



Foster Care: Tips For Providing Tailored Care Management

What is it?

Children who are currently enrolled in the foster care system/DSS custody or receiving adoption assistance and those who were formerly in the foster care system may qualify to receive Tailored Care Management.

Children who are eligible for Tailored Care Management via Tailored Plan or Medicaid Direct fall into the following categories:

- MC Status Code: MCS011, MCS012, MCS013, MCS030, MCS031 or MCS038
- Eligibility Code IAS or HSF
- Living Arrangement Code 53 or 80

How can it help?

AMH+/CMA providers who provide Tailored Care Management based upon member choice or when previously assigned to an AMH+ or CMA are required to complete specific tasks in addition to tasks outlined in the Tailored Plan RFA and Medicaid Direct contracts:

- Arrange initial meetings with the child and child welfare within 3 calendar days for new enrollments and 60 calendar days for currently enrolled members effective December 1, 2022.
- Confirm members receive initial DSS 7-day physical examination and 30-day comprehensive medical appointment whether in an institutional or community setting.
- Ensure medication management occurs within 7 calendar days of initial contact.

Continued

- Complete strengths-based assessments.
- Complete specific care plans for 90-day transitions for members aging out of Medicaid eligibility, change in living environment, schools, employment, etc.
- Complete care plans for members aging out of Medicaid eligibility.
- Obtain required documentations, i.e. family history, placement history, immediate healthcare needs and DSS child health summary components.
- Complete life transition plans at the request of child welfare and discretion of the member.
- Notify county child welfare worker within 1 business day when significant events occur.
- Ensure regular meetings, routine communication and quarterly meetings to update aspects of permanency planning.

How is it done

CMA/AMH+ providers must ensure regular meetings, routine communication and quarterly meetings to update key aspects on permanency planning. CMA/AMH+ providers must prioritize outreach to children who are currently enrolled in the foster care system/DSS custody, receiving adoption assistance and those who were formerly in the foster care system. CMA/AMH+ providers must develop policies and procedures for supporting children aging out of foster care.

CMA/AMH+ providers must develop protocols for ensuring compliance and ensure there are mechanisms to detect both underutilization and overutilization of services.

Staff must have experience working with children and/or adolescents with behavioral health concerns. Staff working with members in foster care must complete additional trainings:

- Key components of the North Carolina child welfare system, including the role of local departments of social services and county child welfare workers.
- Coordination with county child welfare workers.
- Medication management for members in foster care/adoption assistance and former foster youth.
- Adhering to timelines for initial meeting, quarterly meetings, DSS 90-day transitional plan, transitional assessment for facility discharges and transitional living plans (at the request of child welfare and discretion of the member).
- Incorporating foster parents, biological/adoptive parents and kinship caregivers into the care planning process, as appropriate.
- Resources for youth aging out of foster care.
- System of care for members assigned to members age 3-18.
- Quitline services and 5As: Evidence-based, best practice brief counseling intervention (Ask, Advise, Assess, Assist, and Arrange).

References:

- [NCDHHS Children and Families Specialty Plans](#)