Amendment Number 19 (20)
Contract #30-2022-007-DHB-#
Medicaid Direct Prepaid Inpatient Health Plan Contract

This Amendment ("Amendment") to Contract #30-2022-007-DHB-# (Contract) as amended, is between the North Carolina Department of Health and Human Services, Division of Health Benefits (Division), and [PIHP Name] ("Contractor" or "PIHP"), each, a Party and collectively, the Parties.

Purpose:
The purpose of this Amendment is to incorporate requirements for provision of pre-release and post-release re-entry care management to eligible juvenile justice involved beneficiaries by amending the following sections of the Contract:

I. Section II., Definitions and Abbreviations;
II. Section III. Contract Term, General Terms and Conditions, Protections, and Attachments;
III. Section IV. Scope of Services; and
IV. Section VI. Contract Attachments.

The Parties agree as follows:

I. <u>Modifications to Section II. Definitions and Abbreviations</u>

Specific subsections are modified as stated herein.

a. *Section II. A. Definitions* is revised and restated to add the following:

230. **Eligible Juvenile:** as defined in Section 1902(nn) of the Social Security Act (42 U.S.C. § 1396a(nn)), means a juvenile who is an inmate of a public institution and who was determined eligible for medical assistance under the State plan (or waiver of such plan) immediately before becoming an inmate of such a public institution; or is determined eligible for such medical assistance while an inmate of a public institution. For the purposes of this definition, the term "juvenile" means an individual who is under 21 years of age; or described in section 1902(a)(10)(A)(i)(IX) of the Social Security Act.
231. **Post-release Period:** the three-hundred and sixty-five (365) Calendar Days beginning on the date on which an Eligible Juvenile is released from a public institution following adjudication.
232. **Post-release Re-entry Care Management:** Targeted Case Management or Tailored Care Management services provided to an Eligible Juvenile during the Post-Release Period by the PIHP in whose catchment area the Eligible Juvenile will reside during the Post-Release Period in accordance with Section 1902(a)(84)(D)(ii) of the Social Security Act (42 U.S.C. § 1396a(a)(84)(D)(ii)).
233. **Pre-release Period:** the thirty (30) Calendar Days prior to the Eligible Juvenile's scheduled date of release from a public institution following adjudication.
234. **Pre-release Re-entry Care Management:** Targeted Case Management services provided to an Eligible Juvenile during the Pre-release Period by the LME/MCO in whose catchment area the Eligible Juvenile will reside during the Post-release Period in accordance with Section 1902(a)(84)(D)(ii) of the Social Security Act (42 U.S.C. § 1396a(a)(84)(D)(ii)).
235. **Public Institution:** A public institution refers to carceral facilities operated by governmental units responsible for the care and custody of individuals who are incarcerated. This includes jails, prisons, detention centers, and youth development centers.

236. **Qualified Professional**: A Qualified Professional as defined in 10A NCAC 27G .0104 is an individual who meets specific educational and experience requirements within the mental health, developmental disabilities, and substance abuse services (MH/DD/SAS) system.

237. **Re-entry Care Plan**: Care plan to be developed by the LME/MCO and Eligible Juvenile's care team as part of Pre-release Re-entry Care Management furnished to an Eligible Juvenile.

238. **Targeted Case Management:** Refers to the array of care management and coordination services to be furnished to Eligible Juveniles. For an Eligible Juvenile who is not eligible for Tailored Care Management during the Post-release Period, the PIHP shall provide targeted case management referred to as Post-release Re-entry Care Management

239. **Youth Development Center**: A secure residential facility designed to provide therapeutic treatment, education, and rehabilitative services for juveniles committed to the Department of Public Safety.

