

North Carolina Child Welfare Trauma-Informed Assessment (NC CWTIA) Request for Applications (RFA)

Issued by: North Carolina Health and Human Services, Division of Social Services

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Application Due Date: March 15, 2026, 11:59 p.m.

Notification of Selection: April 6-10, 2026

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1. Purpose and Background

North Carolina Department of Health and Human Services Division of Social Services (NCDHHS DSS) in coordination with North Carolina Medicaid Health Plans is seeking provider agencies to participate in the implementation of the North Carolina Child Welfare Trauma-Informed Assessment (NC CWTIA)—a standardized, trauma-informed clinical assessment process for children and youth involved with county Departments of Social Services (DSS).

The purpose of the assessment is to support children who are entering, or at risk of entry into, the foster care system and who may have experiences or needs that place them at higher risk for requiring behavioral health and other clinical or non-clinical interventions. The assessment is intended to help identify and understand these needs to inform appropriate support and services in coordination with the Division and other agencies. Selected providers will engage in training, ongoing clinical coaching, and fidelity monitoring to ensure high-quality, consistent assessments for the eligible population statewide.

2. Legislative and Funding Reference

This initiative is mandated by [Section 9J.12 of Session Law 2023-134](#) and aims to identify mental health, behavioral health, intellectual, and developmental disability needs resulting from trauma exposure. This service shall be covered under the [NC Medicaid Clinical Coverage Policy 8C-7.3.3](#). Additional guidance regarding this service will be issued by the Division of Health Benefits (DHB) and published in a provider bulletin.

3. Program Overview

The NC CWTIA is an in-depth evaluation conducted by licensed, trauma-informed clinicians. It is designed to help care teams, including DSS child welfare workers, mental health professionals, caregivers, and other youth-involved providers and professionals understand how a child's experiences, including exposure to trauma, impact their functioning, diagnosis, and service needs.

Program Goals:

- Promote early, accurate diagnosis and timely connection to appropriate services.
- Reduce reliance on crisis and residential placements.
- Strengthen collaboration among DSS, health plans, and provider networks.
- Build sustainable trauma-informed clinical capacity statewide.

4. Target Population

Children aged 4 to 17 years who are entering or at imminent risk of entering the North Carolina foster care system. NCDHHS DSS defines the imminent risk population as youth receiving In-Home Family Services. Young adults aged 18 to 21 years who are transitioning out of foster care and may benefit from trauma-informed assessment services. Children and youth must be Medicaid-eligible or Medicaid beneficiaries enrolled in an NC Medicaid Health Plan or the EBCI Tribal Option.

5. Provider Roles and Responsibilities

Selected provider agencies will be responsible for the following:

- Completing trauma-informed assessments to eligible children and young adults within 10 working days of receiving a referral.
- Utilizing telehealth capabilities where appropriate to ensure timely and equitable access.
- Participating in training on the standardized assessment tool and maintaining fidelity to the model.
- Collaborating with DSS, health plans, and other system partners to ensure coordinated care.
- Participating in fidelity monitoring, data collection, and quality improvement activities.
- Ensuring timely submission of completed assessments and referrals of recommended services.
- Designating a Clinical Team Leader (CTL) to oversee assessment quality and coordination.
 - Designated Clinical Team Leaders must be fully licensed clinicians (LCSW, LCMHC, LMFT, LCAS, Licensed Psychologist, etc.)
- Supporting data collection and reporting to evaluate outcomes and inform continuous improvement.
- Contributing to statewide rollout, including feedback on implementation challenges and successes.

