



**NC Department of Health
and Human Services**

Transition of Care Protocols

**Beneficiaries Disenrolling
from Standard Plan or
Tailored Plan Due to
Foster Care Enrollment**

NC Medicaid Standard Plan Transition of Care Disenrollment Protocols

Transition Due to Foster Care Enrollment

Change Log		
Version	Posting Date	Updates/Change Made
1.0	8/20/2021	Initial Posting, effective date 7/1/2021
1.1	12/16/2022	Updates regarding Tailored Plan launch

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General References

Transition Disenrollment Scenario: A child enrolled in a PHP who enters foster care and disenrolls to NC Medicaid Direct.

Protocol Limitations

- This Protocol is governed by Health Plan contract requirements and NC DHHS Transition of Care Policy
- The Protocol does not guide the Health Plan on payment or reimbursement dynamics related to these transitions.
- While the Protocol references eligibility dynamics, NC Medicaid eligibility policy serves as the “source of truth” for Medicaid eligibility process and requirements.
- This Protocol does not affect or relate to NC’s future Foster Care Plan.
- Transition of Care requirements related to transition of care data file transfer are established in [Transition of Care Data Specification Guidance](#) section of the NC DHHS Transition of Care webpage.

Designated Receiving Entity

- Community Care of North Carolina is the designated receiving entity but please see *Transition Protocols: Coordinating a Care for a Child Entering Foster Care* related to children enrolled or eligible for CMARC.

- CCNC Point of Entry for Transition of Care Activity: Each Health Plan should contact their designated CCNC Care Management Director (CMD).

NC Foster Care: Overview and Related Expectations

The provision of services to children in foster care in NC, are delivered by each local county Department of Social Services (DSS). The NC DHHS Division of Social Services oversees local Departments of Social Services and is responsible for monitoring service delivery.

Children who are at imminent risk of maltreatment become eligible for foster care services. However, entry into foster care only occurs after a court of competent jurisdiction issues an order for non-secure custody.

Important Notes to PHP About Mandatory Reporting

N.C.G.S. §7B-301 mandates that any person or institution that has cause to suspect that a child is abused or neglected must report it to the county child welfare agency where the child resides. The Health Plan staff are mandatory reporters and must follow protocols previously provided to the Health Plans.

DSS Petition for Legal Custody

- Once involved in the child welfare system, children are assessed for safety and those who are at imminent risk of maltreatment become candidates for foster care.
- Should it be determined that a child cannot safely remain in their own home a petition for nonsecure custody is filed with the district court that serves that county. Only the judge or magistrate may approve the petition and issue a non-secure custody order. Once this is granted, the child is considered to be in DSS' legal custody.
 - This process can occur very quickly.
- The non-secure custody order is the action that places a child into foster care.
- An overview of the process is established in NCGS §7B-302.
- N.C.G.S. §7B-302(e) gives the county DSS the authority to receive medical records. N.C.G.S. 7B505.1(a)(1) gives the DSS the authority to arrange for, provide or consent to medical and dental services.

Health Plan Member Change in Enrollment Status Due to Foster Care Enrollment

A child who enters foster care will be disenrolled from the Health Plan and return to Medicaid Direct.

- **General Description of Disenrollment Process**
 - DSS child welfare worker submits a DSS form 5120, which drives notification that the child has entered foster care.
 - DSS updates the child's information (evidence) in NC FAST, indicating the child is now enrolled in foster care.
 - The evidence change will be reflected on the Health Plan's 834 24 hours after entered (Notice Date).
 - In most cases, this update will result in a retroactive change to the child's managed care status back to the first of the month the child is brought into custody.

- This update will automatically trigger a notice and a new Medicaid card by NC FAST.
 - When a child is placed into foster care, the notice and the updated Medicaid card will be mailed directly to the case head or authorized representative as identified in NC FAST.

Reunification and Re-enrollment:

- Foster care best practice is to achieve permanency within 12 months. Ultimately, the court determines when/if a child may return to the custody of the parent.
- **When a Minor Child is Reunified with Family and Exits Foster Care:**
 - Once the child is in custody, it is unlikely that they will reunify with their family prior to the 5120 being entered and the child’s disenrollment from the Health Plan.
 - If the child is reunified with their 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 the Standard Plan Option.
 - Any Member with *former* foster care eligibility evidence, will be deemed high risk, eligible for Health Plan care management.
- **For Youth who Age Out of Foster Care:**
 - Youth who were formerly in foster care but have aged out and are now enrolled in the Medicaid for Former Foster Children eligibility category will remain in Medicaid Direct.

