

Healthy Blue Care Together

NCACDSS Eastern Regional Meeting October 24



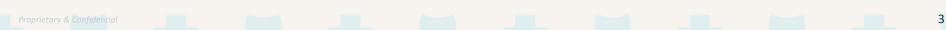


Agenda

- Overview
- Care Management Highlights
- Co-location Update
- Care Manager Assignments
- Placement Transition Team & Boarding Approach
- Fast Track Process Overview
- Training Resources
- NEMT
- Q&A







Day 1 Priorities



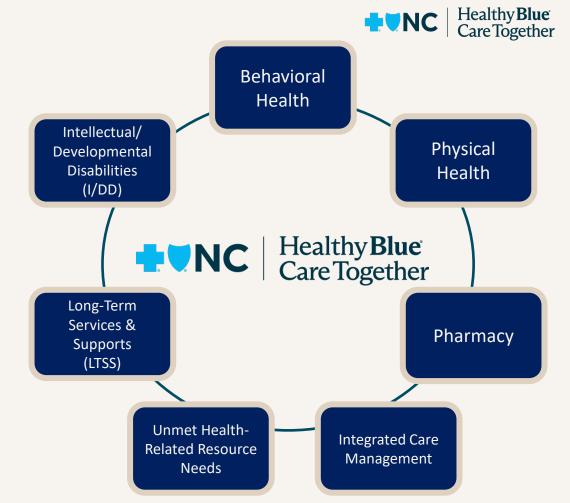
Members

- Receive the most appropriate care, when and where they need it
- Are enrolled in the CFSP and have ID cards in hand prior to plan launch
- Have timely access to information and are directed to the right resources
- Have access to necessary medications
- Can see existing providers/will not experience provider disruptions
- Calls made to Call Centers are answered promptly by trained/licensed staff

Providers

- Contracted provider network is in place, per contract definitions
- Can submit claims for payment to the CFSP
- County DSS staff are trained regarding CFSP access, benefits, and other resources

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



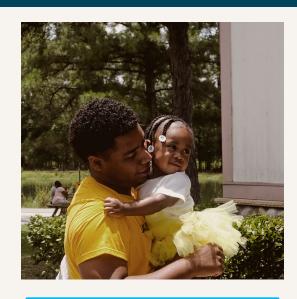


Care Management Highlights

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.

Clinical Leadership Team



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



Dana Hagele, MD, MPH Chief Medical Officer



Courtney McMickens, MD, MPH, MHS Deputy Chief Medical Officer

Clinical Leadership Team also includes:

- Director of Outcomes
 Monitoring and Evaluation
- Behavioral Health Director
- I/DD Director
- SUD Director
- Pharmacy Director







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.

Regional Clinical Care Advisors



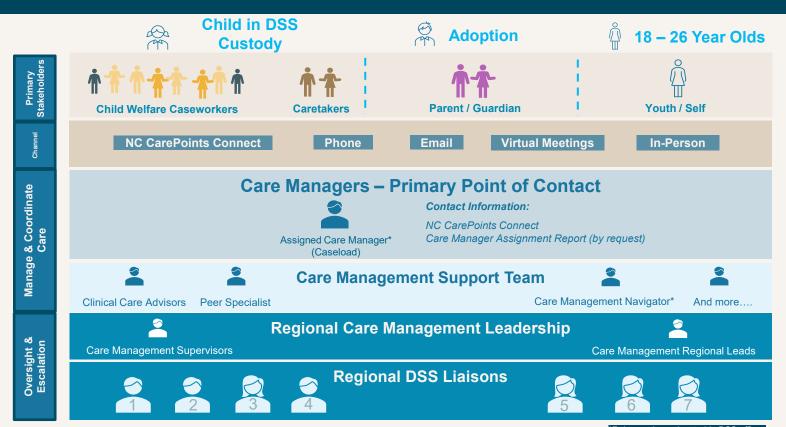
Clinical Care Advisors share input, trends, identify, and contribute to developing solutions to identify prevention strategies, oversee transitions of care, remove barriers to accessing services, share resources, and provide recommendations based on the county and community needs.