II. Modifications to Section III. Contract Term, General Terms and Conditions, Protections, and Attachments

Specific subsections are modified as stated herein.

a. *Section III. B. General Terms and Conditions, 34. Payment and Reimbursement, a. PIHP Payments* is revised to add the following:

vi. Post-release Targeted Case Management Payments.

b. *Section III. B. General Terms and Conditions, 34. Payment and Reimbursement* is revised to add the following:

l. **Post-release Targeted Case Management Payment:** Effective November 16, 2026, the Department will make Post-release Targeted Case Management payments to the PIHP for Post-release Re-entry Care Management described in *Section IV.G.15. Post-release Re-entry Care Management for Eligible Juveniles Ineligible Tailored Care Management* of the Contract furnished to Eligible Juveniles who are not eligible for Tailored Care Management during the Post-release Period. These payments will be made outside capitation under a non-risk payment arrangement.

III. Modifications to Section IV. Scope of Services

Specific subsections are modified as stated herein.

a. *Section IV. G. Care Management and Care Coordination, 1. Overview, d.* is revised and restated in its entirety as follows:

d. Beyond Tailored Care Management, the PIHP shall be responsible for delivering care coordination and managing care transitions for all Members, regardless of whether they are eligible for or participate in Tailored Care Management, as described in *Section IV.G.3. Care Coordination and Care Transitions for all Members, Section IV.G.4. Care Coordination for Members with a BH Transitional Care Need, Section IV.G.5. Care Coordination Responsibilities for Members with an Unmet BH, I/DD, or TBI-Related Need Who Are Not Enrolled and Tailored Care Management, IV.G.6. Care Coordination Responsibilities for Members Obtaining Care Management, Care Coordination, or Case Management Through Another Entity;* and *Section IV.G.15. Post-release Re-entry Care Management for Eligible Juveniles Ineligible for Tailored Care Management*.

b. *Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, b. Delivery of Care Management, i. 3.* is revised and restated in its entirety as follows:

3. PIHP-based care managers: The PIHP may provide Tailored Care Management, except that

beginning November 16, 2026, Eligible Juveniles who are otherwise eligible for Tailored Care Management shall be assigned to the PIHP for Post-release Re-entry Care Management during the Eligible Juvenile's Post-release Period.

a. After the first thirty (30) Calendar Days of the Eligible Juvenile's Post-release Period, if the Eligible Juvenile opts out of Post-release Re-entry Care Management or requests an alternate care manager, the PIHP shall notify the Eligible Juvenile/ Legally Responsible Person/Guardian of the option to access Tailored Care Management from a community-based TCM provider.

c. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, b. Delivery of Care Management, ii. Provider-based Tailored Care Management, 5., ii.*** **is revised and restated in its entirety as follows:**

ii. Denominator: Total number of eligible Members assigned to any Tailored Care Management entity (AMH+ practice, CMA, or Plan-based care management), minus Eligible Juveniles receiving Plan-based Tailored Care Management during the Post-release Period, as measured on the first day of the first quarter of a new Contract Year.

d. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, d. Enrollment in Tailored Care Management, ii., 4.*** **is revised to add the following:**

c. In cases where an Eligible Juvenile opts out of Tailored Care Management, the PIHP shall provide the Post-release Re-entry Care Management services as set forth in *Section IV.G.15. Post-release Re-entry Care Management for Eligible Juveniles Ineligible for Tailored Care Management.*

e. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, f. Tailored Care Management Assignment and Re-Assignment, i.*** **is revised and restated in its entirety as follows:**

i. The PIHP shall ensure that all Members eligible for Tailored Care Management, other than Eligible Juveniles who shall receive Tailored Care Management from the PIHP during the Post-release Period, have a choice of care management approach (outlined in *Section IV.G.2.b. Delivery of Tailored Care Management*). To facilitate timely engagement in Tailored Care Management, the Department shall make Tailored Care Management assignments as described in the *Tailored Care Management Auto Assignment Requirements Document*. The PIHP shall make Tailored Care Management assignments for Medicaid members enrolled in the PIHP after November 30, 2022, using a methodology, consistent with the requirements in this Section.

f. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, f. Tailored Care Management Assignment and Re-Assignment, v.*** **is revised and restated in its entirety as follows:**

v. For all Members eligible for Tailored Care Management, other than Eligible Juveniles who shall be assigned to the PIHP for Tailored Care Management in the Post-release Period, the PIHP shall follow the requirements in the Tailored Care Management Auto Assignment Requirements Document, which will be published in the PCDU, as the PIHP develops the PIHP's Tailored Care Management auto assignment algorithm. Criteria for a Provider-based Tailored Care Management Entity to meet Member care needs are described in this Contract and the latest version of the Tailored Care Management Auto Assignment Requirements Document. If a Member is receiving TCM services from a Provider-based Tailored Care Management Entity that is unable to meet the Member's care needs as specified in the Tailored Care Management Auto Assignment Requirements Document, the PIHP shall reassign the Member to an appropriate contracted Tailored Care Management Entity by the last day of the month in which the PIHP becomes aware that the Tailored Care Management Entity is unable to meet the Member's care needs per the Tailored Care Management Auto Assignment Requirements Document. In the event that the PIHP receives notification that a

Provider cannot meet the Member's care needs within the last three (3) Calendar Days of the month and is unable to reassign the Member prior to the end of the month due to timing constraints, the Department expects the PIHP to reassign the Member by the last day of the next calendar month and to engage with the Member and address their care management needs until the Member is reassigned.

g. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, f. Tailored Care Management Assignment and Re-Assignment, viii.*** **is revised and restated in its entirety as follows:**

viii. The PIHP must assign Members other than Eligible Juveniles who shall remain assigned to the PIHP for Tailored Care Management during the Post-release Period to a mix of the three Tailored Care Management approaches (outlined in *Section IV.G.2. Tailored Care Management*) according to the factors described in the *Tailored Care Management Auto Assignment Requirements Document*.

h. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, g. Outreach and Engagement for Members Enrolled in Tailored Care Management, i.*** **is revised and restated in its entirety as follows:**

i. The PIHP shall require that care managers initiate contact with assigned Members, other than Eligible Juveniles assigned to the PIHP for Tailored Care Management furnished during the Post-release Period, who have recently been enrolled in Tailored Care Management to start the care management comprehensive assessment within thirty (30) Calendar Days of PIHP assignment (see *Section IV.G. Care Management and Care Coordination*). The care manager shall educate the Member about the benefits of care management and work to engage the Member in a care management comprehensive assessment and care planning.
    1. The PIHP shall prioritize outreach regarding the care management comprehensive assessment to Members in foster care/adoption assistance and former foster youth prior to beginning outreach to other Members.
    2. Contact for the purpose of starting the care management comprehensive assessment may be telephonic, through two-way real time video and audio conferencing, or in-person.
    3. For Eligible Juveniles assigned to the LME/MCO for Pre-release Re-entry Care Management for whom a comprehensive care management assessment was completed and Re-entry Care Plan developed as part of Pre-release Re-entry Care Management, the assigned care manager at the PIHP shall attempt to engage the Eligible Juvenile within one (1) month of the Eligible Juvenile's release from a public institution.
    4. For Eligible Juveniles assigned to the LME/MCO for Pre-release Re-entry Care Management for whom the LME/MCO was unable to complete the comprehensive care management assessment and/or develop the Re-entry Care Plan as part of Pre-release Re-entry Care Management due to circumstances beyond the LME/MCO's control, the assigned care manager at the PIHP shall attempt to engage the Eligible Juvenile within two (2) weeks of the Eligible Juvenile's release from a public institution to complete the comprehensive care management assessment and to develop the Re-entry Care Plan development.

i. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, i. Care Management Comprehensive Assessment for Members Engaged in Tailored Care Management, vi.*** **is revised and restated as follows with no revisions to subsections *1.-3.*:**

vi. Except for Eligible Juveniles assigned to the LME/MCO for Pre-release Re-entry Care Management for whom a comprehensive care management assessment was completed as part of Pre-release Re-entry Care Management, the assigned organization providing Tailored Care Management shall

make its best effort to complete the care management comprehensive assessment within the following timeframes:

j. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, i. Care Management Comprehensive Assessment for Members Engaged in Tailored Care Management, vi.*** **is revised to add the following:**

