

**ATTACHMENT F: CARE MANAGEMENT FOR AT-RISK CHILDREN POLICY
FOR MEDICAID AND NC HEALTH CHOICE MEMBERS**

1. BACKGROUND.

- A. Care Management for At-Risk Children are care management services provided by Local Health Departments (LHD) to a subset of the Medicaid population ages zero (0) to five (5) identified as being “high risk.”
- B. For Contract Year 1, LHDs shall have the right of first refusal to conduct Care Management for At-Risk Children for BH I/DD Tailored Plan-eligible children ages zero (0) to five (5) who are already enrolled in Care Management for At-Risk Children at the time of BH I/DD Tailored Plan launch. Children enrolled in Care Management for At-Risk Children will not be eligible for Tailored Care Management while enrolled in Care Management for At-Risk Children because the two programs provide duplicative services.
- C. After the launch of BH I/DD Tailored Plans, children covered by BH I/DD Tailored Plans who would otherwise have become eligible for Care Management for At-Risk Children will be enrolled into Tailored Care Management and not into Care Management for At-Risk Children.
- D. After Contract Year 1, Care Management for At-Risk Children shall be fully subsumed into the Tailored Care Management model.

2. SCOPE.

- A. The scope of this Policy covers the required terms that must be included in Contracts between the BH I/DD Tailored Plan and LHD providers offering Care Management for At-Risk Children outlined below and in the Contract.

3. CARE MANAGEMENT FOR AT-RISK CHILDREN: GENERAL REQUIREMENTS.

- A. LHD shall collaborate with out-of-county organizations providing Tailored Care Management— AMH+ practices, CMAs, and BH I/DD Tailored Plans—to facilitate cross-county partnerships to optimize care for patients who receive services from outside their resident county.
- B. LHD shall identify or develop, if necessary, a list of community resources available to meet the specific needs of the population.
- C. LHD shall utilize NCCARE360 to identify and connect members with additional community resources.

4. CARE MANAGEMENT FOR AT-RISK CHILDREN: FAMILY ENGAGEMENT

- A. LHD shall involve families (or a legal guardian, when appropriate) in the decision-making process through a patient-centered, collaborative partnership approach to assist with improved self-care.
- B. LHD shall foster self-management skill building when working with families of children.
- C. LHD shall prioritize face-to-face family interactions (home visit, PCP office visit, hospital visit, community visit, etc.) over telephone interactions for children in active case status, when possible.

5. CARE MANAGEMENT FOR AT-RISK CHILDREN: ASSESSMENT AND STRATIFICATION OF CARE MANAGEMENT SERVICE LEVEL.

- A. LHD shall review and monitor BH I/DD Tailored Plan reports created for Care Management for At-Risk Children, along with the information obtained from the family, to ensure the child is appropriately linked to preventive and primary care services and to identify individuals at risk.
- B. LHD shall use the information gained from the assessment to determine the need for services and the level of service to be provided.

