NC INCK REFERRAL GUIDE
for Family Navigators

This guide details the process of completing a referral for children who are not already receiving NC InCK care management services.

What are the eligibility requirements for NC Integrated Care for Kids (NC InCK)?

NC InCK aims to serve children from birth to age 20 who are eligible for NC InCK care management services. Children eligible for NC InCK care management services must receive insurance coverage through Medicaid/CHIP. Their Medicaid Administrative County must also be either Alamance, Durham, Granville, Orange or Vance Counties (NOTE: A child's Medicaid Administrative County is the County DSS office their legal guardians used to apply for coverage, and it may be different from their county of residence).

The NC InCK Referral Form

NC InCK uses data each month to prioritize children for NC InCK's care management services. NC InCK will allow for referral requests so that we can continue to build a model that is effective, efficient, and equitable for children and families who express a desire for care. Using the instructions below and an online form, Family Navigators can now elevate children to NC InCK Service Integration Level (SIL) 2 and 3 when a child that could benefit from NC InCK's care management services comes to your attention.

Which children and young adults should receive an NC InCK referral?

Family Navigators should use their judgement, experience in care management, and the NC InCK model to guide them in referring children (0-20 years old) they believe would benefit from NC InCK care management services.

Some examples of children who may benefit from NC InCK care management services include:

- Siblings and family members of children in SIL 2 and 3 who are facing multiple challenges in health, wellbeing, and educational areas. NC InCK prioritizes serving children and families who would benefit most from the long-term, comprehensive support of the NC InCK model
- Children elevated to complex care management by your home entity who would benefit from components of the NC InCK model, such as the Shared Action Plan (SAP), integrated care teams,, or engaging with care management services for one year
- Children with complex behavioral health needs who are also facing challenges in navigating and maintaining care

Who can use the NC InCK Referral Form?

The NC InCK Referral Form is designed to be used by school leaders and NC InCK Family Navigators. NC InCK is not taking referrals directly from families at this time, but we hope to build that capacity in 2023.

STEP 1: Complete Pre-Referral Steps

- ☐ Obtain consent from the child's or young adult's legal guardian in order to make the referral. Consent can be obtained through your entity's usual process for making referrals to outside services
- ☐ Confirm the child or young adult receives health insurance through Medicaid or CHIP
- ☐ Confirm that the child or young adult has a Medicaid Administrative County with one of the five NC InCK counties -- Alamance, Durham, Granville, Orange, or Vance.

STEP 2: Complete the NC InCK Referral Form Online

The NC InCK Referral Form can be found at this link. Please save this link, as you will use it for each Referral you complete. The form should about 10 minutes to complete.

Once you've completed the NC InCK Referral Form
NC InCK's team of Integration Consultants will review the form within 5 business days and send a secure email to the referring Family Navigator confirming whether the child meets the NC InCK enrollment criteria for SIL 2 or 3. If the child doesn't meet NC InCK enrollment criteria, the team of Integration Consultants will also provide alternative support recommendations for the child.

The Following Fields are Required to Complete the NC InCK Referral Form:

- The child's:
  - Medicaid ID number
  - First and last name
  - Date of birth
- The referring person's:
  - First and last name
  - Contact email
  - Contact phone number
- Reason for referral

Frequently Asked Questions and Contacts

Who should I contact if I have other questions about completing the NC InCK Referral Form?
Please contact Josie Hatley at anna.hatley@duke.edu.

Can individuals enrolled in Tailored Plans request care management via the NC InCK Referral process?
Children and young adults who are Tailored Plan eligible should contact the Local Management Entity/ Managed Care Organization (Vaya/Alliance) directly to request care management services.

I am a primary care provider. Can I use the NC InCK Referral Form?
Not at this time. We are asking primary care providers to use their existing care management referral process to elevate children for NC InCK care management services. If you need more information about that process, please email Josie Hatley at anna.hatley@duke.edu.

I am a family member of a child who may benefit from NC InCK care management services. Can I use the NC InCK Referral Form?
Not at this time. We are currently unable to take requests for support from family members. If you have questions about the NC InCK model or care for your child, please fill out the form at this link.

NC InCK Referral Form



AAA

Referral for NC InCK Care Management Services

Please use this form to make direct referrals to NC Integrated Care for Kids care management services.

Before you complete this form:

1) Please obtain consent from the legal guardian of the child or the young adult (18-20 years) to make this referral;

2) Confirm the child or adolescent has Medicaid or CHIP for insurance coverage;

3) Confirm the child's or adolscent's Medicaid coverage is associated with one of the 5 InCK counties -- Alamance, Durham, Granville, Orange and Vance. This may be different from their county of residence.

Referrals cannot be made without these three confirmations. If you have other questions about completing this form, email anna.hatley@duke.edu.

Note: Children enrolled in or eligible for Tailored Plans (Vaya and Alliance) should contact those entities directly to request care management services.

If you are a Primary Care Provider, please use your existing care management referral process. If you are a family member, you can make a request for support at: https://ncinck.org/families/

Name of Child or Adolescent Referred (First and Last)

* must provide value

Child's or Adolescent's Date of Birth

Today M-D-Y

* must provide value

Child's or Adolescent's Medicaid ID Number (if known)

* must provide value

County of Child or Adolescent's Medicaid Coverage

First and Last Name of Person Legally Responsible for the Child
Note: If applicable

Phone of Person Legally Responsible for the Child (for outreach)
Note: If applicable

Referral Contact Name (First and Last)
* must provide value

Referral Contact Email
* must provide value

Referral Contact Phone Number
* must provide value

Name of Referral Organization

Reason for Referral
* must provide value

- [ ] New Foster Care Placement
- [ ] Other DSS Involvement (not Foster Care)
- [ ] Sibling of Child or Adolescent in InCK SIL 2 or 3
- [ ] Juvenile Justice & Delinquency Prevention Consultation
- [ ] School referral for complex health and social service needs
- [ ] Family Navigator referral recommendation
- [ ] Other (must describe in next question)
- [ ] Housing Instability

Can choose more than 1

Additional details on referral you'd like for the InCK team to consider in making their determination for services. Please limit details to what is most necessary to protect child confidentiality and information security.

Expand

OPTIONAL: Upload a completed copy of InCK's consent form (not required for referral)

Upload file