4. For Eligible Juveniles assigned to the LME/MCO for Pre-release Re-entry Care Management for whom the LME/MCO was unable to complete the comprehensive care management assessment due to circumstances beyond the LME/MCO's control, the PIHP shall engage the Eligible Juvenile within two (2) weeks of the Eligible Juvenile's release from a public institution to complete the care management comprehensive assessment.

k. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, i. Care Management Comprehensive Assessment for Members Engaged in Tailored Care Management, xiii.*** **is revised to add the following:**

6. Notwithstanding the care manager's determination of the frequency and type of contacts to be made during the Post-release Period based on an Eligible Juvenile's needs, the PIHP shall complete at least one (1) in-person contact with an Eligible Juvenile within thirty (30) Calendar Days of the date on which the Eligible Juvenile was released from a public institution.
7. During the Post-Release Period, if consent is obtained from the Eligible Juvenile or Legally Responsible Person/Guardian, a representative from the Eligible Juvenile's assigned care management team may attend the Post Release Supervision Conference and the Child and Family Team meetings with the Youth Development Center social work supervisor, court counselors, and the Eligible Juvenile and their Legally Responsible Person/Guardian. Attendance at the Post Release Supervision Conference and/or Child and Family Team meetings does not stand in place of or relieve the PIHP of providing care management contact(s) required by this Section.

l. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, j. Development of Care Plan/Individual Support Plan (ISP) for Members Engaged in Tailored Care Management, v.*** **is revised and restated in its entirety as follows:**

v. Except for Eligible Juveniles assigned to the LME/MCO for Pre-release Re-entry Care Management for whom the Re-entry Care Plan was developed during the Pre-release Period, the PIHP shall ensure the assigned care manager makes Best Efforts to complete an Initial Care Plan or ISP within thirty (30) Calendar Days of the completion of the care management comprehensive assessment. For purposes of completing an Initial Care Plan, "Best Effort" is defined as including at least three documented strategic follow-up attempts, such as going to the Member's home or working with a known Provider to meet the Member at an appointment, to contact the Member if the first attempt is unsuccessful.
    1. For Eligible Juveniles for whom a Re-entry Care Plan was not developed as part of Pre-release Re-entry Care Management due to circumstances beyond the LME/MCO's control, the PIHP shall complete the Eligible Juvenile's Re-entry Care Plan or shall update the Eligible Juvenile's Re-entry Care Plan to incorporate additional needs identified in the Post-Release Period within two (2) weeks of the Eligible Juvenile's date of release from a public institution.

m. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, j. Development of Care Plan/Individual Support Plan (ISP) for Members Engaged in Tailored Care Management*** **is revised to add the following:**

xvii. For specific requirements related to Care Plan/ISPs for Eligible Juveniles during the Post-release

Period, see *Section IV.G.15. Post-release Re-entry Care Management for Eligible Juveniles Ineligible for Tailored Care Management.*

n. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, l. Ongoing Care Management for Members Engaged in Tailored Care Management*** **is revised to add the following:**

xvii. For specific requirements for ongoing care management related to Eligible Juveniles receiving Post-release Re-entry Care Management, see *Section IV.G.15. Post-release Re-entry Care Management for Eligible Juveniles Ineligible for Tailored Care Management.*

o. ***Section IV. G. Care Management and Care Coordination, 2. Tailored Care Management, p. Staffing and Training Requirements for Care Managers Delivering Tailored Care Management, vii.*** **is revised to add the following:**

16. Additional trainings for care managers based at the PIHP serving Eligible Juveniles during the Eligible Juvenile's Post-release Period:
    i. If the Department determines that additional Post-release Re-entry Care Management specific training is required for care managers, care manager extenders, or supervisors, the Department will notify the PIHP no less than sixty (60) Calendar Days prior to the effective date of additional training modules.

p. ***Section IV. G. Care Management and Care Coordination, 3. Care Coordination and Care Transitions for All Members, a.*** **is revised and restated as follows with no revisions to subsection *i.*:**

a. The PIHP shall be responsible for care coordination and care transitions for its Members in accordance with 42 C.F.R. § 438.208, N.C. General Statute § 122C-115.4, 42 U.S.C. 1396a(a)(84)(D), and the scope of this contract, regardless of whether a Member opts out of Tailored Care Management, does not engage in Tailored Care Management, or is ineligible for Tailored Care Management.

