

Appendix D: Healthcare Oversight and Coordination Plan Update

Healthcare Oversight and Coordination Plan Update

The NC DSS Healthcare Oversight and Coordination Plan was submitted on June 30, 2019; it remains in effect.

HOCP Progress and Accomplishments

In FFY2021–2022, NC DSS made continued progress towards the targets and goals outlined in the North Carolina Child Welfare 2020 – 2024 Health Care Oversight and Coordination Plan. This work was bolstered by the collaborative work occurring in a number of initiatives, including the Centers for Medicare and Medicaid Services Affinity group, the Medicaid managed care Children and Family Specialty Plan, Child Welfare Transformation and Well–Being workgroups, the interdepartmental Rapid Response Team for children and youth in foster care who have barriers accessing medically necessary residential treatment, Juvenile Justice Behavioral Health and Continuum of Care Workgroups, Fostering Health Workgroups, and in the Child and the Family Services Plan Well–Being Design Team.

NC DSS continued to work with NC Medicaid/Division of Health Benefits (DHB) to develop datasets that will support the state in continuous quality improvement initiatives, to support the North Carolina in meeting well–being benchmarks for children and youth in foster care. This work is occurring because of the CMS Affinity group project, at the departmental level with the development of behavioral health dashboard and is supported by collaborative efforts across NC DHHS under the child welfare and well–being transformation project.

Community Care of North Carolina (CCNC) provides care management for children and youth in foster care, the intensity of care management services available is determined by CCNC’s risk stratification methodology which is required in the contract held with DHB/Medicaid. CCNC data shows that based on risk stratification 16.5% of the foster care population received high priority for care management between 10/2021 and 4/2022. The percentage of those receiving high priority care management due to being prescribed psychotropic medications was 31.8%. Community Care of North Carolina data on the quality measurements for children in foster care for FY2022 was compared to the state’s Medicaid population under the age of 21. This data indicates that for key performance measures for immunization that children and youth in foster care have higher immunization rates for both childhood and adolescent immunizations. Well child visits at 15 and 30

months are 78% and 88% respectively. Well child visits for young children between the ages of 3–5, 3–11, and 12–17 are significantly higher than the general Medicaid population, however improvements are needed to reach the 95% benchmark. Well-child visit data for those aged 18–21 shows a significant drop (33%) for this population further supporting the need to ensure youth are connected to Medicaid when they leave foster care, and they have the information and skillset to access medical care independently.

In FY2022, Q3, NC DSS Child Welfare Regional Consultants (RCWCs) will conduct record reviews to collect data regarding adherence to the medical scheduled outlined in the state's HOCP. OSRI data has been collected for Well-Being Outcome 3, item 17 and 18. Data indicates that there is continued work needed for the state to meet the well-being benchmark of 95% receiving the physical, behavioral health and dental services they need. (See section 2, Well-Being for additional information.)

In FFY 2022–2023, NC DSS made progress on target one of the HOCP: “Ensuring the process to oversee the healthcare of children and youth in foster care is streamlined across the child welfare workforce and the medical community.” Since the last reporting period, NC DSS has continued to provide training at the county level through the work of the Fostering Health North Carolina (FHNC) program. The FHNC program is meeting regularly with fifty-one (51) counties and since the program's inception in 2017, over 100 medical homes and 70 (of 100) County Departments of Social Services (DSS) agencies have received training to equip staff with tools and resources to better coordinate care for children and youth in foster care.

NC DSS continues to collaborate with North Carolina Medicaid/Division of Health Benefits (DHB) in the Center for Medicare and Medicaid Services (CMS) Affinity group, to identify additional strategies to support improved processes at the local level that will support implementation of the HOCP, including targets related to adherence to the child welfare scheduled medical appointments and screenings. Additional collaboration resulting from the Affinity group includes the identification of data available from DHB that could be used to develop a continuous quality improvement process. DHB will provide this group data on Early Periodic Screening, Treatment, Diagnosis, and Treatment and Healthcare Effectiveness Data and Information Set (HEDIS). Data analysis on psychotropic medication use for the population of children and youth in foster care in North Carolina is underway and preliminary data is included in this report.