6. Provider Eligibility and Requirements

Providers must meet the criteria outlined in NC Medicaid Clinical Coverage Policy 8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers. In addition, providers should:

- Complete the required application.
- Be free of contract sanctions, fraud investigations, or IRS liens.
- Employ licensed clinicians (LCSW(A), LCMHC(A), LMFT(A), LPA, etc.).
- Demonstrate experience or training in trauma-informed care and assessments.
- Have capacity to deliver services in designated DSS regions.
 - Be able to comply with all reporting and training requirements.
 - Participate in quarterly project meetings and data reviews.
- Complete all required proficiency trainings as outlined in the table below as well as the training required after selection.
 - Federally recognized Tribal and Indian Health Service (IHS) providers may complete an alternate training curriculum to satisfy the associated learning objectives.

Proficiency Training Requirements

Selected providers must complete all required proficiency training as outlined in the table below. Each proficiency includes a description and the expected completion timeframe. Pre-requisite proficiencies are required to be submitted with applications. Demonstrated training in the associated proficiencies is mandatory to ensure provider readiness, promote implementation fidelity, and maintain alignment with trauma-informed and child welfare best practices. Providers are required to maintain documentation verifying completion of all proficiency trainings for participating clinicians and must submit this documentation within the timeframes specified below.

Note: Providers will upload verification of completed pre-requisite trainings through the application submission site. Additional guidance on submitting post training documentation will be shared during provider training. Please note that proficiency trainings are separate from the 16-hour training provided to selected agencies.

Proficiency	Description	Completion Timeframe
Trauma-Informed Clinical Practice	Comprehensive understanding of trauma (including complex and institutional trauma), its developmental impacts, common symptom presentations, and trauma-informed assessment practices—including how to gather trauma histories, conceptualize cases, and provide feedback.	Pre-requisite
Child Development & Disruption	Knowledge of normative child development and the ways trauma, adversity, and disability can alter developmental trajectories and functioning.	Pre-requisite
Child Welfare & System Involvement	Knowledge of the child welfare system, its processes, and how system involvement (e.g., child protective services, foster care, juvenile justice) impacts children and families, particularly regarding trauma, attachment, and long-term outcomes.	Pre-requisite
Assessment & Standardized Measures	Proficient in conducting clinical assessments, including the use of standardized tools, synthesizing data across sources, and developing trauma-informed case conceptualizations and recommendations.	Complete within 3 months post-training
Personal History & Contextual Awareness	The ability to identify and integrate personal, family, and systemic factors into the assessment process to ensure care is responsive, appropriate, and effective across different populations.	Complete within 3 months post-training
Developmentally Informed Engagement	Ability to effectively communicate and engage with children and adolescents across developmental stages, including those with intellectual and developmental disabilities, traumatic brain injuries, and other communication or cognitive differences.	Complete within 6 months post-training
Secondary Traumatic Stress Awareness & Mitigation	Ability to recognize, address, and mitigate the effects of secondary traumatic stress and burnout in oneself and colleagues. Includes understanding signs of compassion fatigue and implementing practices that support well-being, resilience, and trauma-informed organizational values.	Complete within 6 months post-training

7. Training and Certification Schedule

Providers may apply to serve one or more designated NCDHHS DSS regions within the state. Selection decisions will be based on application responses and the identified regional needs. Providers may be approved to serve all

or a portion of the regions for which they apply. The purveyor will manage this process to ensure equitable provider distribution, prevent over-saturation in specific areas, and promote collaboration among agencies participating in the NC CWTIA network. The training and implementation schedule will be based on regional readiness determined through readiness assessments. Training schedules will be included in notification of selection correspondence.

TRAINING	MONTH	PARTICIPANTS
REGION 1 TRAININGS	June 2026	Clinical Team Leaders & Clinicians
REGION 2 & 3 TRAININGS	August 2026	Clinical Team Leaders & Clinicians
REGION 4 & 5 TRAININGS	September 2026	Clinical Team Leaders & Clinicians
REGION 6 & 7 TRAININGS	October 2026	Clinical Team Leaders & Clinicians

Note: Specific dates and logistical information for regional training and implementation start shall be provided by Benchmarks staff upon notification of selection. Providers selected to serve multiple regions shall not be required to attend each regional training. Attendance at the initial training session for one of the assigned regions shall fulfill the training requirement.

