Community Care
OF NORTH CAROLINA

CCNC Foster Care Program
TFC Presentation
9/14/2021

NC Medicaid contracts with North Carolina Community Care Network, Inc. (N3CN) – more commonly referred to **as Community Care of North Carolina or CCNC** – to provide care management services to Medicaid beneficiaries, including the foster care population.



CCNC-Mission

"Through interaction with patients, CCNC staff emphasize the importance of using a medical home, identify any needed follow up, and links patients to local resources in their communities."

What does CCNC Care Management look like?

Care Management is provided by local, on-the-ground Care Managers in all 100 counties.

RN and SW Care Managers have access to a multidisciplinary team: physicians, psychiatrists, pharmacists and others

Coordination between all regions, using the same documentation system.

Access to Medicaid Paid Claims, Visit history, Medication fill history

https://www.communitycarenc.org/what-we-do/clinical-programs/pediatrics/tools/foster-care



Behavioral Health Management



Home Transitioning:

caregiver support & education



Medical/Dental appointment management



School adjustment :

school nurse/teachers

CCNC Complex Care Managers

Assess/Screen critical areas to collect data, develop and evaluate the foster child's Care Plan and goals.

American Academy of Pediatrics Guidelines

AAP Recommendations/Guidelines:

- Initial Health screening visit within 72 hours
- Comprehensive Health Visit within 30 days of placement
- Follow-up health visit within 60-90 days of placement & following enhanced visit schedule

Enhanced visit schedule:

- Visits monthly: 0-6 months old
- Visits every 3 months: 6-24 months old
- Visits twice per year: 2-21 years old

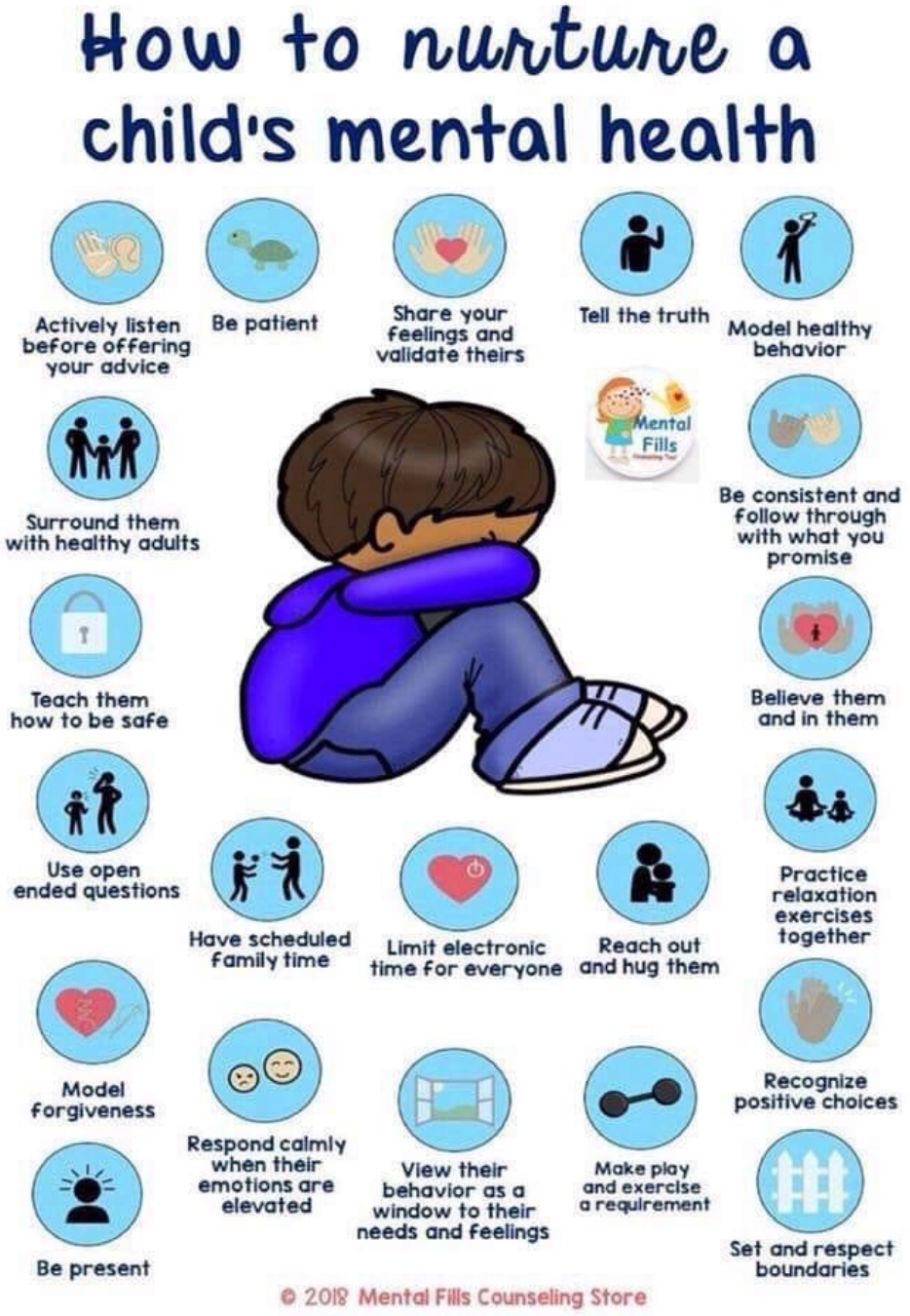
https://cdn.ymaws.com/www.ncpeds.org/resource/collection/EB7D51D4-C7C0-41EE-8498-3592FD0AA4F2/Healthy_Foster_Care_America_adapted.pdf