Transition of Care Protocols

Coordinating Care for a Child Entering Foster Care

- Ensuring coordination and effective continuity of the child’s care hinges on clear communication between the Health Plan and the child’s child welfare worker/supervisor.
- NC DHHS, CCNC and the Fostering Health North Carolina Program will circulate the Health Plan’s “Front Door” contact information, as provided in the Transition Entity Point of Contact spreadsheet.
- Upon notification of a child entering into custody, the Health Plan will assign a care manager if one is not otherwise assigned, to assist the child welfare worker and or supervisor.
- If a child is CMARC-eligible but not yet enrolled in CMARC, the PHP will identify the child for CMARC.
- **A Note about Established Relationships between DSS Child Welfare Workers and Current Related Programs (e.g. CCNC Fostering Health North Carolina and CMARC).**
 - Fostering Health North Carolina is a program of the NC Pediatric Society. It collaborates with primary care providers/medical homes, local DSSCCNC, CMARC and other stakeholders to facilitate access to health care for children enrolled in foster care.
 - Many DSSs have established relationships with the CCNC’s regional Fostering Health Program Manager and due to these relationships, may notify CCNC of a child entering into foster care custody before notifying the Health Plans.

- DSSs are encouraged to use the Custody Status Notification Form when submitting a referral.
- In cases where a child is already care managed by CMARC, the DSS child welfare worker is likely to contact the CMARC care manager first.
- To ensure continuity and facilitate “no wrong door” access to supports, DSSs will not be restricted from coordinating with CCNC or CMARC.
- While CCNC may contact the Member’s Health Plan if needed when it receives notice of foster care enrollment, PHP should not rely on this communication to activate transition of care protocols.

Confidentiality and Information Sharing and Identity Verification

- The child welfare worker who conducts the investigation and the child welfare worker who ultimately places the child with a foster family may be different people. Both child welfare workers may potentially seek clinical information from the PHP about the child for the purposes of fulfilling the relevant responsibilities.
- Please review N.C.G.S § 7B-505.1. *Consent for medical care for a juvenile placed in nonsecure custody of a department of social services* for additional information on the DSS authority to seek and secure clinical information.
- **Urgent Information Requests**
 - DSS child welfare workers may require urgent, time-sensitive information after hours about the child’s clinical condition. Please reference the following fact sheets for additional support and information:
[Supporting Children and Youth Disenrolling from Medicaid Managed Care and Entering Foster Care](#)
[Children and Youth Transitioning from NC Medicaid Managed Care to Foster Care for Providers](#)
 - Health Plans will allow for verbal verification of DSS child welfare worker’s identity/authority if the child welfare worker contacts a Health Plan service line and requires “real time” clinical information.
- **Record Requests**
 - DSS child welfare workers will be able to provide a letter on letterhead or other evidence (e.g. court order, etc.) citing the statutory authority to make the record request.

Supporting Clinical Continuity of Care

- Health Plan support of the DSS child welfare worker activates upon the DSS’ request for assistance.
- Coordinating with the Member’s AMH and the Health Plan’s provider network as necessary, the Health Plan is expected to provide responsive support to the DSS child welfare worker as requested to ensure continuity of care and streamlined access to necessary clinical supports.
- The Health Plan shall have internal protocols to address the following scenarios:
 - Provide immediate access to key health history and the child’s current medications to child’s caregiver/guardian.
 - Assist the DSS child welfare worker in securing clinical information that will not be immediately available to the worker:

- Allergies
 - Current prescriptions
 - Specific health needs.
 - Immunization status
 - Current provider network
- A child may be placed with a family member or caregiver in different area/region from the child's assigned AMH. Health Plan assistance may be required to ensure:
 - Identification of alternative primary care provider (PCP) as needed.
 - Facilitate record transfer between PCPs if necessary.
- A child may have been removed from home without sufficient medication or other medical supports.
 - DSS child welfare worker may need assistance in authorizing prescription refills
- DSS Policy requires the child have a PCP visit within seven calendar days of entering DSS custody.
 - DSS may need assistance in identifying a PCP (if the child's AMH is not a viable option).
- This visit is separate and distinct from the Child Medical Evaluation and Medical Team Conference for Child Maltreatment under [NC Medicaid Clinical Coverage Policy No: 1Ahttps://files.nc.gov/ncdma/documents/files/1A-5.pdf](https://files.nc.gov/ncdma/documents/files/1A-5.pdf). DSS child welfare worker may need information necessary to complete the DSS-5207 Health History Form: 30-day comprehensive visit.
- DSS child welfare worker is also responsible for ensuring the child's PCP completes the additional forms:
 - DSS-5206 The Initial Visit for Infants/Children/Youth in DSS Custody
 - DSS-5208 Health Summary: Comprehensive
 - DSS-5209 Health Summary: Well Visit