NC DSS has made progress on strategies related to training and provision of healthcare resources that will further support the goal of streamlined processes and increased knowledge to support meeting the healthcare needs of the foster care population. NC DSS began updating the Fostering Connections I & II trainings. These trainings focus on the healthcare and behavioral healthcare needs for children and youth in foster care and are available for both child welfare workers and resource parents. The content in these

trainings is under review and areas that need updating or strengthening are being identified. The review will conclude in June 2022 and the training updates will be made in the fall of 2022 with the course being available in December of 2022. Healthcare related content for child welfare core trainings will be reviewed in the fall of 2022.

FHNC has published and updated materials on the FHNC library this fiscal year, including informational material on the FHNC program and resources it has to offer, updated billing codes for Foster Care medical appointments for medical providers, COVID-19 related child welfare guidance, NC Medicaid/DHB fact sheets for providers and for children/youth/families on changes occurring due to Medicaid transformation in North Carolina, information to support transition age youth linking to adult healthcare, and trauma informed materials from the National Child Traumatic Stress Network that support professionals and others in understanding trauma screenings and towards gender-affirming care.

In FFY 2022-2023, NC DSS made progress towards target two of the HOCP: "Strengthen Transition Age Youth Health Programming." NC DSS has completed the review of child welfare policy on informed and shared decision-making regarding healthcare. Per its review, NC DSS adequately addressed this area as it relates to parental consent policy outlined in policy and based on state statute. NC DSS will identify best practices for informed consent and shared decision making for children and adolescents, and work with FHNC transition age youth workgroup along with FHNC staff on the development of materials. The second strategy is to develop resources for transition age youth for statewide distribution in the form of a healthcare passport. This work is underway via collaboration by and between NC DSS, DHB and the FHNC Transition Age Youth Workgroup. The components that will be included in a healthcare passport will be identified by 6/30/2022. This information will be provided to DHB to guide the development of the healthcare passport which will be included in the statewide Medicaid managed care Child and Family Specialty Plan (formerly referred to as the statewide foster care plan). The Medicaid Managed Care Child and Family Specialty Plan is scheduled for implementation in December of 2023.

NC DSS is engaged in additional work on transition age youth healthcare programming, including updating the LINKS program policy and Permanency Planning policy, to provide guidance to ensure young adults are equipped with the tools, resources, and steps to access services and advocate for their health care needs. Information will be included to explain strategies for accessing and maintaining health coverage as part of exiting care. NC DSS will purchase "Five Wishes" documents for counties to use with transition aged youth so that youth have access to advance directive documents and information. "Five Wishes" meets the requirements for advance directives in North Carolina and it includes components of advance directives, and its use of non-legal terms supports the

conversation child welfare workers and others who are supporting youth in completing advance directives; and inclusion of transition age youth in the development of the future Medicaid Managed Care Child and Family Specialty Plan.

In FY2022 NC DSS has also made progress towards HOCP target three “Strengthen Protocols for Monitoring of Psychotropic Medications at the Local Agency Level.” This builds on the completion of requirements in child welfare policy that psychotropic medication use be monitored during each foster care home visit and that all children and youth in foster care be referred for Medicaid funded care management if they are prescribed a high risk or psychotropic medication. The 2020–2021 Child Welfare Policy and Practice Update webinar which was published on ncswLearn in March of 2023 was developed to reinforce knowledge of the policy and reinforce practice change at the local level.

