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# Child and Families Specialty Plan (S156) NCACDSS Considerations



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# Purpose & Components of CFSP

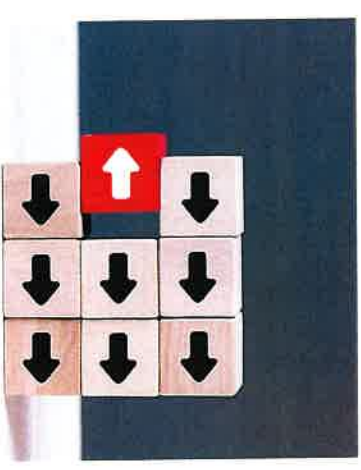
- Implements single, statewide health plan to coordinate health care services, including physical health, behavioral health, pharmacy, long term services and I/DD services
- Includes all foster care and adoption assistance children, former foster care youth under age 26, minors of foster care youth, parents, guardians, children in home, families receiving CPS in-home services
- Provides care management to all members to support integrated, whole-person care and foster coordination across providers and close coordination with county DSS
- Builds statewide provider network and train providers in unique needs and experiences of children, youth and families served by the child welfare system
- Supports family preservation, advances reunification, supports permanency goals of children, and supports health of former foster youth
- Allows participants to remain enrolled for 12 months after exiting DSS custody
- Launches Dec. 1, 2024



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# NCACDSS Involvement with CFSP Development

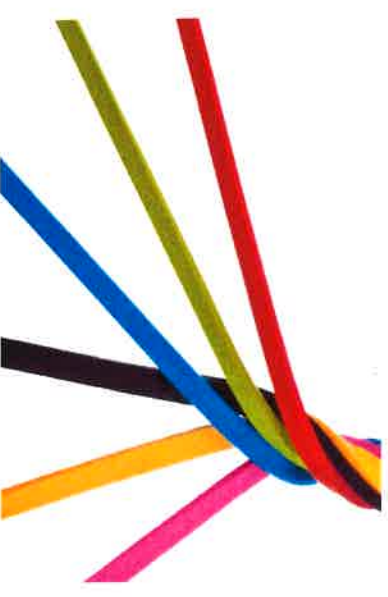
- Numerous communications with NC-DHHS regarding lack of foster care placement and services
- NC-DHHS created cross-divisional response teams 2020 to assist counties & indicated intent of Medicaid specialty plan
- Initial Specialized Foster Care Plan released Feb. 2021
- NCACDSS convened response call with membership to record issues & concerns & relayed via letter
  - Requested integrated physical & behavioral health services, services to include families, in-home services to stabilize family, services through age 26, statewide plan to coordinate service continuance
- NCACDSS appointed members to statewide workgroup to refine plan
- Revised Children and Families Specialty Plan released Feb. 2022—incorporated many NCACDSS recommendations
- NCACDSS polled membership regarding ongoing concerns & relayed same via letter
  - Requested service definitions, populations, eligibility, clarification of roles & responsibilities
- NCACDSS's position on single, statewide plan with robust behavioral and health services represented in Senate Health by two county DSS directors—Kate Swanson, Cleveland County, and Glenn Osborne, Wilson County



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# NCACDSS Considerations

- Plan largely driven by county DSS demands for change
- Plan built with NCACDSS membership guidance and participation
- Plan changes incorporated NCACDSS membership comments
- NCACDSS has expressed support with state and legislative leadership through correspondence and conversation
- Governor's budget included authority for CFSP
- Co-chairs of HHS Approp—Krawiec, Burgin, and Corbin, primary sponsors of S156, along with 25 bi-partisan co-sponsors
- Senate committees issue favorable reports without any amendments; passed Senate in vote of 44 to 1 without any amendments offered
- State shown no interest in expanding bid for multiple awards given need for statewide coordination and small population served
- LME/MCOs focus on tailored plan launch; CFSP interest now uncertain



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QUESTIONS? COMMENTS?

