

# North Carolina Child Welfare Trauma-Informed Assessment Provider FAQ

## General Program Information

### **What is the NC Child Welfare Trauma-Informed Assessment (NC CWTIA)?**

The NC Child Welfare Trauma-Informed Assessment is a legislatively mandated comprehensive, trauma-informed clinical assessment designed for children and youth involved with North Carolina's child welfare system. It gathers information about trauma history, current functioning, strengths and resiliency factors, and clinical needs using required standardized measures and structured clinical interviews. The assessment meets the requirements of CCP 8C and is considered a CCA. It is intended to inform treatment recommendations and service coordination and assists in informing child welfare case planning. This assessment will be available to the eligible population, youth ages 4 to 17 and 18 to 21 entering foster care or at risk of entering foster care, beginning in June, with a DSS regional rollout continuing through November 2026.

### **Is the TiCCA the same as the NC CWTIA?**

No, it is not the same assessment. While the NC CWTIA is informed by prior trauma-informed assessments that have been implemented in North Carolina, it is a separate and independent assessment.

### **Will the completion of TiCCAs stop when the NC CWTIA launches?**

The decision to continue TiCCAs will be made by each health plan. Once the NC CWTIA is implemented in a region, TiCCA referrals are expected to slow and potentially stop, as most youth who currently qualify will be legislatively mandated to receive the NC CWTIA.

A subset of youth who are not required to receive the NC CWTIA, such as youth involved in Child Protective Services assessments but not entering foster care, may still be eligible for the TiCCA. Health plans may choose to continue reimbursing TiCCAs for this population. TiCCA providers should follow up directly with their purveyor for guidance.

## Application Process and Timeline

### **When is the NC CWTIA application available?**

Applications are currently available and will be accepted through 11:59 pm on March 15, 2026.

### **Is there one application or multiple applications for each health plan?**

Although several health plans have posted the Request for Applications (RFA), there is only one application for the NC CWTIA, and each health plan's posted application links are the same.

### **Do applicants need to complete all sections of the NC CWTIA application?**

Yes, all applicants must complete all three sections (Leadership, Clinical Team Lead, and Clinician) of the application.

### **What is the link to the RFA?**

The RFA can be accessed at any of these links:

Healthy Blue Care Together: <https://providernews.healthybluenc.com/articles/state-communication-north-carolina-child-welfare-trauma-info-28383>

Partners: <https://providers.partnersbhm.org/request-for-services/>

Trillium: [Current Service Needs | Trillium Health Resources](#)

Alliance: <https://www.alliancehealthplan.org/about/rfps/>

### **When will the selected providers be notified?**

Selected providers will be notified between April 6-10, 2026.

### **Will a recording of the Provider Information Session be made available?**

Yes. A recording of the Provider Information Session will be shared with each of the Health Plans. Each Health Plan will have the option to post the recording to their website once it becomes available. Providers should check the Health Plan websites for access.

### **Is there an application fee?**

No, there is no application fee.

## **Provider Eligibility and Certification**

### **Can licensed independent practitioners apply to complete the NC CWTIA?**

Yes, licensed independent practitioners are welcome to apply. If an LIP is serving in all capacities, the LIP should complete the Leadership, Clinical Team Lead, and Clinician sections of the application.

### **What licensure types are eligible to conduct NC CWTIA assessments?**

Approved licensure types for the NC CWTIA include the following:

- Licensed Marriage and Family Therapists (LMFT, LMFTA)
- Licensed Clinical Social Workers (LCSW, LCSWA)
- Licensed Clinical Mental Health Counselors (LCMHC, LCMHCA)
- Licensed Clinical Addictions Specialists (LCAS, LCASA)
- Licensed Psychologists
- Licensed Psychological Associates (LPA)
- Tribal/IHS/638 (Federal Licensure Authority)

### **Can an intern who will graduate and become licensed after the application deadline be included in the initial NC CWTIA application?**

For the initial round of provider recruitment, selections will be made in April and are based on meeting eligibility requirements at the time the application is submitted. This means that clinicians must be fully eligible and qualified at the time of application in order to be included in the initial cohort. Those who will complete licensure after the application deadline would not be able to participate in this first training round, but may be eligible for future opportunities once licensed.