- Care Manager and Member level support
- Local DSS level support
- Regionalization each regional team has expertise in SUD, I/DD, Complex Medical, Crisis, Transition of Care, Family Preservation, and Obstetrics, with 1 serving as Statewide Lead in each discipline.

Team	Description
Complex Medical	Supports members with complex medical conditions affecting multiple body systems, genetic syndromes, or major functional limitations (e.g. cerebral palsy).
Intellectual and Developmental Disabilities (I/DD)	Supports members with intellectual and developmental disabilities (I/DD) in coordinating appropriate housing, caregiver supports, resources to develop essential skills and abilities, and educational supports.
Behavioral Health (BH) and BH Crisis	Supports members with significant or complex behavioral health needs or members in a behavioral health crisis to ensure timely care and appropriate care.
Substance Use Disorder (SUD) & Recovery	Supports members with active substance use and in recovery to ensure they are connected to local and state-level SUD resources.
Transitions of Care	Supports members moving between placements or care settings and is prepared to assist and serve as the point of contact to the Department and county DSS offices for any TOC inquiries. Provides support to minimize any additional trauma, stress, disruption, or delay in their permanency plan. Available for consultation with Care Manager team members or network providers and will work with the on-site discharge planners prior to a youth leaving a facility.
Family Preservation	Supports with coordination of any Medicaid-funded services and SDOH resources that are necessary to support family preservation and reunification.
Maternity Care	Supports members through prenatal, birth, and postnatal care.

Care Management Operating Model

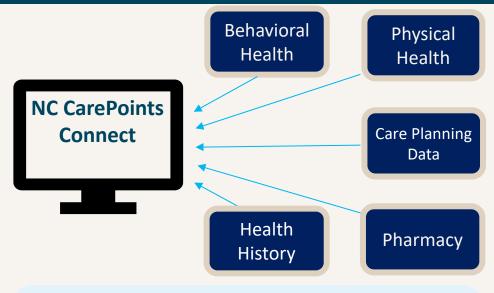




*Role may be co-located in DSS offices

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



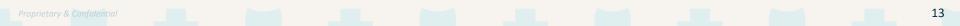
24/7 Access for County Child Welfare Workers & Child Care Team



Transition of Care Support







Co-location Update



- 75 counties have opted into co-location.
- Counties that have opted into co-location will start to receive emails from their DSS Liaison on start date preferences the week of 10/27/25.
- Healthy Blue Care Together plans to have all co-located Care Managers and Navigators start co-location on either 11/17/25 or 12/1/25, unless otherwise indicated by the County DSS Director.
 - Ideally, co-located staff would visit the DSS office prior to their co-location start date to introduce themselves to county DSS staff and see their assigned workspace.
- Action needed from Counties: Please respond to your DSS Liaison on your preferences and a "site visit" day for your co-located Healthy Blue Care Together staff.



Care Manager Assignments

Care Manager Assignments



Member Notification

Healthy Blue Care Together will mail members a letter notifying them of their assigned Care Manager. The letter will include:

- Information on how to inquire about accessing Care Management services, including background on CFSP Care Management;
- First and last name of the permanent Care Manager assigned to the Member, or care management entity, if delegated; and
- How to change a Care Manager.

After crossover (enrollments received after 11/30), assigned Care Manager information will be included in the member's Welcome Packet.

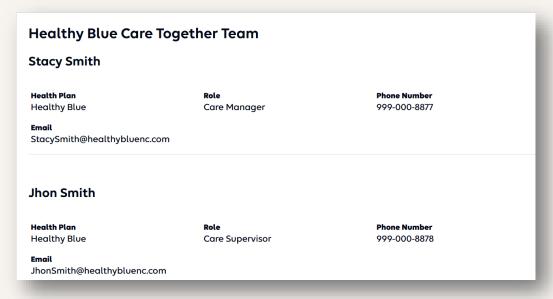
Assigned Care Manager Information



A member's assigned Care Manager and their contact information will always be listed in NC CarePoints Connect.

