

Healthy Blue Care Together

The Children and Families Specialty Plan (CFSP)

**Provider Conference** 



### Welcome







## Agenda

- Welcome
- A word from Healthy Blue Regional Vice President
- Overview of CFSP, Populations & Covered Services
- Core Activities
- Integrated Care Management & Transitions of Care
- Member Enrollment and Provider Engagement
- Q&A with Panel



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# CFSP and Healthy Blue Care Together Overview



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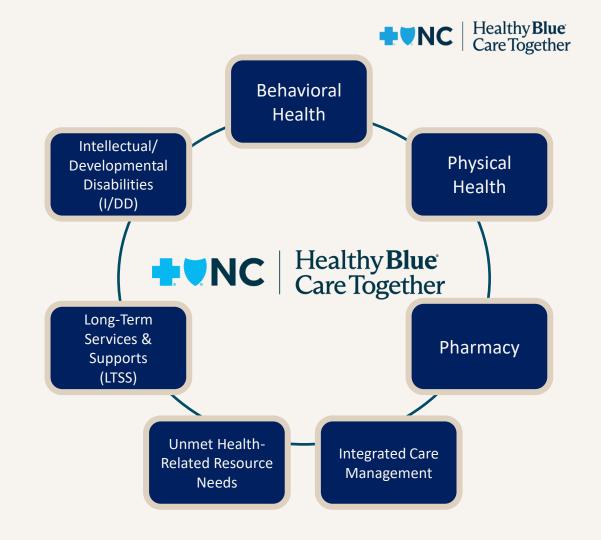


## Blue Cross NC's Children and Families Specialty Plan (CFSP)





Every member will have access to the same benefits and services, regardless of their location.





## Healthy **Blue** Care Together

We take a person-centered and 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.

Healthy Blue Care Together includes <u>all</u> NC Medicaid State
Plan benefits covered by Standard
Plans, and most of the Tailored
Plan benefits, including 1915(i)
services.



## NCDHHS CFSP Objectives



#### NCDHHS has designed the CFSP to:

- Improve members' near- and long-term physical and behavioral health outcomes.
- Increase timely access to physical health, behavioral health, pharmacy, LTSS and I/DD providers with experience serving children with high-acuity needs, as well as unmet health-related resource needs.
- Strengthen and preserve families; prevent entry and re-entry into foster care; and support reunification and other permanency plan options.
- Coordinate care and facilitate seamless transitions for members who experience changes in treatment settings, child welfare placements, transitions to adulthood and/or loss of Medicaid eligibility.



Source: Children and Families Specialty Plan | NC Medicaid (ncdhhs.gov)

## NCDHHS CFSP Objectives (Cont.)





- Improve coordination and collaboration with county DSS agencies; EBCI Family Safety Program; and, more broadly, with community collaboratives.
- Provide services that meet children's behavioral health needs and prevent children from boarding in county
   DSS agency offices and Emergency Departments.
- Advance health equity to address racial, ethnic, and geographic disparities experienced by children, youth and families served by the child welfare system.

## CFSP Populations at Launch



## Populations Auto-Enrolled at CFSP Launch (Launch date 12/1/25 by NCDHHS) ~32,000 members

- Children and youth in foster care
- Children and youth receiving adoption assistance
- Former foster youth under age 26
- Minor children of children and youth in foster care, children receiving adoption assistance, and former foster youth while the parent is CFSP-enrolled

<sup>\*12</sup> months post-reunification for continuity

<sup>\*</sup>With the exception of Tribal members and other limited groups, these eligibility groups will be auto-enrolled at CFSP launch

























### Day 1 Priorities



- Individuals get the care they need.
- Providers can submit claims for payment to the CFSP.
- Members can access necessary medications.
- Members are enrolled and have ID cards in hand prior to the CFSP launch.
- Members have timely access to information and are directed to the right resources.
- CFSP has adequate Provider Networks, per contract definitions.
- Calls made to call centers are answered promptly.
- County DSSs are trained on CFSP.
- Members will not experience provider disruptions and can see existing providers.