Behavioral/Mental Health(BH/MH)

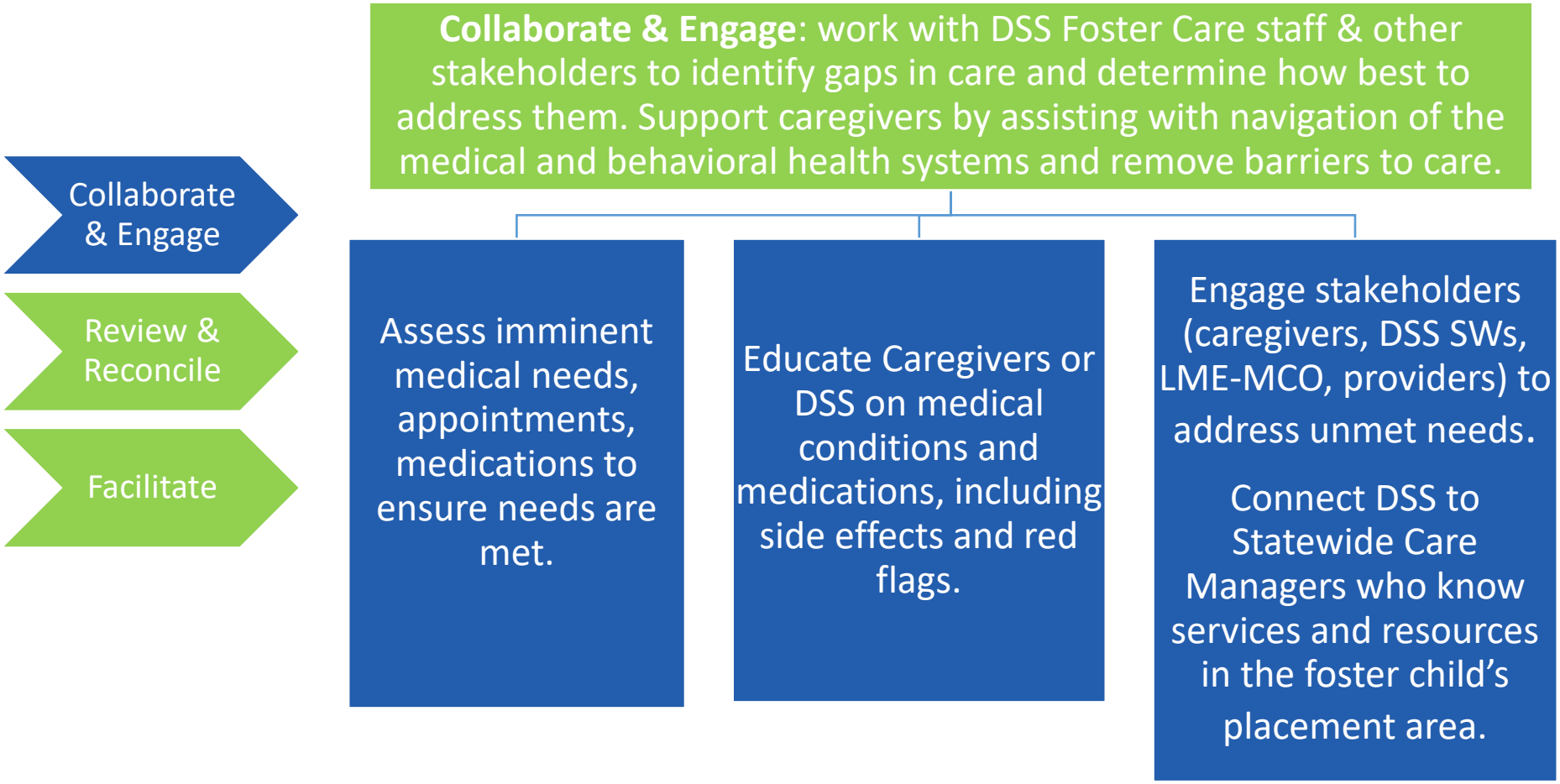
-Proactive care management and service linkage can potentially decrease the need for higher leveled care.

