

Appendix C: Healthcare Oversight and Coordination Plan Updates

The NC Child Welfare 2020–2024 Healthcare Oversight and Coordination Plan remains in effect. There are no changes to the original Healthcare Oversight and Coordination Plan.

HOCP Progress and Accomplishments

Through collaboration, NC DSS implemented a data sharing agreement with the Division of Health Benefits/NC Medicaid. The analysis of Medicaid claims data allows NC DHHS the opportunity to measure compliance with scheduled medical appointments, receipt of dental care services, screenings and referrals to behavioral and developmental services, and the appropriate use and monitoring of psychotropic medication in the foster care population –all at the statewide aggregate level, region, and county levels, and down to the individual level. The Division of Health Benefits/DHB will have the first set of data available for review in August 2023.

NC DSS continued to utilize On Site Service Review Instrument (OSRI) data and targeted case reviews by Regional Child Welfare Consultants (RCWC). OSRI data from FY 2022–23 shows the state’s below standard performance in meeting the benchmarks for Well–Being Outcomes in Items 17 and 18, which include addressing the physical, dental, and behavioral healthcare needs of children and youth. North Carolina recognizes the limitations of the available data sources to monitor that children and youth in foster care are receiving the necessary physical health, dental, vision, behavioral health, developmental services, and monitoring/oversight of psychotropic medications. To address the need for data, NC DSS has begun to utilize Medicaid claims data for FY 2022–23 to monitor adherence to federal and state requirements and develop a continuous quality improvement process to support the state in meeting Well–Being Outcomes related to physical and mental health needs of children served by North Carolina’s child welfare system.

Streamlining Healthcare of Children and Youth Across the State (Target 1)

A statewide strategy is outlined in the HOCP to connect children and youth to medical homes and to Medicaid care management. North Carolina continues efforts to transform from a fee for service Medicaid program to a primarily managed care system. During this fiscal year, changes in the delivery of care management made by the Division of Health Benefits/NC Medicaid further impacted the foster care population. In December 2022, children and youth who met the threshold for Tailored Care Management due to their treatment needs for behavioral health, substance use, intellectual and developmental

disabilities, or traumatic brain injuries, will now receive multidisciplinary care management from the Local Management Entity/Managed Care Organizations (LME/MCO).

In addition to LME/MCOs, Community Care of North Carolina (CCNC) continues to provide cross-system care management for children and youth in foster care who do not meet tailored care management. CCNC reports care management was provided to 41% of the population eligible to receive services, and for children and youth in foster care who had high priority needs identified, 60% had all their service gaps closed as the result of care management being provided. Additional data provided by CCNC shows the immunization rates for children and youth in foster care are higher when compared to the non-foster care Medicaid population.

Table 1. Immunization Rates of Foster Children vs. Children not in Foster Care

Measure	Foster Care Status	Rates (CY22)
Child Immunizations (Combo10)	No	29.4%
Child Immunizations (Combo10)	Yes	32.8%
Adolescent Immunizations (Combo2)	No	33.7%
Adolescent Immunizations (Combo2)	Yes	36.6%
Well Child Visit-30 months	No	59.9%
Well Child Visit-30 months	Yes	81.6%
Well Child Visit-15 months	No	67.8%
Well Child Visit-15 months	Yes	69.8%
Well Child Visit 3-5 (CMARC-age)	No	55.1%
Well Child Visit 3-5 (CMARC-age)	Yes	75.2%
Well Child Visit 3-11	No	50.8%
Well Child Visit 3-11	Yes	63.9%
Well Child Visit 12-17	No	42.7%
Well Child Visit 12-17	Yes	55.9%
Well Child Visit 18-21	No	22.6%
Well Child Visit 18-21	Yes	25.5%

Data Source: Community Care of North Carolina April 2023

As of June 2023, APSR NC DSS has not received Tailored Plan Care Management Data from DHB/NC Medicaid and cannot report on numbers served or outcomes. This data will be available from DHB in August 2023.

During this APSR reporting period, staff from Fostering Health North Carolina (FHNC) continued to provide implementation supports to local communities to support coordination of services at the local level between CCNC, pediatric practices, and local child welfare agencies to: (1) ensure children and youth in foster care are linked to care management and a medical home, (2) to ensure the schedule of appointments in child welfare policy is followed, and (3) to provide information and encourage the use of the enhanced medical appointment schedule recommended by the American Academy of Pediatrics.