You can reach them:

- In-person (co-location and/or participation in specific, onsite meetings upon DSS request)
- Virtually
- By phone
- Encrypted email
- IT platforms (NC CarePoints Connect and in the future PATH NC)



To request a change to a member's assigned Care Manager, contact the Care Manager's Supervisor or email the request to: CareManagementHBCT@healthybluenc.com.

County Contact Information



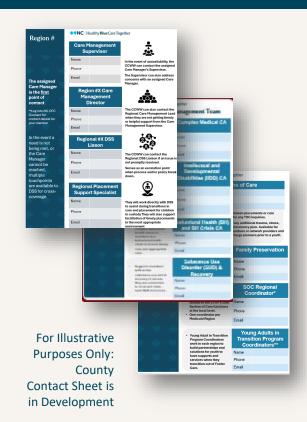
The assigned Care Manager is the first point of contact.

In the event a need is not being met, or the Care Manager cannot be reached, several touchpoints are available to DSS for cross-coverage.

The County Contact Sheet will share names and contact information for regional staff such as:

- Regional Placement Support Specialist
- System of Care Regional Coordinator
- Regional Clinical Care Advisors (Complex medical, I/DD, BH, SUD & Recovery)
- Care Management Support line 24/7
- Behavioral Health Crisis line 24/7
- Regional DSS Liaison
- Regional Care Management Director

The County Contact Sheet will be shared by December 1 and maintained by the Regional DSS Liaison.





Placement Transition Team & Boarding Approach

Placement Transition Team



This team is led by a Statewide Placement Transition Director and includes regionally-based Placement Transition Specialists, along with an after-hours team.

The Healthy Blue Care Together **Placement Transition Team** will:

- Support discharge planning, placement, and transition.
- Form Internal Rapid Response Team to actively coordinate with hospital staff and DSS to identify clinically appropriate placement options for members at risk of boarding or currently boarding.
- Serve as a link between hospital staff and the State Rapid Response Team.



How We Will Support State Rapid Response Team



Rapid Response Team: a cross-divisional team that meets daily to address systemic barriers faced by children in DSS custody who need appropriate, medically necessary care.

- HBCT will participate in daily Rapid Response Team meetings starting November 1.
 - Before plan launch (Nov. 1 Nov. 30), participation will be for awareness purposes.
 - On December 1, HBCT will provide updates and help coordinate needed care.
 - —Will ensure HBCT Care Managers have the latest, up-to-date member information from providers to help close information gap.
- HBCT will also have designated team members to:
 - Actively engage in Rapid Response Team meetings and resolve barriers to treatment.

Proactively identify and address situations involving members before they escalate.

Routine Hospital Engagement



- HBCT will support member admission by:
 - Providing member-specific information to hospital staff through Utilization Management and Care Management teams.
 - Engaging the member's County Child Welfare Worker and/or Juvenile Court Counselor through the Care Management team.
 - Activating internal HBCT teams and resources.
- HBCT will support discharge planning from the time of admission.
- The plan will maintain communication (case conferences, peer-topeer discussions) with hospital staff throughout admission and discharge.

HBCT Teams
Utilization Management
Care Management
Placement Transition
Clinical
DSS Engagement
Tribal Engagement
Judicial
Education

Boarding/Boarding Risk Process Overview



HBCT becomes aware of boarding or boarding risk.

HBCT convenes:

- Internal Rapid
 Response Team
 meeting
- Hospital Case
 Conference

Teams will address:

- Clinical status
- Psychosocial status
- Recommendations
- Clinically appropriate placement options
- Barriers

Placement Transition Team identifies placement options.

Care Management Team

- Activates internal resources
- Engages DSS and/or Juvenile Justice when appropriate.

Internal resources:

- Care Management Team
- Clinical Leadership Team
- DSS Engagement Team
- Tribal Engagement Team
- Judicial Team
- Education Team

Ongoing coordination between HBCT, hospital staff, and DSS (if applicable) until placement is secured.