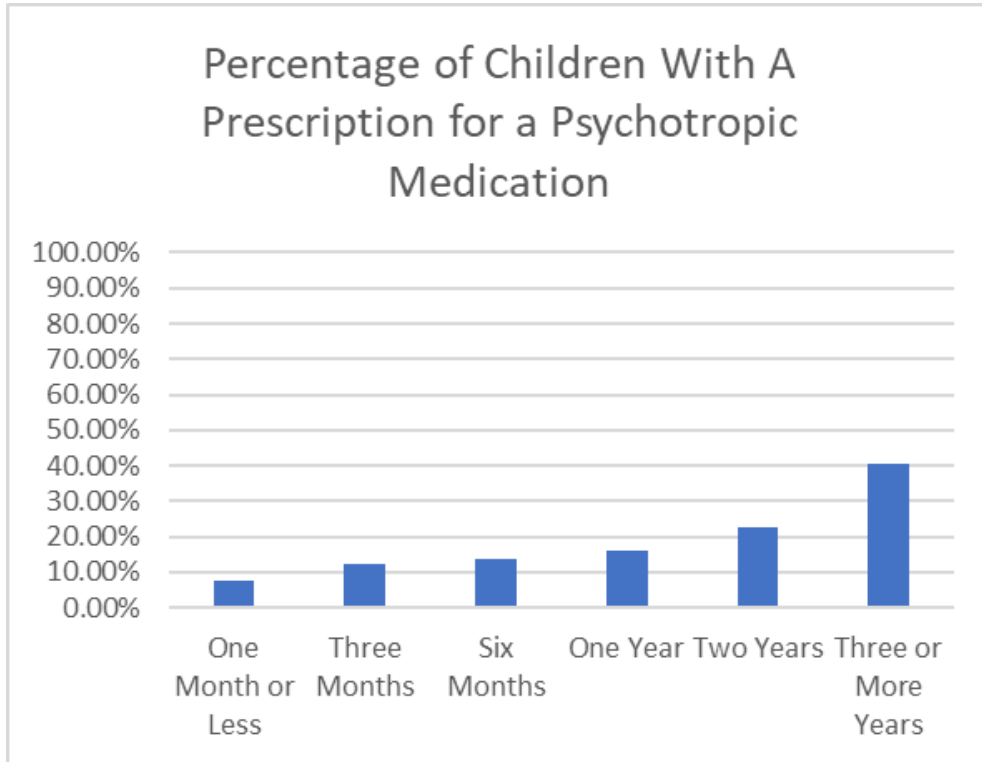
Changes occurred this year in the Medicaid contract with Community Care of North Carolina (CCNC) the entity under contract to provide care management for children and youth in foster care. This change will support child welfare staff by offering them tools to conduct psychotropic medication oversight at the local level. Community Care of North Carolina (CCNC) the entity under contract with NC Medicaid/DHB has implemented a risk stratification methodology based on a child/youth being prescribed a psychotropic medication. Children and youth prescribed psychotropic medications are eligible for high-risk case management, medication reconciliation services, and access to pharmacists as needed. NCDSS continues to collaborate with CCNC to delineate of the total population receiving care management (23%) those who are prescribed psychotropic medication.

NC DSS also gained an additional resource to support the state in meeting this target, staff from the North Carolina Psychiatric Access Line (NC-PAL) are regularly attending case reviews for children and youth with high acuity needs who do not have access to medically necessary residential care, during these meetings they evaluate individual child’s prescribed medication and provide feedback to the county DSS if there are concerns, furthermore they offer consultation to the child’s prescribing entity at the request of the local Department of Social Services. Planning is underway to expand the consultation directly to local Department of Social Services staff, this will be piloted in three counties.