## **Key Objectives**





Strengthen and preserve families



Help avoid boarding in local DSS offices & Emergency Departments



**Increase access** to services



Improve member outcomes



Improve coordination & collaboration with stakeholders



Coordinate care and facilitate seamless transitions (including during child welfare placements)

### Core Activities





# Core Activity: Crisis Prevention and Management



#### **Key Strategies**

- Member-level Care Management support
  - Maintenance of Behavioral Health Crisis Line staffed by licensed clinicians
  - Clinical Care Advisors specializing in Crisis and Transitions of Care
  - Development of individual, person-centered crisis plan
  - Emphasis evidence-based Behavioral Health treatment and screening, with caregiver engagement
- Community-level Support
  - Participation in local Crisis Collaboratives and support of local Crisis Plans
- Add Capacity (expand service array with emphasis on prevention)
  - Mobile Crisis Response Teams (MORES-like, ACT)
  - Scale community-based acute care facilities (Crisis Stabilization Transition Homes with "bed holds")
  - High Fidelity Wraparound Teams based on PRTF referral and admission trends

# Core Activity: Placement and Transition Support



We will work in partnership with DSS Social Workers to place children and youth in appropriate placement and treatment environments. We will use a trauma-informed approach that aims to keep children connected to their communities of origin, reduce travel associated with family visitation, and align with DSS' targeted outcomes around placement stability and timely reunification.

#### Maintaining Family Connections

- We will work with DSS Social Workers to identify and place youth with a caregiver relative when appropriate.
- Our CM Team and Placement Coordinators will work in partnership with DSS Social Workers, youth, caregiver relatives, and the treatment team to support placement treatment environments with evidence-based models (ex. High Fidelity Wraparound).

## Core Activity: Placement and Transition Support



#### Proximity to County of Origin

 Our Care Management team will support DSS in prioritizing and securing local placement and treatment environments to maintain family and social connections, reduce disruptions in school and clinical services, and avoid unnecessary travel. (If placement is not available in the county of origin, our search will expand to the nearest county).

#### Child-Specific Needs

 Our team will focus on the individual child/youth needs when securing placement in treatment settings. We will include several factors including recommended level of care, treatment modalities, Behavioral Health, Physical Health, Intellectual and Developmental Disabilities (I/DD) needs, and placement with siblings.

## Core Activity: Training Program



- Comprehensive, culturally appropriate, evidence-based approach to developing and sustaining knowledge, skills, practices, and competencies across:
  - Staff and Care Management teams
  - Statewide provider network
  - DSS and other SOC professionals (co-training opportunities)
  - Parents and resource parents

#### Training focus:

- Plan implementation and service access.
- Clinical and non-clinical SOC professionals:
  - System of Care principles, childhood trauma, and other population-specific topics
  - Motivational Interviewing
  - Mental Health First Aid / Psychological First Aid
  - Secondary traumatic stress prevention and management (CE-CERT)
  - Child behavior management (CARE and others)
- Clinical training for licensed clinicians (TF-CBT, PSB-CBT, CPP, CPT, & others)

## Core Activity: Kindred Village



Kindred Village is a specialty program offered by Healthy Blue Care Together that is designed to empower and educate caregivers (i.e.: kinship, adoptive, foster parents and biological parents) with the support and tools they need to be successful in helping children and youth thrive in safe and loving homes.

**Listening and Feedback**: We met with kinship, foster and adoptive parents across the state, and learned **four priority areas** where caregivers need more support to help children and youth in DSS custody thrive.

#### 1. Overcoming Barriers to Families Becoming Licensed Caregivers

- We will partner with our provider network to increase the capacity of family-like settings across the state by investing in family recruitment and licensing.
- We will support caregivers to increase the likelihood of children having access to local family-like placement options to support timely permanence.

## Core Activity: Kindred Village



#### 2. Trauma-informed Training Array to Empower and Retain Parents

- Access to multimodal technology platforms.
- Focused training in multiple areas: Trauma-Informed Care, Complex Medical Conditions;
   Permanency Options; Caring for Children Impacted by Parental SUDs; and Strategies to Manage Serious Emotional, Social, and Behavioral Issues.

#### 3. Access to Early Intervention Specialists

• Care Management team providing 24/7 access to mental health services to support caregivers in a behavioral health crisis.

#### 4. Behavioral Health Support and Respite for All Caregivers

- Up to 12 hours of therapy available per year provided by a Licensed Clinician.
- Crisis respite.