Special Considerations:

- **Newborns**
 - If the newborn is brought into foster care custody at birth, the Medicaid case will include foster care evidence which would make the newborn excluded and the child would not enroll with the PHP. If Medicaid is authorized prior to the caseworker being notified of the foster care enrollment, the newborn will be enrolled in a Health Plan but as soon as the foster care evidence is entered, the newborn's exclusion from managed care will retroactively apply back to the first of the month the child is brought into custody.
- **Members who may experience a behavioral health crisis that potentially renders the child Tailored-Plan eligible.**
 - For a Member also receiving Tailored Plan only services (through EPSDT) but who has not yet been identified for Tailored Plan enrollment, the Health Plan should coordinate

with both CCNC and PIHP point of contact to ensure effective continuation of behavioral health services upon transition and effective coordination of care.

- **Minor child parent (Child A) of a child (Child B):**
 - If Child A enters into foster care custody, their child (Child B)'s managed care status may remain in a PHP and remain with their current Health Plan.

Protocol- Specific Guidance on Transition of Care Requirements

Transition of Care timelines are established in the NC DHHS Transition of Care Policy and related technical requirements. However, due to the retroactive application of Foster Care Medicaid eligibility, timelines have been modified for this specific Protocol.

The Health Plan will activate protocols upon learning of the child entering DSS custody.

While Health Plans should work to ensure all protocols are timely activated to ensure continuity of care, the Health Plan may be unable to adhere to applicable timelines established in the NC DHHS Transition of Care Policy.

Warm Handoff Process

- Warm Handoff timelines are established in the DHHS Transition of Care Policy. As noted earlier, because of the expedited disenrollment dynamic, a Health Plan is expected to initiate warm handoff discussion upon learning of the Member's anticipated disenrollment.
- The Transition Summary, which the Health Plan will develop for every disenrolling Member, outlines key topics for any warm handoff.
- Warm Handoff points of contact for CCNC Care Management Directors are provided in Transition Entity Point of Contact Spreadsheet
- **Additional Protocol-specific Discussion Topics:**
 - Discussion of additional behavioral health complexities that warrant additional coordination with the Member's PIHP.
 - Specific dynamics related difference in parent's managed care status and child's managed care status, if applicable (i.e. situations where parent may be remaining with PHP but child is enrolling in foster care or minor child/parent is now enrolled in foster care but minor's child remains with PHP).

Transition File Transfer:

- Transition File required content is established in the NC DHHS Transition of Care Policy.
- PHP will transfer transition file through CCNC sFTP site

Guidance for Assisting Providers Through the Disenrollment Process: Special Considerations for Providers

- To minimize confusion for impacted providers, the Health Plan is required to inform the Member's provider network of the Member's disenrollment into Medicaid Direct.
- Where the Member has an open, Health Plan-sponsored Prior Authorization, the applicable provider may continue to provide services under the Health Plan's Prior Authorization at

disenrollment aligned with State requirements. Examples include specialized therapies or Personal Care Services.

- The Health Plan will assist providers as necessary on questions related to payment processing, specifically the impact on retroactive eligibility on claims submitted.

Coordination with Other Applicable Entities: Instructions and Contact Information

- LME/MCO: See Transition Entity Point of Contact
- If a child relies on LTSS services, or to activate fee-for-service assessment processes related to LTSS services, they should submit the disenrollment form or contact the CIAE if the below applies:
 - The NC Medicaid Comprehensive Independent Assessment Entity (CIAE) will serve as the referral, assessment, and options counseling point of entry for all Medicaid Long-Term Services and Supports not managed by the Health Plan.
 - The Department will establish an interim CIAE process that will be place on July 1, 2021 and will communicate intake instructions.
 - The Health Plan should coordinate with the CIAE for any disenrolling member who is utilizing LTSS services by submitting the LTSS Disenrollment Form.
 - The LTSS Disenrollment Form submitted to CIAE 30 days in advance of disenrollment or 1 business day of 834 Notice Date of Disenrollment if Member's disenrollment date was not identifiable prior.

Supporting Resources

- For questions about Child Protective Services and Foster Care in North Carolina Program :
 - <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services>
 - <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policyhttps://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/modified-manual-1/cross-function-2.pdfmanuals/modified-manual-1/cross-function-2.pdf>
 - <https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policymanuals/modified-manual-1/permanency-planning-1.pdf>
- For local DSS Directory: <https://www.ncdhhs.gov/divisions/social-services/local-dssdirectory>
- *Fostering Health North Carolina* <https://www.ncped.org/page/FHNC>