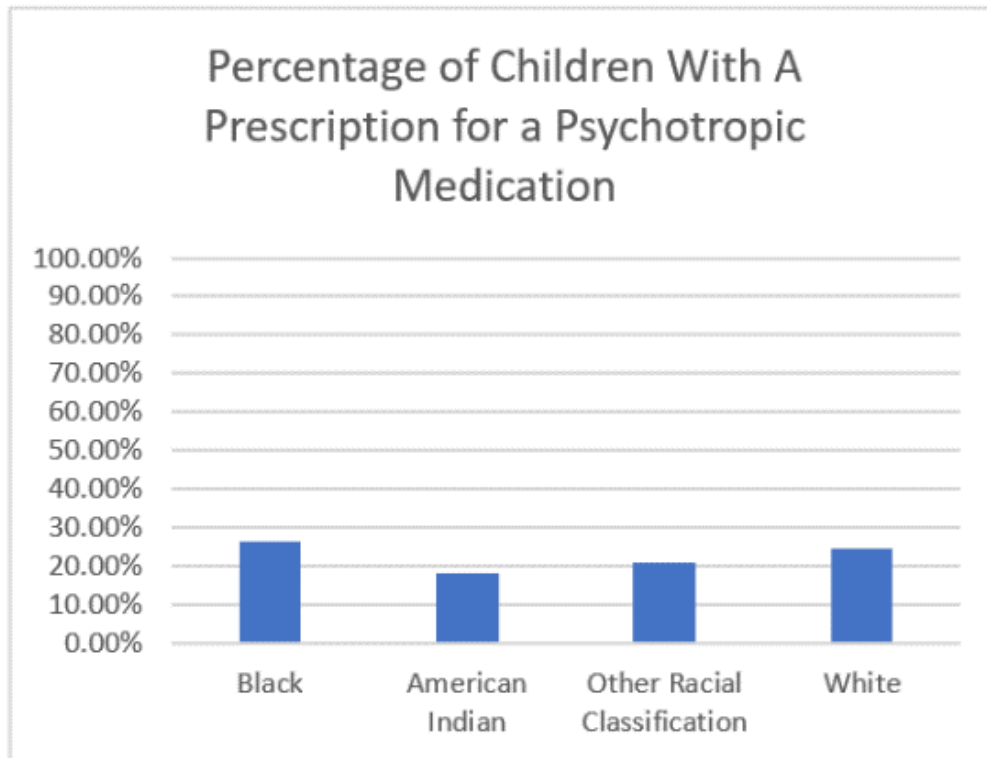
Lastly, NC DSS is regularly receiving Medicaid claim data for children and youth in foster care, this data is being analyzed to support the state in developing baseline data in addition to county level data on psychotropic medication prescribing patterns. Preliminary data from the December 2021 foster care cohort shows the percentage of children/youth in foster care with a psychotropic medication by length of time in care, prescribing patterns by race, and county are included in the figures below. This data will continue to be evaluated to develop baseline trends, prescribing patterns at the county level, identifying

disproportionality in prescribing, and other metrics that will provide data that will drive targeted interventions at the state and county level.

Percentage of Children with a Prescription by Length of Time in Care

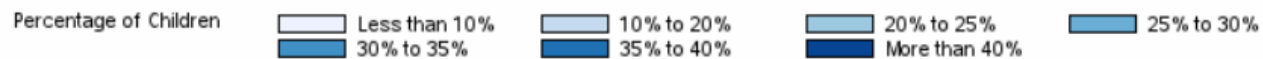
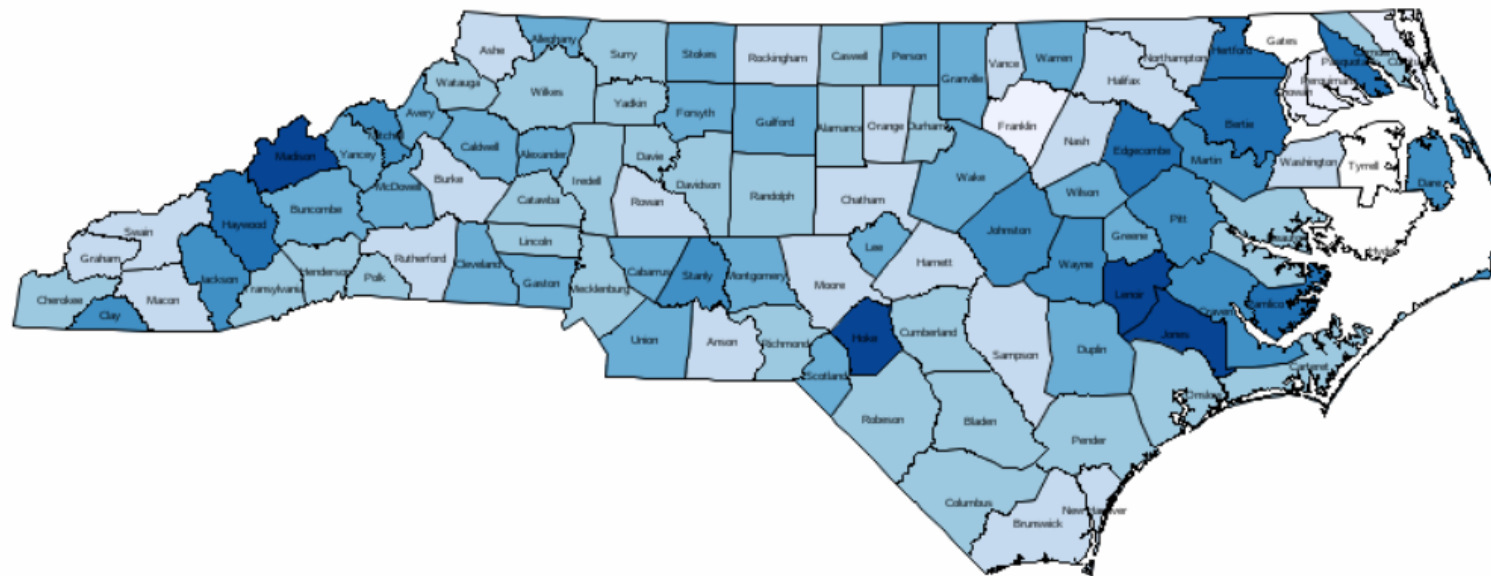