### **Do all clinicians at an agency need to be certified for the agency to participate?**

Agencies are not required to have all clinicians certified in order to participate. Agencies have the autonomy to identify their own assessment team based on organizational structure and anticipated referral volume. Leadership

should designate the proposed assessment team within the Leadership Application, and identified staff should submit their corresponding Clinical Team Lead (CTL) and/or Clinician applications. If the agency is selected, the identified and selected clinicians and CTL will then participate in training and then the certification process.

**What is the process for adding a clinician after the initial application and training period?**

Health Plans and the fidelity monitoring entity will routinely review referral volume and network capacity. When additional capacity is needed, the application process may be reopened for participating agencies to add clinicians as well as to new agencies.

**Has the certification process been determined for Federal Tribal and Indian Health Service Providers?**

If tribal providers would like to attest that their clinicians already meet training requirements and seek an exemption from additional training, they must review the stated requirements and submit documentation to the Division of Health Benefits (DHB) demonstrating substantial equivalence. DHB will then review the submission and formally determine whether the providers can be exempt from required training and whether their fidelity monitoring processes meet standards.

**Training and Certification Requirements**

**Where can required pre-requisite proficiency trainings be accessed?**

The required pre-requisite proficiencies are outlined in the RFA. Specific trainings are not named. Applicants should identify trainings they have completed that meet the objectives described for each proficiency area.

A single training may be used to meet multiple proficiency areas if the applicant clearly explains how the training satisfies each requirement. Instructions for submitting supporting documentation are included in the application.

**Does certification in TF-CBT or TiCCA exempt a provider from required NC CWTIA trainings?**

No. While TF-CBT certification may satisfy one or more prerequisite proficiencies, there is no blanket exemption from all required trainings. Applicants must review the proficiency criteria and identify which requirements are met through existing certifications. Any unmet prerequisites must still be completed as well as the required training after selection.

The NC CWTIA includes required content to ensure consistency and fidelity to the model. Relevant trauma-informed assessment experience should be highlighted in the application as transferable expertise.

**Must the exact proficiency language appear in the training title or description?**

No. The title does not need to include specific wording; however, the description must clearly demonstrate that the proficiency area was substantively covered.

**Will certificates be accepted if they do not include a training description?**

Certificates may be accepted. If the certificate lacks a description, the applicant should provide a brief explanation describing how the training aligns with the applicable proficiency requirements.

**Can a provider apply for the NC CWTIA if they are currently enrolled in a required training but have not yet completed it?**

Yes. Providers may apply for the NC CWTIA even if they have not yet completed a specific training, such as Trauma-Focused CBT. Required prerequisite trainings are not specified by name. Instead, the application asks applicants to describe the trainings and experience they have completed that align with the objectives outlined for each required proficiency area.

**What is the acceptable timeframe for proficiency certifications to remain valid?**

There is no fixed timeframe for how recent a proficiency training or certification must be. If a training or certification is in question, providers may submit it for review and consideration.

Determinations about whether a proficiency applies are made at the discretion of the purveyor and are based on factors such as the rigor of the training and whether the knowledge is actively used and maintained. Older trainings may be accepted if the provider can demonstrate that the content is currently in use or that the certification requires ongoing maintenance and continued demonstration of knowledge. Trainings that are older and cannot be clearly connected to current practice are less likely to be considered applicable.

The intent of the proficiency requirements is to demonstrate current understanding and working knowledge of the required topic areas.

**What is the format and cost of the required NC CWTIA training?**

NC CWTIA training will be conducted in person. There is no fee to attend the training. However, providers may incur costs for lodging, travel, and certain meals depending on their distance from the training location.

## Regional Assignment

**Will selected providers serve statewide or only within specific regions?**

Selected providers will serve the region(s) for which they applied and were approved. Providers will not automatically be approved for statewide service unless they applied for and were selected to serve multiple regions.

## Medicaid Eligibility

**Will youth be referred if they are Medicaid-eligible, but Medicaid has not yet been activated due to CPS investigation status?**

Youth must meet NC CWTIA eligibility criteria at the time of referral. Questions related to Medicaid activation or funding should be coordinated with DSS and the applicable health plan to ensure eligibility alignment prior to service delivery.