NC DSS, together with various stakeholder groups, continues to work to identify systemic barriers that can be alleviated such that children in foster care receive timely initial and comprehensive health visits within the first 30 days of placement. Because services are provided through a medical home model, children receive consistent care from professionals who are aware of their history and thus able to assess and provide for their medical needs regardless of the location of the foster placement. This continues to be the ideal model for NC DSS to deploy statewide, as it is showing to improve the timeliness of initial and follow-up health screenings.

Strengthening Transition Age Youth Health Programming (Target 2) – Efforts to Provide Former Foster Youth with Information and Resources to Support Enrollment in Medicaid – In and Out of State

NC DSS is working to ensure that youth in the process of transitioning to adulthood will have the knowledge, skills, and resources to help them achieve self-sufficiency to successfully manage their own physical, dental, social emotional, and behavioral health needs. To this effect, NC DSS continued in FY 2023 to engage the Transition Age Youth (TAY) workgroup of FHNC to help identify the healthcare experiences of youth aging out of foster care. As an example, TAY assisted NC DSS in developing a one-page informational sheet, entitled, “Ensuring Health for Young Adults Formerly in Foster Care”, created for former youth between the ages of 18 and 26, to inform them about Medicaid eligibility. The informational flyer was disseminated across the state through county DSS agencies, foster care associations, posted in public areas, such as libraries and college campuses, and is accessible online as part of the FHNC’s Online Resource Library:

<https://cdn.ymaws.com/www.ncpeds.org/resource/collection/49A55DA6-14AA-44A9->

[BADC-1EA83939CC37/TAY_1-pager_ENSURING_HLTH_FOR_YA_FORMERLY_IN_FC_10.2022.pdf](#).

NC DSS is also working to fully implement Section 1002 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (“the SUPPORT Act”), related to the Affordable Care Act and former foster care youth receiving Medicaid. The Act requires NC Medicaid to cover former foster youth who reach age 18 on or after January 1, 2023, who enter the State of North Carolina. NC DHHS’ Division of Health Benefits/NC Medicaid submitted a Medicaid State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) in Quarter 3 of FFY 2023. NC DSS is working with NC Medicaid to help identify the individuals in the state that qualify for NC Medicaid under the provisions of the Act. North Carolina is also working to align its systems, forms, policies, and practices to comply with the new requirements and improve access to affordable healthcare for former foster youth. A statewide workaround is being utilized until youth from other states, who are over 21 and through the age of 26, can be identified and successfully enrolled in NC Medicaid. The informational flyer currently in use to inform TAY of their Medicaid eligibility is slated to be updated to reference the SUPPORT Act once all applicable procedures have been revised and in place.

In FY 2022–2023, NC DSS hosted a series of in-person Regional Youth and Young Adults Listening Sessions. Valuable information and feedback were gathered during each regional listening session from young people about LINKS Independent Living Services, Foster Care 18 to 21, and North Carolina’s overall permanency services. Youth and young adults were invited to attend the session to discuss various topics on permanency and well-being, including healthcare, based on:

- Young people between the ages of 14 to 20 and currently or formerly in foster care in North Carolina.
- Young people who are actively engaged in LINKS and other programs (e.g., NC REACH), as well as those who may not be engaged or less engaged in these services.
- Youth who are willing to share honest verbal feedback during the virtual focus group session.

In FY2023, NC DSS continues to explore the development of an electronic health passport and is requesting this be embedded in the future Statewide Medicaid Managed Care Plan for children and youth in foster care. Currently, it is required in NC DSS child welfare policy that young adults who emancipate from foster care be provided a copy of their medical records and information on health insurance available to them upon exiting foster care. NC DSS is awaiting approval from the state legislature for the Children and Families Specialty Medicaid Plan (formally the Statewide Medicaid Managed Care Plan for Children and Youth in Foster Care). It is anticipated that if approved this plan will become available in 2024.