-CCNC Psychiatrists can consult with our Care Managers on complex behavioral health issues and suggest appropriate management strategies.

-CCNC collaborates with LME-MCOs to assist with linking children to BH services.

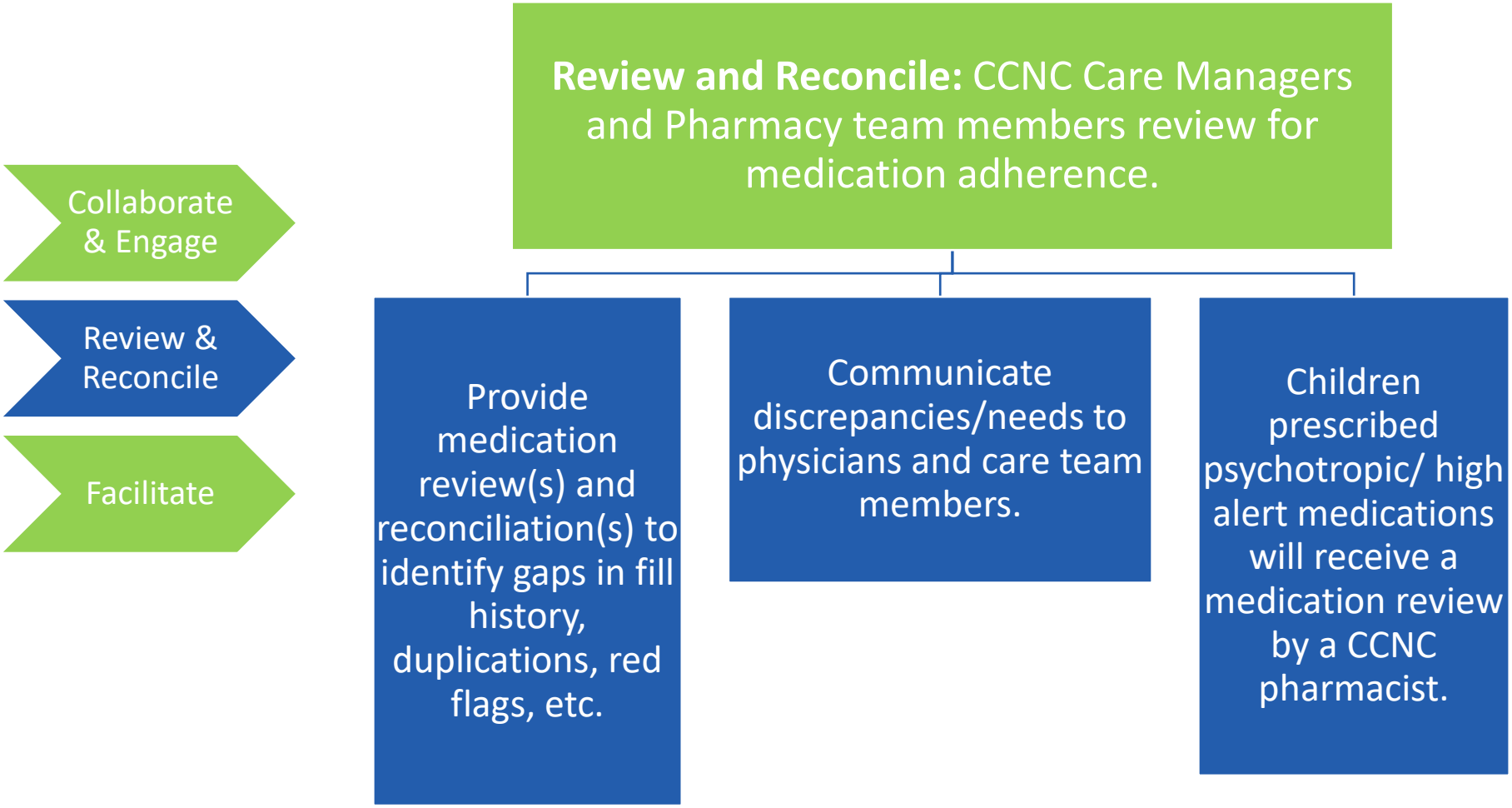


CCNC Care Management



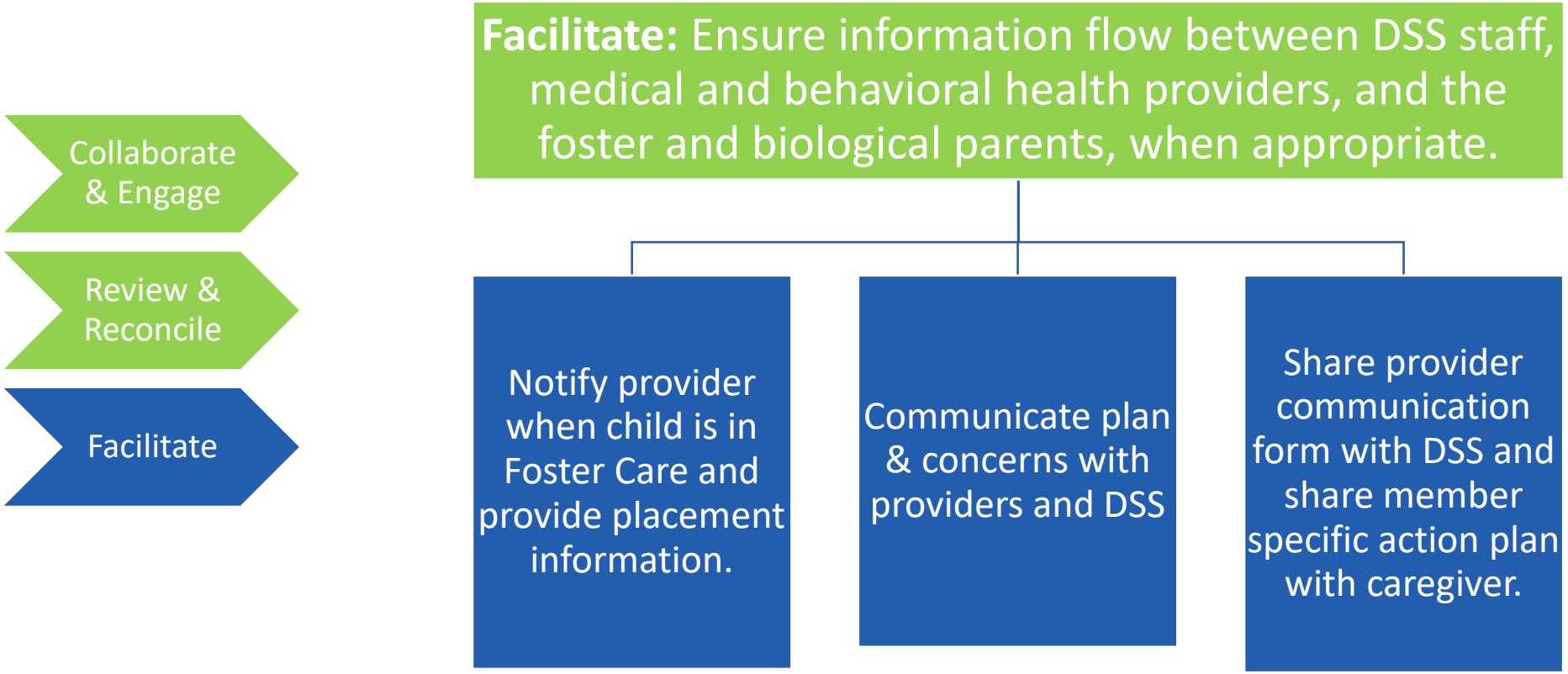
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Child Welfare Policy Changes and Guidance