## Core Activity: Judicial Program



- Focused on the creation and development of strategies that will positively impact youth/families that are court and justice system (juvenile/adult) involved.
- Will serve as the Point of Contact for local, regional and state-level justice system internal and external stakeholders.

#### State/Plan/Program Focus

- Engage with relevant external stakeholders (DPS/JJ, Law Enforcement, Courts, DSS & DPI).
- Provide training and consultation to staff, network, families and external stakeholders.
- Join and support state, regional and local collaboratives and workgroups (Juvenile Crime Prevention Councils, NC Sheriff's Association, Community Crisis Teams, Community Collaboratives).

#### Member and Community Focus

- Provide routine consultation to Leadership, Clinical, CM, and Community Engagement Teams.
- Provide member-specific and community-level support.
- Proprietary & Confidential Annae statewide programming focused on diversion, recidivism, crisis intervention and fatherhood.







Integrated Care Management



Natosha Anderson
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Director of Population Health and
Care Management





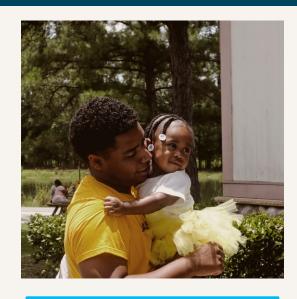
Andrea Smith-McAdoo LCMHC Region 3 Care Management Director, CFSP



### **Care Management Core Components**



- Participation in Child and Family Team (CFT) meetings
- Comprehensive screening and coordination of trauma assessment
- Risk determination (and re-evaluation)
- Regular medication review and reconciliation
- Intensive care management and supports in coordination with others
- Continuity of care management after permanency
- Support when placements are needed



Every child/youth is assigned a dedicated Care Manager within 24 hours of enrollment.







Healthy Blue Care Together's Integrated Care Management staffing approach emphasizes a local presence with regional team supports providing timely expertise for the care management team, members, and DSS.

## Clinical Leadership Team

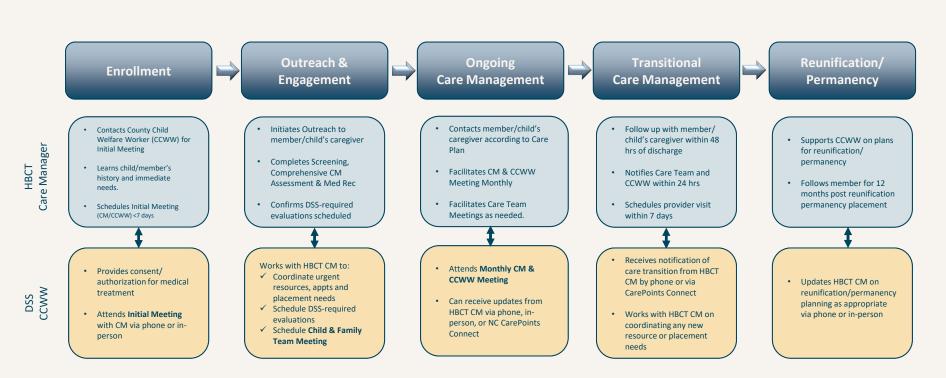


The Clinical Leadership team provides clinical oversight and support at the member and population level.

- Chief Medical Officer
- Deputy Chief Medical Officer
- Director of Outcomes Monitoring and Evaluation
- Behavioral Health Director
- I/DD Director
- SUD Director
- Pharmacy Director

## Care Management Process & Coordination with DSS





Open communication channels to support shared goals, improve coordination, and help children and families thrive.

### **Care Transition Timeline**





#### Oct. 2-24:

The transitioning entity shares information on high-risk members with CFSP.

### Oct. 15 – Dec. 15:

CFSP conducts warm handoff with members identified for warm handoff.

#### Oct. 1-31:

CFSP and county DSS will coordinate to schedule Initial Meetings.

#### Nov. 1 -

Dec. 31: CFSP conducts Initial Meetings with county DSS.

#### Nov. 1 – Dec. 31:

CFSP and
County Child
Welfare
Worker may
adjust
member PCP
or Care
Manager
based on
insights from
initial and
ongoing
meetings.

## Within 5 Calendar Days of the change: CFSP will

CFSP will provide updated ID cards and welcome packets to members if their PCP or Care Manager changes.