HBCT will:

- Provide regular updates to hospital POC.
- Convene case conferences with hospital staff and/or peer-to-peer review.

Boarding Scenario



Josh (12 years old) has been in a behavioral health unit at a regional hospital for 2 weeks for aggression and sexualized behavior. DSS informs Healthy Blue Care Together on a weekend that the residential facility will not allow him to return. Discharge is imminent and there are no other identified placement options.

1. Placement Transition Team Notification

- Josh's assigned Care Manager (CM) notifies the after-hours Placement Transition team and other key internal teams about his imminent boarding risk.
- The Placement Transition team activates Internal Rapid Response Team.
- They review Josh's care management, clinical and psychosocial information and begin the process of identifying clinically appropriate placement options.
- The afterhours team hands off Josh's case to the assigned regional Placement Transition Team member on the next business day.

2. Initial Case Coordination

- Internal Rapid Response Team meets.
- Josh's CM convenes a meeting with appropriate plan and hospital staff and his County Child Welfare Worker (CCWW).
- Teams discuss:
 - Josh's clinical and psychosocial status
 - Recommendations
 - Clinically appropriate placement options and barriers
 - · Task assignments

3. Comprehensive Clinical Assessment (CCA)

 Josh's CM works with the Placement Transition Team and the hospital social worker to arrange a Comprehensive Clinical Assessment (CCA).

4. Ongoing Activities

- Placement Transition Specialist conducts ongoing search for clinically appropriate placement options.
- UM and/or CM provides daily updates to the hospital POC.
- Internal Rapid Response Team gathers up-todate information about Josh from hospital staff to share with the State Rapid Response Team.
- HBCT staff, DSS, and hospital staff regularly convene until placement is secured.

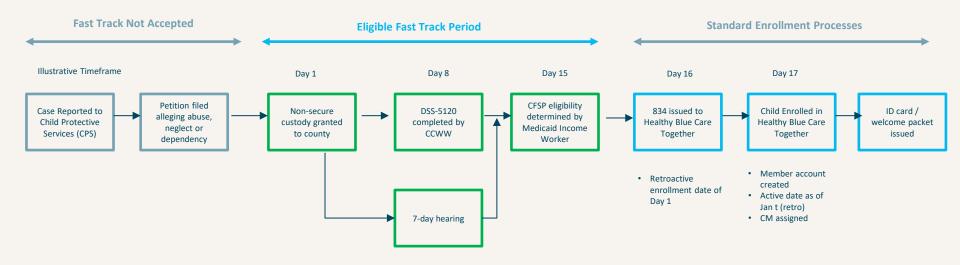


Fast Track Process Overview

Fast Track Process



The **Fast Track process** is how we will work with County Child Welfare Workers (CCWW) and Providers to provide early care coordination for children who are taken into DSS Custody as their eligibility/enrollment is being processed.



What Fast Track Is Not



Fast Track should not be used if no immediate services are required.

- Fast Track is not expedited enrollment as eligibility and enrollment can only be determined by the County DSS Medicaid worker.
- Fast Track care coordination is not an authorization of services or an obligation of payment by Healthy Blue Care Together for services for which the child may or may not be eligible.
- Counties will not request Fast Track services for children and youth who are undocumented as they are generally not eligible for Medicaid.
- Providers will need to follow existing Medicaid processes when filing claims for services provided.
 - For example, if the child is found not eligible for the CFSP, the provider would file the claim for services provided with whatever entity is shown to cover that member in NC Tracks or seek payment directly from the County.

Fast Track Services



Fast Track care coordination services can be requested by Child County Welfare Workers 24/7 through the **NC CarePoints Connect** platform for a broad range of important, timely medical needs.

