersonal violence. Some benefits, such as dental services, will only be available outside of the CFSP. Individuals enrolled in CFSP will access those benefits, as needed, the same way they do today.

HOW WILL THE CHILDREN AND FAMILIES SPECIALTY PLAN CARE MANAGEMENT MODEL SUPPORT MEMBERS?

The CFSP will provide robust, whole-person plan-based¹⁵ care management to all members by assigning a specially trained care manager to each member. Care managers will be responsible for helping members navigate their health and health-related needs and access needed physical and behavioral health services. Specifically, CFSP care managers will:

- Identify each member's health and health-related needs through a comprehensive assessment and develop a care plan.
- Coordinate closely with the member's care team, including the member's primary care provider (PCP), assigned County Child Welfare worker or EBCI Family Safety Program staff, parent(s), guardian(s), or custodian(s) and others, as appropriate.
- Implement processes to prevent members from boarding in county DSS agency offices or Emergency Departments.
- Conduct medication management and reconciliation for all members, including reconciling medications for members experiencing health care or life transitions (e.g., enrolling in the CFSP, changing child welfare placements), ensuring members have an adequate supply of essential medications, and leveraging CFSP clinical staff to monitor the appropriateness of member medication regimens.
- Support transitions between treatment settings or health plans to ensure continuity of care.
- Support transition planning for members transitioning out of the child welfare system or losing Medicaid eligibility upon turning 26, including development of a "Health Passport" to track upcoming appointments, medications and medical records.

¹⁴ Individuals eligible for the CFSP who are on the Innovations or Traumatic Brain Injury (TBI) waivers, served by intermediate care facilities for individuals with intellectual disabilities (ICF-IID) or TRACK at Murdoch Center, eligible for North Carolina Transitions to Community Living (TCL), or need State-funded Services will be required to enroll in a Behavioral Health I/DD Tailored Plan to access those services.

¹⁵ With NCDHHS's approval, the CFSP may, at its discretion, delegate care management functions to community-based entities, provided that those entities are meaningfully integrated into the CFSP's statewide model.

- Identify key health-related resources and supports, such as housing, food and transportation necessary to meet health care-related goals.

As appropriate, assigned care managers may coordinate with care manager extenders to support additional care management functions. Care managers will direct extender's care management functions and ensure that the extender supports allowable activities (e.g., coordinating services/appointments by arranging transportation, etc.).

WHAT WILL THE CHILDREN AND FAMILIES SPECIALTY PLAN PROVIDER NETWORK LOOK LIKE TO MEET MEMBERS' NEEDS?

The CFSP will have a statewide network of physical health, behavioral health, I/DD and LTSS providers across North Carolina to meet the needs of eligible members. The CFSP will have an "any willing provider"¹⁶ network for all services except a subset of behavioral health services.¹⁷ The goal is to provide access to high quality, specially-trained providers that best meet members' needs as close to where a member lives as possible. All members will be assigned a PCP once enrolled in the CFSP.

HOW CAN I GET MORE INFORMATION ON THE CHILDREN AND FAMILIES SPECIALTY PLAN?

NCDHHS intends to provide updates on the CFSP on the Department's CFSP homepage which can be found [here](#).

Community partners are welcome to submit feedback or questions to NCDHHS at Medicaid.NCEngagement@dhhs.nc.gov with the following email subject line: (Attention: Child and Family Specialty Plan).

¹⁶ "Any willing provider" means that the CFSP must accept into its network any provider that is Medicaid-enrolled, meets certain quality standards and agrees to the CFSP's network rates.

¹⁷ The CFSP will have a closed network for intensive in-home services, multisystemic therapy, residential treatment services and Psychiatric Residential Treatment Facilities (PRTFs).