Attention: Social Services Directors Foster Care Services

Dear County Director of Social Services:

Subject: Foster Care Medical Homes/Medicaid ID Cards

Children in foster care benefit significantly from having a single medical home where information about their health care can be synthesized. Community Care of North Carolina (CCNC) primary care providers are best suited to serve as medical homes for this population. CCNC providers benefit from care management support from local CCNC network care managers. Care management services include screening, medication reconciliations, well-visit schedule reviews, coordination with the primary care physician, and specialty care referral—services that not only improve the quality of care but may also reduce some follow up for the case worker. Importantly, CCNC care managers can only provide this support for designated populations who are linked to a CCNC provider (e.g., children/youth in foster care ages five and up). Additionally, care management services are further tailored for the child population through the Care Coordination for Children (CC4C) program—a targeted care management program for certain at-risk children from birth to 5 years of age.

CCNC/CC4C care managers are also well positioned to preserve continuity during placement changes. Care managers can coordinate with their counterparts across the state to identify suitable medical homes and ensure that important medical records and case management notes are not lost. Further, Medicaid claims data for children/youth linked to CCNC providers are captured in CCNC’s Provider Portal and Case Management Information System (CMIS). This information can then be viewed by providers and care managers anywhere in the state.

With these advantages in mind, child welfare social workers should coordinate with their Medicaid eligibility counterparts to identify a CCNC provider to serve as a medical home for each child/youth entering foster care. When issuing a Medicaid ID card to a child/youth in foster care, eligibility specialists should—to the extent possible—name a CCNC provider as the medical home on the ID card. Care should be taken to ensure linkage to the correct National Provider Identifier (NPI) number and street address of the practice.

The attached Sample Enrollment Request is offered as an optional coordination tool for child welfare social workers to share with eligibility specialists in establishing foster care medical homes.

If you have any questions or concerns regarding the contents of this letter, please call your Regional Managed Care Consultant at DMA. For consultant phone and email contact information, please see this list: https://dma.ncdhhs.gov/document/regional-managed-care-consultant.

Sincerely,

Dave Richard
Children and youth in foster care should be enrolled with a Community Care of North Carolina (CCNC) primary care provider as quickly as possible upon entry into foster care.

Advantages include:

- CCNC providers are best suited to serve as medical homes for children/youth in foster care
- Enrollment with a CCNC provider enables care management support from local CCNC network care managers
- Enrollment with a CCNC provider ensures continuity of Medicaid claims data and case management information—particularly important during placement changes
- Your local CCNC network can help identify a suitable medical home for out-of-county placements

☐ Please enroll (Name):________________________________________________

   Date of Birth:_________________________________________________________________________

   Social Security Number:_________________________________________________________________

   Medicaid ID number (if known): _______________________________________________________

with the following CCNC provider:

Provider/Practice Name:_____________________________________________________________________

Practice Street Address:_____________________________________________________________________

City/Town:_______________________________________________________________________________

NPI#: (if known)___________________________________________________________________________

Locator Code (if known):______________________________________________________________

☐ Please contact [local CCNC network contact] to identify a CCNC provider convenient to [planned placement location] in [county].