## High Needs & Warm Handoff Criteria



Members meeting the Department's criteria for a required Warm Handoff will have additional support at crossover. This criteria has been defined by NCDHHS.

### Members identified as high needs include (but are not limited to):

- Youth awaiting placement and currently boarding in ED or local DSS office.
- Currently admitted inpatient, PRTF, other institutional level of care or in need of higher level of care.
- Pregnant and postpartum members.
- Members with exceptional physical health needs such as:
  - Cerebral Palsy
  - Cystic Fibrosis
  - Cancer
  - Paraplegia
- Transition from a high-level clinical setting.

# High-Needs Member Transition Process Overview



The Transitioning Entity (LME/MCOs and/or CCNC) will create and share with Healthy Blue Care Together:

- A list of high-needs and warm handoff members (using criteria from DHB, DSS, and the Division of Child and Family Well-Being (DCFW)
- Transition of Care Warm Handoff Summary Form for each member on the list.

Transition of Care conversations with LME/MCOs begin in October.

A Warm Handoff is a member specific meeting/knowledge transfer session. LME/MCOs and/or CCNC must fill-out warm handoff summary form on each transitioning member.



#### CFSP must:

- Directly contact the member or their Authorized Representative to confirm continuity of services.
- Receive most up-to-date demographic information on the beneficiary.







## Member Enrollment/Provider Engagement



John Thacker
LCMHC, LCAS, CRC
Provider Network Director





Bill Battershall
Director of Network Management



## **CFSP Enrollment Process**







Via NC FAST



### **Auto-Enrollment**

Via NC Medicaid algorithm



#### **Enrollment Broker Notice**

Beneficiary receives information about options







### Communicate

Healthy Blue Care Together sends Welcome Packets and Medicaid ID cards





### **Auto-Assignment**

Healthy Blue Care Together will assign a Primary Care Provider (PCP) and Care Manager.





#### **Choice Period**

If a beneficiary takes no action, they will remain enrolled with the CFSP.

Members will be able to disenroll and choose from other available options.

## AMH/PCP Choice & Assignment



### **Before Launch:**

- Contracting deadline to ensure inclusion in PCP Auto Assignment is 9/1.
- The CFSP will **automatically assign** an AMH/PCP to all members between 10/17 10/23.
- Members and/or their authorized representatives will be able to select and/or change their AMH/PCP during the choice period after auto assignment.

### **After Launch:**

- Members and/or their authorized representatives will have the opportunity to change their AMH/PCP for any reason during a period of time after launch.
- After the Choice Period, members and/or their authorized representatives will be allowed to change their AMH/PCP with cause (ex. placement changes) at any time and without cause twice a year.
- The CFSP shall assign the member to an AMH/PCP within twenty-four (24) hours of the date of enrollment in CFSP.

## League of Quality Providers (LOQP)





Providers participating in **our proprietary CFSP League of Quality Providers** will have access to:

- Enhanced rates, incentives, and value-based payment arrangements
- Partnership to develop and scale effective services and delivery
- Free competency-based clinical training in a broad array of evidencebased treatment modalities
- Ongoing consultation by Regional LOQP Clinicians

We will partner with our network of providers as we seek to:

- Reduce the number of children staying in DSS offices or ED settings
- Increase local access, placement capacity and stability
- Increase and sustain the number of evidence-informed providers in the Healthy Blue Care Together Network
- Maintain a 24/7 response to youth in Behavioral Health crisis

## Provider Approach





## Healthy Blue Care Together will use Healthy Blue's existing provider network.

Additional providers who specialize in care, treatment, and therapeutic services for youth in DSS custody will be added.

### This includes:

- Residential treatment facilities (Levels II-PRTF)
- Community-based mental health providers (TICCA/Assessments, Intensive In-Home, High-Fidelity Wraparound)
- 1915(i) services, including respite care
- Therapeutic Foster Care agencies
- Crisis Response and Crisis Transition

# Value-Added Services\*: Designed to Improve Quality and Health Outcomes



### These extra benefits include:

- Health and fitness toolkits
- \$100 allowance to purchase sensory regulation tools
- \$25 gift card for middle & high school students with a 2.0 GPA or higher
- Post secondary educational support to help prepare for college
- Summer reading benefit
- Tutorial services
- Doula services including prenatal, labor/delivery, and postpartum support from a certified doula.