Policy Change

For children and youth in foster care receiving psychotropic medications, agencies must;

- Refer and coordinate services for all children in foster care who receive psychotropic or other high alert medications included in the Best Practices for Medication Management for Children & Adolescents in Foster Care to care management through Community Care of North Carolina (CCNC) within 7 days and request a medication reconciliation from the CCNC Care Manager.

Guidance

To refer children and youth in foster care to care management with CCNC, Child Welfare Staff will complete the *CCNC Custody Status Notification Form* available at https://www.ncpeds.org/page/FHNCLibrary and fax the document to CCNC at 833-282-0884.

DSS Preferred Referral route:
Fax: 1-833-282-0884

Link to fillable PDF: Custody Status Notification form

Custody Status Notification (Community Care of NC Referral

Community Care OF NORTH CAROLINA

This form is to be filled out by DSS when a child first enters foster care and updated when placement changes. **Community Care of North Carolina** will utilize this form to ensure the child is referred to the necessary community resources/services and the child's medical care team will be informed of status changes.

Please fax to 1-833-282-0884 (preferred route) or send via secure email to phoccs2@communitycarenc.org (back up route).

County DSS: _____ **Date Sent:** _____

Investigator's Contact Information	Foster Care Worker's Contact Information
Name:	Name: TBD ☐
Phone:	Phone:
Email:	Email:
Fax:	Fax:

Child's Name	DOB	Sex	Medicaid ID	DSS Custody Start Date	Medical Home/Primary Care Provider	County of Placement

Sibling group? Yes ☐ No ☐ *Sibling(s) under 5 referred to CMARC?* Yes ☐ No ☐

Reason for Notification

☐ Initial Placement: ☐ KINSHIP or ☐ FOSTER PLACEMENT Date: _____
☐ Trial Home Placement; Date: _____ (DSS retains custody)
☐ Reunified with Biological Parent (DSS case closed)
☐ Medication Review Needed
☐ Change in Placement: ☐ KINSHIP or ☐ FOSTER PLACEMENT Date: _____
☐ Adoption finalized (DSS Case closed)
☐ Aged Out
☐ Custody/Guardianship granted (DSS case closed)
☐ Specify other need: _____

Child's Critical Health Information:

Known Medications (including dosage): _____

Known Allergies: _____

Known Chronic Conditions: _____

Other relevant information or contacts: _____

Placement Information

The child currently resides at (address): _____
In the home of (name): _____
At the telephone number: _____
Private Agency Contact (if applicable): _____
To schedule Medical Appointments, contact: ☐ Social Worker ☐ Placement