Percentage of Children with a Prescription by Race



Percentage of Children with a Prescription by County

Percentage of Children in Foster Care with a Psychotropic Med Prescription in November 2021



NC DSS has completed the review of the protocols regarding assent and consent and determined policy changes are not necessary beyond what is currently in policy. Guidance on state statute regarding consent, including what youth with decisional capacity can consent to is available to local Departments of Social Services in the Supervisor toolkit *Medical Decisions for Children and Youth in Care*.

Strategy two in target three of the HOCP focuses on education and training for child welfare workers and resource parents regarding medication utilization, collaboration and informed decision-making, and strategies to prevent misdiagnosis. By June of FY2022, the evaluation of training content in Fostering Connections I&II will be complete. In December of 2023, the training updates will be completed, and content will be posted to ncsWLearn and the Fostering Connections website which is a resource for foster parents. During April 2022, NC DSS will deliver a webinar for child welfare workers who work with children and youth in foster care titled, *Supporting Medical, Mental Health, and Intellectual/Developmental Disability Needs for Children and Youth in Foster Care*.

In June of 2022, NC DSS, NC Medicaid/DHB, and the Area Health Education Program (AHEC) will deliver a webinar to pediatricians that includes information they need to know about the health care needs of children/youth in foster care, including child welfare health care policy, EPSDT screenings, psychotropic medication monitoring, and resources from Fostering Health NC to support pediatric education on processes and billing to support implementation of Health Care Oversight and Coordination Plan. Lastly, to support child welfare staff through the next iteration of Medicaid managed care and the impact it will have on the foster care population, NC DSS and NC Medicaid/DHB are developing a webinar for state child welfare staff and a series of webinars that will be made available to staff at local Departments of Social Services in July 2022.

Additional Information Required per PI Instructions

Provide an update on how during the COVID-19 pandemic and national public health emergency the state has worked to ensure children and youth continue to receive appropriate health care, including through use of telemedicine.

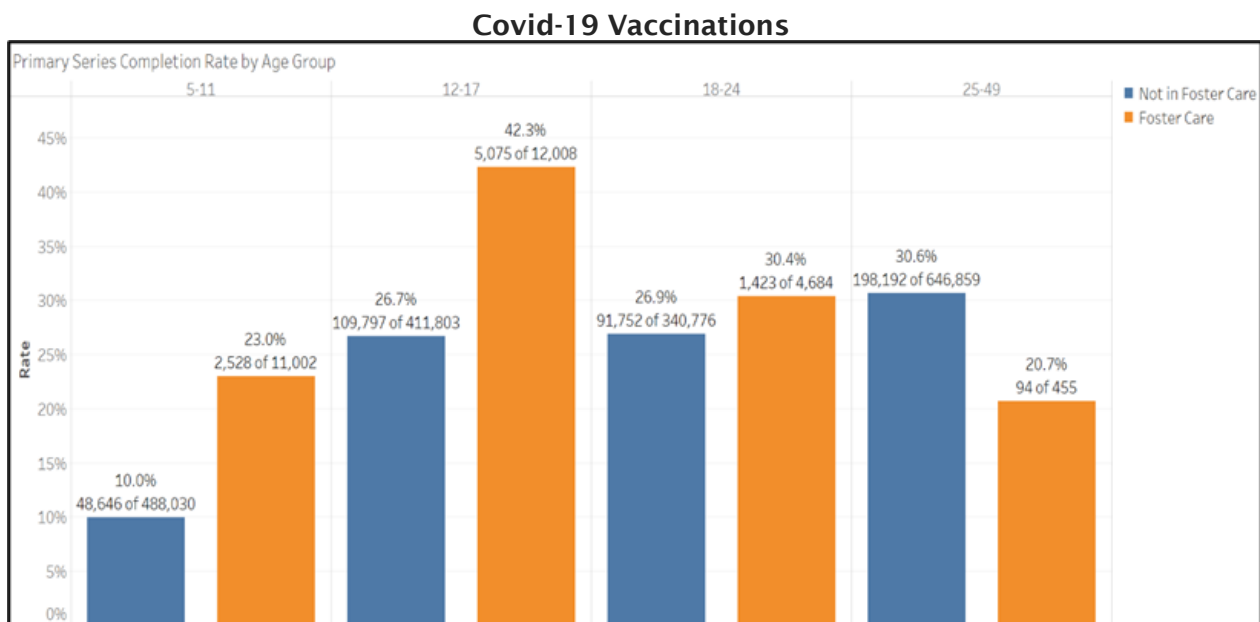
NC DSS continued to develop and disseminate guidance and information to local Departments of Social Services as the COVID-19 pandemic and national public health emergency continued. Guidance and information on COVID-19 vaccinations for children and youth in foster were updated as the Food and Drug Administration approved vaccinations for populations. These communications were sent to local Departments of Social Services in September and November in 2021.

