

Community Care of Wake and Johnston Counties: Serving the Pediatric Population

Pediatric Care Management (0-20 years)

Karla Theobald (919) 896-0791 ktheobald@wakedocs.org

Provide disease education and encourage self-management of care; Encourage use of medical home and educate on proper ED utilization; Follow-up after hospitalization and review discharge paperwork/medications; Provide Home Visits, phone calls, PCP visits and community encounters to meet parent & patient. Conduct Environmental Assessments for patients with Asthma diagnosis; Collaborate and coordinate with community agencies to provide support to parent and patient

Pediatric Complex Care Management Program (0-20 years)

Karla Theobald (919) 896-0791 ktheobald@wakedocs.org Sara Owens (919) 896-1031 sowens@wakedocs.org

RN Care Management provided for children with complex chronic illnesses requiring specialty care, including children at Hilltop Home. Care coordination and support provided to patient, families, and physicians to help navigate the complex medical system.

Special Infant Care (0-3 years)

Sara Owens (919) 896-1031
sowens@wakedocs.org

Provides care management for infants at WakeMed's Special Infant Care Clinic. Fosters communication with specialty care. Assists in coordination and referral to community agencies (CC4C, CDSA, CAP-C); Supports families in obtaining specialty appointments and transportation.

Health Check Program (0-20)

Karla Theobald (919) 896-0791 ktheobald@wakedocs.org

Health Check Coordinators (HCCs) work to ensure children have uninterrupted access to and utilize their primary care medical home for well child care, preventive care services and sick care

Foster Care (0-26 years)

Christy Street (919) 817-5054 cstreet@wakedocs.org

Part of the NC Pediatric Society's Fostering Health Initiative. Works with Departments of Social Services and Primary Care Providers to improve health outcomes for children in foster care who have been exposed to trauma and toxic stress. Supports best practices for primary care as well as foster parents and child welfare staff.

Transition Age (14-20 years)

Karla Theobald (919) 896-0791 ktheobald@wakedocs.org
Supports practices, youth, and families to optimize health and care of youth, including those with Special Health Care Needs, as they transition from pediatric to adult health care. Provides best practice guidance and care management for pediatric, adult, and specialty providers.

ABCD Program (0-5 years)

Michele Guyader (919) 810-7329 mguyader@wakedocs.org
Evidence informed program to improve child development services in PCP's by enhancing developmental screening and referral in the medical home during well-child visits.

CC4C (0-5 years)

Karla Theobald (919) 896-0791 ktheobald@wakedocs.org
In partnership with local health departments, provides support for and coordination of community resources for families and children dealing with toxic stress and/or special social and health care needs. Provides Home Visits, phone



Pregnancy Medical Home (14-44 years)

Amy Davis (919) 810-7412 adavis@wakedocs.org

In partnership with local health departments, provides care Management and coordination of services for pregnant patients with a positive risk screen and/or provider referral to increase



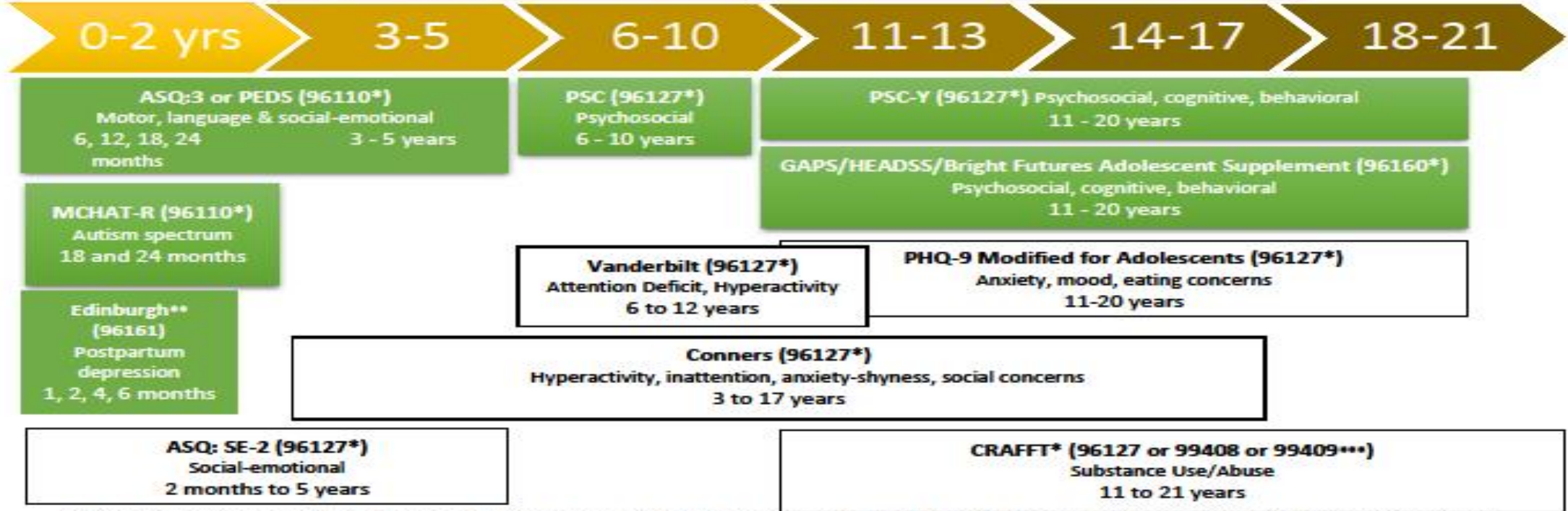
Pediatric Screening Tool

KEY	
	Behavioral Health
	Annual Well Child Check



NOTE

These screening tools are standard for all youth and especially important for those youth with special Health care needs (i.e. chronic disease, sickle cell, foster care etc.)



*This is not an exhaustive list. All screening materials listed are Medicaid reimbursable with listed CPT codes. For more information visit www.ccwjc.com.
 **If the mother is the patient, use CPT 96127.
 ***A brief screen alone is to be identified and billed using 96127. CPT 99408 should be used for services that take between 15 to 30 minutes, CPT 99409 for services greater than 30 minutes.