Signature of DSS Social Worker/Representative: _____



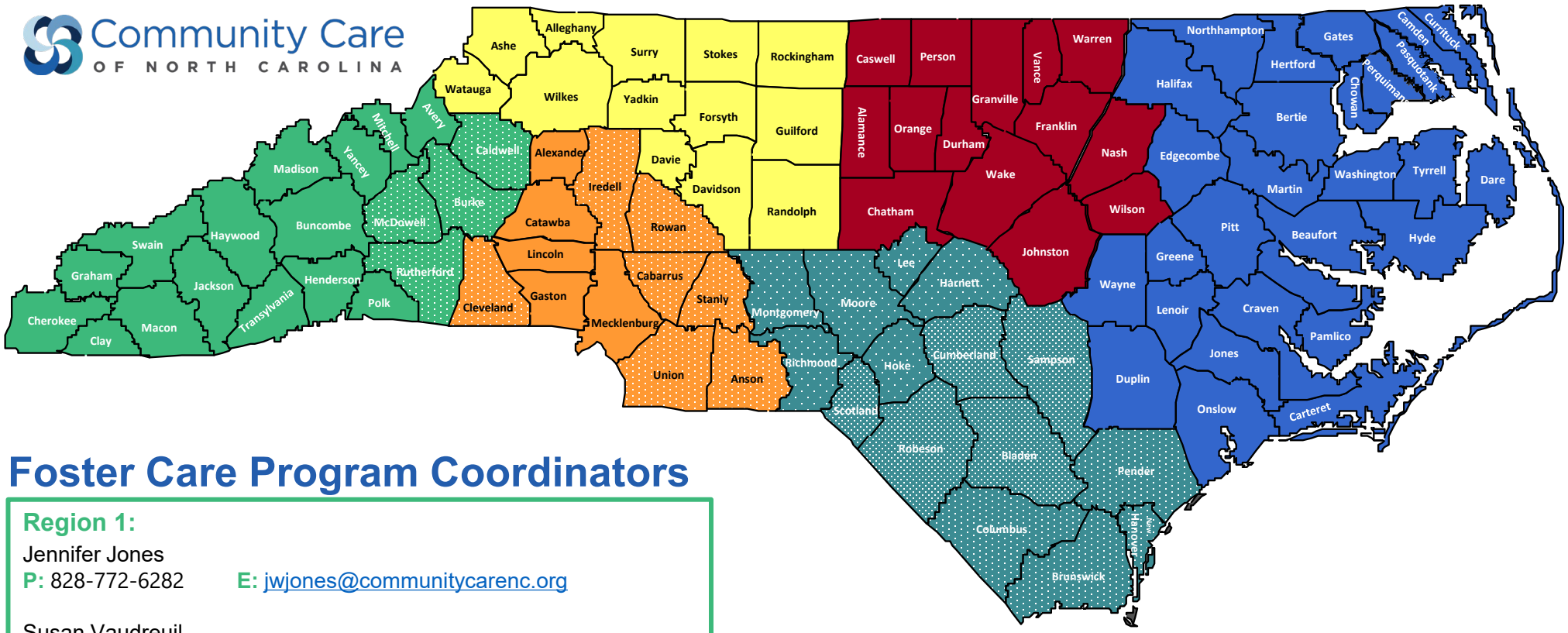
DSS should contact CCNC:

- When a foster child comes into custody as soon as possible – via our Custody Status Notification form
- For foster children prescribed psychotropic medication to ensure foster children receive required psychotropic medication review, monitoring & education
- When placement changes occur to support linking with needed services
- When a foster child exits foster care (Adopted/ages out of LINKS)- in order to properly assist with transitions and ensure all needs are met.

LME-MCO/DSS should contact CCNC:

- When planning for a foster child's leveled care discharge - in order to properly assist with transitions and ensure all needs are met following the leveled care discharge.

Community Care
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Foster Care Program Coordinators

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