NC DSS partnered with the Division of Public Health, and the Division of Child and Family Well-Being to deliver a webinar titled "NC DHHS COVID-19 Updates: Briefing for Child

Welfare Agencies and Children and Youth in Foster Care.” The webinar provided up to date information on vaccinations, treatments, where to find resources, and an overview of NC DSS child welfare guidance on vaccinations. Over 295 participants attended this call.

Webinars were also provided to private licensing agencies to inform them of child welfare guidance on COVID-19 vaccinations and requirements regarding consent and coordinating with local departments of social services child welfare staff regarding vaccination for children and youth in foster care.

Data obtained from NC Medicaid/Division of Health Benefits in the figure below shows that children and youth in foster care ages 5-18 have received COVID-19 vaccinations at higher rates than the general population of children.



During the COVID-19 pandemic and national public health emergency the State of North Carolina Division of Health Benefits/NC Medicaid provided flexibility in policy to allow telehealth and telemedicine. These policies provided flexibilities in clinical coverage policy for physical and behavioral healthcare to be provided via telehealth and telemedicine. The state will sunset some policies in June 2022, and some will remain as permanent Medicaid clinical coverage policy changes. NC DSS has promoted the use of telemedicine and telehealth for the duration of the pandemic.

Access to Medicaid for Former Foster Youth: Section 1002 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (“the SUPPORT Act”) made changes to the requirements related to the Affordable Care Act and the “former foster youth” or “FFY” category of young adults receiving Medicaid. On January 1, 2023, state Medicaid agencies must cover eligible “former foster youth” who age out of foster care in one state and then move to a new state. This applies only to youth

who reach age 18 on or after January 1, 2023. The Centers for Medicare & Medicaid Services (CMS) will be issuing further guidance to Medicaid agencies over the next few months, but the child welfare agency is a critical partner in efforts to implement this provision. CB shares CMS's commitment to advancing health equity by addressing the disparities in access to the health care system. Creating a simplified process to cover FFY who move to a new state is one concrete to young people, and available information on the characteristics and demographics of youth assisted.

- o Provide information on the strategies the agency is using or used to engage youth/young adults and how those strategies will be incorporated for use in the future to meaningfully engage young people. Include information on any efforts to hire or contract with youth/young adults with lived expertise to support outreach and engagement efforts.
- o Describe any challenges or barriers the state has experienced in being able to use the additional Chafee funds.

NC DSS is collaborating with NC Medicaid/DHB towards meeting the requirements outlined in *Section 1002 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("the SUPPORT Act")* and in this year's Administration for Children and Families Program Instructions on Medicaid requirements for former foster youth who reach age 18 on or after January 1, 2023. NCDSS has provided this information to NC Medicaid/DHB staff for review to support collaboration between the agencies. North Carolina has already implemented coverage up to age 26 for this population, however changes will need to occur to ensure this coverage is available to those who move to another state. NC Medicaid/DHB is awaiting guidance from CMS and is determining the steps necessary at the state level to implement this change.