## Service Delivery and Modality

**Does the NC CWTIA include telehealth services?**

Providers should select regions and counties they realistically plan to serve primarily through in-person assessments. Telehealth may be used as an accommodation when an in-person visit is not feasible for a specific youth or family. However, telehealth should not be used as the basis for selecting broad or statewide geographic coverage.

### **Can other treatment modalities (e.g., CPP, TF-CBT) substitute for the NC CWTIA?**

No. The NC CWTIA is legislatively mandated and cannot be substituted with another modality, even if similar screening tools are used.

### **Referral and Assessment Timeline**

#### **What is the required timeline for referral and assessment completion?**

The child welfare worker should submit the referral to the provider within five working days of the child entering care or obtaining parental consent for youth at imminent risk of entering care. Once the referral is received, the provider has seven working days to initiate the appointment. After the appointment occurs, the provider has ten working days to complete the assessment.

#### **Does the clinician have the option to accept or decline referrals?**

Yes. Because this service falls under CCP 8C, providers retain the discretion to accept or decline referrals. While providers are encouraged to collaborate with their regional DSS offices to help meet demand, we also support provider autonomy in determining fit, feasibility, and capacity. If a clinician is unable to accept a referral and still meet required timeframes, it is recommended that the client be referred to another provider so timeliness can be maintained.

#### **Is the clinician responsible for initiating referrals or finding placements based on their NC CWTIA recommendations?**

To the extent that initiating referrals is already a requirement within the clinician's current scope and role, this expectation remains the same.

#### **Once clinical recommendations are made and referrals are placed, who is responsible for continuity and follow-up?**

Continuity and follow-up are intended to be a collaborative effort among the provider (or clinician), the child welfare worker, and the care manager. Providers should assist with identifying appropriate referral agencies, initiating referrals, and sharing relevant documentation (such as the assessment), as appropriate. If the provider also serves as the medical home, follow-up regarding access to recommended services should occur in alignment with typical medical home practices.

#### **Is the assessing clinician considered the clinical home for the child? Is it the clinician's responsibility to see the child on an ongoing basis or just to complete initial trauma assessment?**

Medical home status is determined the same way it has traditionally been. If a youth does not already have a medical home and is referred to an agency for an assessment, that agency would assume the responsibilities that typically follow a referral for a CCP 8C assessment. Unless the clinician or agency serves as the medical home, they are not required to provide ongoing treatment beyond completion of the initial trauma assessment. That said, we recognize the importance of therapeutic relationships and continuity whenever possible, particularly for youth who have experienced or are currently experiencing separation.

#### **What is the expected number of NC CWTIA referrals per month or year, by region?**

The following table reflects projected annual referral volume by DSS region based on estimated 75% referral uptake:

NC DSS Region	Referrals per Year	75% Referral Uptake	Assessments per Month
Region 1	1037	778	65
Region 2	1125	844	70
Region 3	1681	1261	105
Region 4	1905	1429	119
Region 5	806	605	50
Region 6	1751	1313	110
Region 7	690	518	43

**After an initial NC CWTIA is completed, can addendums and subsequent NC CWTIAs be completed by any clinician or agency, specifically clinicians or agencies that were not chosen to complete the initial NC CWTIAs?**

Yes. Providers may utilize their own addendum templates if an addendum is necessary. While the initial NC CWTIA should be completed by the designated provider, subsequent addendums or follow-up assessments may be completed by other clinicians or agencies as appropriate, following the same standards and fidelity requirements.

**Rates, Billing, and Costs**

**What is the reimbursement rate for the NC CWTIA?**

The proposed rate for the NC Child Welfare Trauma-Informed Assessment is \$804.22 per completed assessment. The proposed rate is being released for informational purposes and may be subject to change pending additional review and final approval by NC Medicaid.

**What are the ongoing costs of participation?**

During the implementation year, through December 31, 2026, providers will not be responsible for any costs related to oversight or fidelity monitoring for the NC CWTIA. There are no fees associated with participation during this period.

Looking ahead, because there are no legislated funds specifically allocated for oversight of the assessment beyond the implementation year, some form of cost sharing related to ongoing fidelity monitoring and oversight may be required in the future. Any such requirements have not yet been determined, and additional information will be shared once available.

**For Additional Questions**

Thank you for your interest in the NC Child Welfare Trauma-Informed Assessment. Additional questions may be directed to the designated Health Plan contact as outlined in the RFA.