8. Application Submission Requirements

Applicants must complete all required components of the NC Child Welfare Trauma-Informed Assessment (NC CWTIA) application. The application includes three role-specific sections—Leadership, Clinical Team Lead, and Clinician. Agencies should ensure that each section is completed by the appropriate individual(s) based on their organizational structure.

- [North Carolina Trauma-Informed Assessment Leadership Application](#): Completed once per agency by an executive leader with the authority to make organizational decisions and commit resources to support CWTIA implementation.
- [North Carolina Trauma-Informed Assessment Clinical Team Lead Application](#): Completed by each person designated as a Clinical Team Lead. Agencies may identify multiple Clinical Team Leads if assessments are managed across several locations or teams.
- [North Carolina Trauma-Informed Assessment Clinician Application](#): Completed by each clinician who will conduct CWTIA assessments.

Special circumstances:

- Licensed independent practitioners (LIPs) must complete all three sections of the application, as they serve in all required roles.
- Clinical Team Leads who will also conduct assessments must complete both the CTL and Clinician sections.

All components are submitted through separate links but are collectively reviewed as one complete application for agency participation.

9. Evaluation and Selection Criteria

Applications will be evaluated based on organizational capacity, staff qualifications, implementation plan, sustainability, collaboration, geographic need, and equitable provider distribution across regions.

10. Key Dates

RFA Release	January 15, 2026
Information Sessions	January 21, 2026 January 27, 2026 January 29, 2026
Question Submission Deadline	February 15, 2026
Application Submission Deadline	March 15, 2026
Notification of Selection	April 6-10, 2026
CWTIA Implementation Launch	Regional Readiness Launch beginning in July 2026

11. Terms and Conditions

- Compliance with all applicable state and federal regulations, including HIPAA.
- Participation in fidelity monitoring and evaluation is required.
- Selection for participation in the CWTIA does not constitute a financial award. Providers must submit claims for covered services through NC Medicaid and remain fully compliant with all Medicaid billing, documentation, reimbursement, and regulatory requirements
- Providers must maintain accurate records and make them available for audit if requested.

12. Submission Instructions

Submit completed applications to the links provided by 3/15/2026. Incomplete or late applications will not be considered. If you have any questions regarding the provider selection process, please contact Kristin Reed at kreed@benchmarksnc.org.

13. Questions and Clarifications

Application questions can be directed to Benchmarks contact Kristin Reed at kreed@benchmarksnc.org.

Network specific questions and inquiries can be directed to specific health plans. All network or application questions must be submitted by 2/15/26. Questions may be directed to the following:

Carolina Complete Health	NetworkRelations@cch-network.com	Alliance Health	Melissa Payne, mpayne@alliancehealthplan.org
Healthy Blue Care Together (CFSP)	Prospective providers/Contracting: NC_Contracting@healthybluenc.com Existing providers (claims, systems, reimbursement, or provider issues) NC_Provider@healthybluenc.com	Healthy Blue	Prospective providers/Contracting: NC_Contracting@healthybluenc.com Existing providers (claims, systems, reimbursement, or provider issues) NC_Provider@healthybluenc.com
UnitedHealthcare Community Plan	1-800-349-1855 TTY 711 or contact your Provider Relations Representative	Eastern Band of Cherokee Indians (EBCI) Tribal Option	800-260-9992
Trillium Health Resources	Alisa Brainard, alisa.brainard@trilliumnc.org	Partners Health Management	Tanyon Martin, tmartin@partnersbhm.org
Vaya Health	Ashley Parks, ashley.parks@vayahealth.com	WellCare of NC	NetworkRelations@cch-network.com
AmeriHealth Caritas	Provider Network Management: ProviderInquiryNC@amerihealthcaritasnc.com Join Provider Network: ProviderRecruitmentNC@amerihealthcaritas.com		