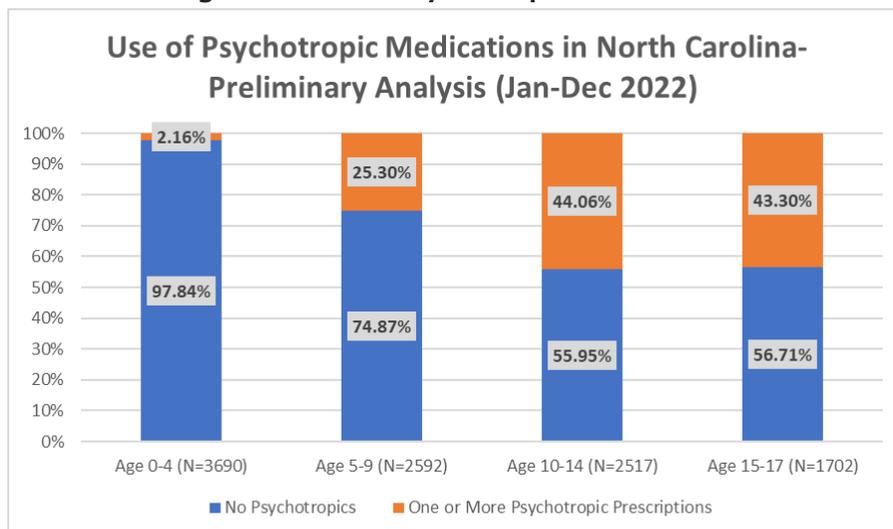
The design of the plan includes the development of an electronic health passport as described on page seventeen in the North Carolina Medicaid Policy Paper Update on North Carolina’s Children and Families Specialty Plan July 26, 2022, which can be accessed at [Children and Families Specialty Plan Policy Paper | NC Medicaid \(ncdhs.gov\)](https://www.ncdhs.gov/children-and-families-specialty-plan-policy-paper).

Strengthen Protocols for the Monitoring of Psychotropic Medications (Target 3)

Target 3 of the Healthcare Oversight and Coordination Plan was developed to address the need to strengthen the state’s protocols for the appropriate use and monitoring of psychotropic medication at the local level. This work began in 2020 and has resulted in changes in policy and development of tools to support child welfare staff at local Departments of Social Services to improve practice as it relates to this federal requirement.

Most recently, NC DSS engaged the Division of Health Benefits (NC Medicaid) in the development of data sharing agreements which helped to support NC DSS in improving the monitoring of psychotropic medication at the state, regional, county, and individual level. The data agreements were implemented in the fourth quarter of FY 2022–2023 APSR reporting period and allow NC DSS access to Medicaid claims data for all children and youth who enter or remain in foster care. NC DSS is utilizing the resources available from the University of North Carolina (UNC) for data analysis. To date, UNC has conducted a preliminary analysis of claims data for the twelve-month period between January and December 2022 to support the state in better understanding prescribing patterns across different age groups, age 0–4, 5–9, 10–14, and 15–17.

Figure 1. Use of Psychotropic Medications



Source: UNC School of Social Work and DBH Foster Care Population Medicaid Claims Data

As is related to child welfare policies and protocols, changes have been made to the North Carolina Monthly Permanency Planning Contact Record (DSS5295) with specific questions added to ensure child welfare workers are monitoring the use of psychotropic medications

during monthly home visits. The North Carolina Child Welfare Permanency Planning Services Policy, Protocol, and Guidance requires that all children and youth who receive psychotropic medications be referred to Medicaid funded healthcare care managers. To support the implementation of these changes at the local level, NC DSS developed educational materials, including webinars, and updated practice guides. Changes to the psychotropic medication policies were included in the NC DSS Child Welfare Policy and Practice Update webinar posted on NCSWlearn.

Additional materials to support the child welfare workers with oversight at the local level include the Best Practices for Medication Management for Children & Adolescents in Foster Care: Guide for Child Welfare Professionals and the Guide for Use and Monitoring of Psychotropic Medications in Children and Adolescents, both resources were revised in May 2023 and remain available on the Fostering Health North Carolina online library.

The changes made to state policy and practice related to the psychotropic medication oversight implemented since 2021 have led to improved performance for foster care cases as evidenced by the OSRI data for item 18B (did the Agency Provide Appropriate Oversight of Prescription Medications for mental/behavioral Health Issues). For cases under review between 2020 through March 2023, there was a 13% increase in cases showing that oversight of psychotropic medication was identified as a strength.