Examples include:

- Neglected and/or abused child brought into custody who is at risk of losing teeth and needs dental care (Healthy Blue Care Together Care Manager would find dentist that has a quick appt for the child)
- Child comes into custody and needs psychotropic medication (Healthy Blue Care Together Care Manager finds pharmacy that has meds)
- Infant comes into custody with a GI tube, and the potential placement family will only accept if they have nursing care assistance at their home (Healthy Blue Care Together Care Manager lines up nursing care services)
- Failure-to-thrive child comes into custody and needs physical health services (Healthy Blue Care Together Care Manager finds a doctor who can provide services quickly)
- Additional general coordination of care activities between County Child Welfare Workers and Care Managers as the child's eligibility is being processed





Prior to DSS-5120 Completion					Post DSS-5120 Completion		
Population in DSS Custody	Fast Track Utilized	County	нвст	Determined Medicaid Eligible	Payments to Providers	Payment (PMPM) to HBCT	
Undocumented	No	Coordinate Placement and care coordination	No involvement	No	County responsible	Not Applicable	
All Others Ye	Yes	Coordinate Placement	Support County with Placement and Care Coordination	Yes	HBCT responsible	Dept responsible	
		and care coordination		No	County responsible	Not Available	

Fast Track Initiation



County Child Welfare Worker (CCCWW) Notifies Healthy Blue Care Together through NC CarePoints Connect.

- CCWW completes simple form within the NC CarePoints Connect platform to assign care manager and begin the intake process. This platform has Single Sign-on (SSO) capability with NCID.
- Care Manager will be assigned within 24 hours.

Fast Track Form For Youth/Children Entering Custody

Healthy Blue

Care Together

Instructions



Blue Cross and Blue Shield of North Carolina

Fast Track Request Form

	D33:				Date S	ent:	
ite of Custody:							
signed DSS CCW	W:						
S CW Supervisor	:						
ntact Number:							
ntact Email:							
ntact Fax:							
Child/Youth's Name					Name of Primary Care Provider / Medical		Clinical Home (if applicable)
First, Middle,	DOB	Medicaid ID (if known)				ome	аррисавие)
Last					(if known)		
						Is Child/\	Youth part of a sibling
			Gender		group?		
Lan	iguage			Gender			group?

Healthy Blue Care Together is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina.

Requested Immediate Services (Please attach any relevant documentation):

Has the child/youth experienced any self-harm or safety concerns in the last seven days? If yes, please list

Placement information

The child/youth's current placement address:

Caregiver (name):
Caregiver (name):
Custody Status Attestation

I, (DSS Supervisor / Designee Printed Name) attest that the Child/Youth referenced above is currently in the Custody of ________ (County DSS) and I am requesting Healthy Blue Care Together may begin using the Information found on this form to facilitate the provision of health care services to the Child/Youth(s).

DSS Supervisor / Designee Signature

Date

Child/Youth's Critical Health Information

Known Medications (including dosage):

Known Allergies:

Known Chronic Conditions:

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BlueCross BlueShield

DSS Training and Rollout



NC CarePoints Connect

- Webinar Recording
- —Job Aid
- —Fast Track Form







Relational and Regional Training Resources



Before Go-Live

- Co-led Webinars
- General Office Hours for Questions

November 4, 12-	<u>Meeting</u>		
1pm	<u>Link</u>		
November 20, 10	Meeting		
– 11am	Link		

NC CarePoints Connect

- On-demand video overview will be available on NCSW Learn and on NC CarePoints Connect
- Live Office Hours

Weekly Sessions	Time	Session Link
Tuesday	10am - 11am	Tuesday Meeting Link
Wednesday	3pm - 4pm	Wednesday Meeting Link
Thursday	10am - 11am	Thursday Meeting Link

After Go-Live

- Regional Opportunities:
 Trauma-Informed Care,
 Secondary Traumatic Stress
 Prevention, Mental Health First
 Aid, etc.
 - Available virtually or in-person
- Caregivers get free access to the full Creating a Family library.

Ideas? Requests? Questions?

Email: CFSPTraining@healthybluenc.com





Non-Emergency Medical Transportation (NEMT) Reimbursement



The following are the scheduling and reimbursement processes for adopted children/youth and former foster youth:

Current State in NC Medicaid Direct

Adopted children/youth

- Adoptive caregiver provides and schedules transportation.
- Former foster youth (aged 18-26)
 - County NEMT provides transportation.
- All reimbursed trips must be reserved up to 30 minutes before the trip occurs.