6. CARE MANAGEMENT FOR AT-RISK CHILDREN: PLAN OF CARE.

- A. LHD shall provide information and/or education to meet families’ needs and encourage self-management using materials that meet literacy standards.
 - B. LHD shall ensure children/families are well linked to the child’s PCP.
 - C. LHD shall provide care management services in accordance with program guidelines, including condition-specific pathways, utilizing those interventions that are most effective in engaging patients, meeting their needs and achieving Care Plan goals.
 - D. LHD shall identify and coordinate care with community agencies/resources to meet the specific needs of the child and use any locally developed resource list (including NCCARE360) to ensure families are well linked to resources to meet the identified need.
 - E. LHD shall provide care management services based upon the patient’s level of need as determined through ongoing assessment.
- 7. CARE MANAGEMENT FOR AT-RISK CHILDREN: INTEGRATION WITH BH I/DD TAILORED PLANS AND HEALTH PROVIDERS.**
- A. LHD shall collaborate with the member’s PCP to facilitate implementation of patient-centered plans and goals targeted to meet individual children’s needs.
 - B. LHD shall ensure that changes in the care management level of care or in the need for patient support and follow-up and other relevant updates (especially during periods of transition) are communicated to the PCP and to the BH I/DD Tailored Plan.
 - C. LHD shall ensure awareness of BH I/DD Tailored Plan members’ “in network” status with providers when organizing referrals.
 - D. LHD shall ensure understanding of BH I/DD Tailored Plans’ prior authorization processes relevant to referrals.
- 8. CARE MANAGEMENT FOR AT-RISK CHILDREN: SERVICE PROVISION.**
- A. LHD shall document all care management activities in the care management documentation system in a timely manner.
 - B. LHD shall ensure that the services provided by Care Management for At-Risk Children meet a specific need of the family and shall work collaboratively with the family and other service providers to ensure the services are provided as a coordinated effort that does not duplicate services.
- 9. CARE MANAGEMENT FOR AT-RISK CHILDREN: TRAINING.**
- A. LHD shall participate in Department or BH I/DD Tailored Plan-sponsored webinars, trainings and continuing education opportunities as provided.
 - B. LHD shall pursue ongoing continuing education opportunities to stay current in evidence-based care management of high-risk children.
- 10. CARE MANAGEMENT FOR AT-RISK CHILDREN: STAFFING.**
- A. LHD shall hire care managers who meet Care Management for At-Risk Children care coordination competencies and have at least one of the following qualifications:
 - i. Registered nurses
 - ii. Social workers with a Bachelor’s degree in social work (BSW, BA in SW, or BS in SW) or Master’s degree in social work (MSW, MA in SW, or MS in SW) from a Council on Social Work Education-accredited social work degree program.
 - a) Non-degreed social workers cannot be the lead care manager providing Care Management for At-Risk Children even if they qualify as social workers under the Office of State Personnel guidelines.
 - B. LHD shall engage care managers who operate with a high level of professionalism and possess an appropriate mix of skills needed to work effectively with high-risk children. This skill mix must reflect the capacity to address the needs of patients with both medically and socially complex conditions.
 - C. LHD shall ensure that Care Management for At-Risk Children care managers demonstrate:
 - i. Proficiency with the technologies required to perform care management functions—particularly as pertains to claims data review and the care management documentation system

- ii. Ability to effectively communicate with families and providers
 - iii. Critical thinking skills, clinical judgment and problem-solving abilities
 - iv. Motivational interviewing skills, knowledge of trauma-informed care, and knowledge of adult teaching and learning principles
- D. LHD shall ensure that the team of Care Management for At-Risk Children care managers shall include both registered nurses and social workers to best meet the needs of the target population with medical and psychosocial risk factors.
- E. If the LHD has only a single Care Management for At-Risk Children care manager, the LHD shall ensure access to individual(s) to provide needed resources, consultation and guidance from the non-represented professional discipline.
- F. LHD shall maintain services during the event of an extended vacancy.
- G. In the event of an extended vacancy, LHD shall complete and submit a vacancy contingency plan that describes how an extended staffing vacancy will be covered and the plan for hiring if applicable.
- H. LHD shall establish staffing arrangements to ensure continuous service delivery through appropriate management of staff vacancies and extended absences, including following Department guidance regarding vacancies or extended staff absences and adhering to DHHS guidance about contingency planning to prevent interruptions in service delivery. Vacancies lasting longer than sixty (60) days will be subject to additional oversight.
- I. LHD shall ensure that community health workers and other unlicensed staff work under the supervision and direction of a trained Care Management for At-Risk Children care manager.
- J. LHD shall provide qualified supervision and support for Care Management for At-Risk Children care managers to ensure that all activities are designed to meet performance measures, with supervision to include:
 - i. Provision of program updates to care managers
 - ii. Daily availability for case consultation and caseload oversight
 - iii. Regular meetings with direct service care management staff
 - iv. Utilization of monthly and on-demand reports to actively assess individual care manager performance
- K. LHD shall ensure that supervisors who carry a caseload also meet the Care Management for At-Risk Children care management competencies and staffing qualifications.

Contractor: Legally Authorized Representative