- Therapeutic caregiver support offering set amount of therapy for foster care, kinship and adoptive caregivers.
- Yearly subscription to a sleep and medication app.
- Childcare assistance
- Family night package
- New placement welcome wardrobe
- \$200 toward baby essentials.
- \$200 toward items like bed rails, potty training kits, highchairs.
- \$50 toward the purchase of school supplies every year.

<sup>\*</sup> Some benefits have eligibility requirements.

# Value-Added Services\* for Former Foster Youth



### Former Foster Youth

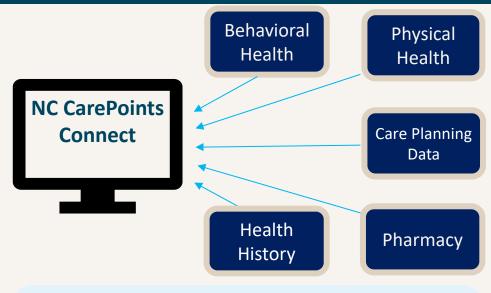
- Transportation essentials support
- \$150 Healthy Grocery Card
- Identification support to cover cost of obtaining a driver's license, birth certificate, social security card, etc.
- Criminal expungement
- Emergency Preparedness Kit and Disaster Relief Funds
- Employment Basics Support Package
- Laundromat Card
- Transportation Essentials



<sup>\*</sup> Some benefits have eligibility requirements.

### **NC Care Points Connect**





**Up-to-date** Healthy Blue Care Together member information available on **NC CarePoints Connect** includes:

- Medical Records
- Screenings
- Trauma Assessments
- Therapeutic Placement History
- Care Plans
- ID Cards
- · And much more...



Easy-to-navigate dashboard and visualization



Facilitates communication of critical events and information



Secure, role-based central health care hub



24/7 Access for County Child Welfare Workers & Child Care Team



Transition of Care Support

## Access Levels/Roles



	Access Type	Access Point	Access Level
County Child Welfare Worker and Supervisors	CCWW	SSO with NCID	County-level access
State-level Child Welfare Associate	State	SSO with NCID	State-level access
Providers	Provider	SSO through Availity	State-level access
Delegated Partner	Delegated Partner	SSO through Delegated Partner	Delegated Members
Adoptive Parent	Member	Family Enrollment	Adoptive Child(ren)
Former Foster Youth	Member	Self Enrollment	Self

# Initial Training and Ongoing Technical Assistance



- Dedicated associate to support training and implementation for NC CarePoints
   Connect
- Training available on-demand starting September 2025
  - Expected completion of training: October 2025
- Office hours specific to NC CarePoints Connect beginning October 1, 2025.

Note: Subject to change.

## **Provider Education**



### Register online:

Provider.healthybluenc.com

Click on Training Academy, then "Events to Keep You Up To Date"

Upcoming CFSP Office Hours		
Date	Office Hours Topic	
14-Aug	Children and Families Specialty Plan (CFSP): Kindred Village and Placement/Transition Support	
27-Aug	Children and Families Specialty Plan (CFSP): Kindred Village and Placement/Transition Support	
17-Sep	Children and Families Specialty Plan (CFSP): League of Quality Providers and Training	
23-Sep	Children and Families Specialty Plan (CFSP): League of Quality Providers and Training	
13-Oct	Children and Families Specialty Plan (CFSP): Crisis Prevention and System of Care/Tribal Coordination	
29-Oct	Children and Families Specialty Plan (CFSP): Crisis Prevention and System of Care/Tribal Coordination	
12-Nov	Children and Families Specialty Plan (CFSP): Top Interest Topics	
20-Nov	Children and Families Specialty Plan (CFSP): Top Interest Topics	

## Contracting



### Listening, engaging, and building together

### **Contracting Process Overview:**

- Streamlined steps for existing and new providers
- Key milestones

### **Introducing the New Network:**

- Key benefits and enhancements
- Support for onboarding new providers
- CFSP directory

### **Reimbursement Considerations:**

- Committed to maintaining network continuity and stability
- Open to feedback to refine and standardize

### **Our Commitment:**

- Actively listen to your concerns
- Transparent and open communication
- Fostering long-lasting partnerships



**Contact Us** 

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Healthy **Blue** Care Together

## Thank you!

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