Future State in CFSP

- Adopted children/youth
 - Adoptive caretaker schedules trips with Modivcare to receive ride or mileage reimbursement.
- Former foster youth (aged 18-26)
 - Member or Authorized Representative schedules trip with Modivcare.
- Scheduled trips should be requested at least 2 days in advance.
- All reimbursed trips must be reserved a minimum of 30 minutes before the trip occurs.
- All members are eligible for 24 one-way trips to nonmedical appointments.

NEMT Scheduling and Reimbursement for Children/Youth in DSS Custody



Current State in NC Medicaid Direct

Children/youth in DSS custody

- Local DSS staff, foster parents, or caretakers provide transportation.
- Reimbursement process varies by county.
- Counties use internal processes and caretakers are reimbursed through Medicaid transportation.
- Secure transportation is coordinated by county.

Future State with CFSP

Children/youth in DSS custody

- Minors must be accompanied by an adult.
- Modivcare, local DSS staff, foster parents, or caretakers provide transportation.
- Foster parents and caretakers may contact Modivcare directly to schedule trips.
- Foster parents and caretakers may also contact Modivcare to request mileage reimbursement, if the trip is scheduled in advance.
- County DSS will not be reimbursed for either child welfare staff time spent providing NEMT or mileage incurred when using County DSS vehicles, as both are covered under existing child welfare funding.
- If child welfare staff uses a personal vehicle to transport a child/youth to a Medicaid-covered service, they can be reimbursed for mileage only. County DSS staff should submit a mileage reimbursement claim with Healthy Blue Care Together.

NEMT For Healthy Blue Care Together Members





Provides transportation for Healthy Blue Care Together members to:

- Primary and specialist appointments
- Lab work appointments
- Pharmacy

Toll free number: 1-855-397-3615

Hours of operation:

Monday through Saturday, 7 a.m. to 6 p.m. (Eastern Time)

Hours to schedule urgent appointments such as discharges:

24/7 - 365 days

Advance notice requirement for routine (nonurgent) medical appointments:

48 hours (two days) in advance for individuals needing transportation to an appointment

30 minutes in advance for former foster youth, adoption assistance families, or foster/kinship families who will seek mileage reimbursement

Modivcare App Highlights



Manage Multiple
Members: Add,
delete or select
different members to
book rides for
directly from the
home screen.



Book a Standard or
Mileage
Reimbursement Trip

1328
Schiedule Trip
Choose trip type
Please statet whether this will be a standard or
at a mileage emislecturated.

Standard - Instruction to be my driver.

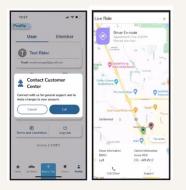
Manage if initializationers to be my driver.



Change or Cancel Trips



Contact Customer Support or Driver Directly from the App



Live Location: If a Transportation Provider uses a digital platform, you can see their live location.



High Utilizers



- Modivcare has received the High Utilizer report from the Department and will start member outreach in October.
- Weekly High Utilizer report updates will be sent to Modivcare, who will continue their member outreach until all rides are rescheduled.
- Modivcare will report their rescheduling progress back to the Department.



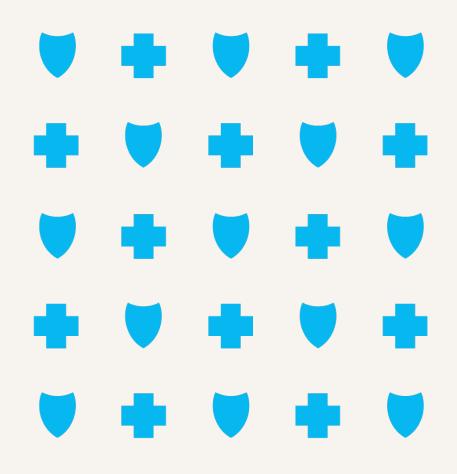
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Questions? Let's talk.

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Healthy **Blue** Care Together

Thank you!

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