North Carolina Public Health Collaboration

MEDIA STATEMENT
**Date:** Aug 25, 2026
**Contact:** pbrown@ncapha.org

**A Message from North Carolina Public Health Collaboration Executive Leadership**

For many years, North Carolina's local health departments (LHDs) have employed nurses and social workers that provide care management services for children and expectant mothers in partnership with North Carolina Medicaid through the Care Management for At-Risk Children (CMARC) and Care Management for High-Risk Pregnancies (CMRHP) programs. In the current model, roughly 400 professionals serve over 21,000 patients across the state.

With North Carolina's move to Medicaid Managed care, the long-term future of these programs has been uncertain. A temporary mandate has been in place requiring health plans to continue working with LHDs to fund these services. This mandate is set to end on January 1, 2027, as is state support for shared technology that facilitates these services at the local level.

For over two years, the North Carolina Association of Local Health Directors (NCALHD) has been working to determine a path forward for direct contractual relationships between LHDs and North Carolina's prepaid health plans (PHPs) to continue these services. In late July, NCALHD learned of intent of at least one prepaid health plan to transition to in-house services. With this development, NCALHD staff and leadership felt that the envisioned statewide plan to continue these services was no longer viable.

North Carolina's local health departments are deeply concerned about the impact on children and families with disruption of these services. We strongly believe that locally delivered care management services are critical to meet the needs of our most vulnerable children and pregnant women. We fear that without clear expectations for service delivery and strong transition support that the public health safety net will be weakened, people will slip through the cracks and maternal and child health will decline.

While NCALHD's statewide efforts to continue these programs will not continue, we are hopeful that a model preserving some local service can be identified. Whether through regional LHD networks, externally facilitated contracts or some other mechanism, any efforts to ensure that local care management services can continue should be the priority. Should the services transfer to health plans, we hope that strong standards for service delivery, in-person engagement and commitments to supporting individuals through service transition will be prioritized. The North Carolina Public Health Collaboration and its three member organizations will work tirelessly to support any members of the public health workforce that are impacted by these disruptions, and we will continue to support our local health departments in service to the health of our state.

**Jennifer Greene**
President
North Carolina Association of Local Health Directors

**Nina Beech**
President
North Carolina Public Health Association

**Rodney Jenkins**
President
North Carolina Alliance of Public Health Agencies

**Patrick Brown**
Executive Director
North Carolina Public Health Collaboration