q. ***Section IV. G. Care Management and Care Coordination, 3. Care Coordination and Care Transitions for All Members, b.*** **is revised and restated in its entirety as follows:**

b. The PIHP shall use staff members trained in Tailored Care Management as described in Section *IV.B.2.p. Staffing and Training Requirements for Care Managers Delivering Tailored Care Management* ~~s~~, including care managers and supervising care managers, and care manager extenders, to perform all care coordination functions in this section.

r. ***Section IV. G. Care Management and Care Coordination, 3. Care Coordination and Care Transitions for All Members, c. Care Needs Screening, i.*** **is revised and restated in its entirety as follows:**

i. Except for Eligible Juveniles for whom a comprehensive care management assessment was completed as part of Pre-release Re-entry Care Management or an Eligible Juvenile who is ineligible for or opts out of Tailored Care Management during the Post-Release Period, for whom the PIHP shall complete a comprehensive care management assessment in accordance with *Section IV.G.15. Post-release Re-entry Care Management for Eligible Juveniles Ineligible for Tailored Care Management*, PIHP shall undertake Best Efforts to conduct the care needs screening for All Members within ninety (90) Calendar Days of the effective date of a Member's PIHP enrollment. 42 C.F.R. § 438.208(b)(3). For purposes of care needs screening, "Best Effort" is defined as including at least three documented strategic follow-up attempts to contact the member if the first attempt is unsuccessful (e.g., going to the member's home or working with a known provider to meet the member at an appointment).

s. ***Section IV. G. Care Management and Care Coordination, 3. Care Coordination and Care Transitions for All Members, c. Care Needs Screening, ii.*** **is revised to add the following:**

iv. For Eligible Juveniles for whom the comprehensive care management assessment was not completed during the Pre-release Re-entry Care Management due to circumstances outside the LME/MCO's control, the care needs screening to be performed for Eligible Juveniles who opt-out of Tailored Care Management shall include all elements included in the comprehensive care management assessment outlined in *Section IV.G.15. Post-release Re-entry Care Management for Eligible Juveniles Not Eligible for Tailored Care Management* of this Contract.

t. ***Section IV. G. Care Management and Care Coordination, 4. Care Coordination for Members with a BH Transitional Care Need, c. Transitional Care Assessment, i.*** **is revised to add the following:**

3. For Eligible Juveniles for whom a comprehensive care management assessment was not completed during Pre-release Reentry Care Management due to circumstances beyond the LME/MCO's control, the PIHP shall ensure that the transitional care assessment is completed within two (2) weeks of the Eligible Juvenile's release from a public institution.

u. ***Section IV. G. Care Management and Care Coordination, 4. Care Coordination for Members with a BH Transitional Care Need, e. Care Coordination Functions for Members with a BH Transitional Care Need*** **is revised to add the following:**

ii. In addition to the care coordination functions set forth in Section IV.G.4.e.i. of this Contract, the PIHP shall carry out the following care coordination functions for Eligible Juveniles with a mental health, SUD, TBI or IDD Transitional Care Need following release from a public institution:
   1. Follow-up with the Eligible Juvenile or Eligible Juvenile's Legally Responsible Person/ Guardian within two (2) Business Days following the Eligible Juvenile's release from the public institution.

v. ***Section IV. G. Care Management and Care Coordination, 8. Care Management and Care Coordination Policy, c., xxi.*** **is revised and restated in its entirety as follows:**

xxi. Protocols for ensuring that individuals moving between the following services and the Tailored Care Management model experience smooth transitions:
   1. ACT;
   2. ICF-IIDs;
   3. Nursing facilities for members who reside for a period of ninety (90) Calendar Days or longer in the Nursing Facility;
   4. Care Management for At-Risk Children;
   5. High-Fidelity Wraparound program; and
   6. Eligible Juveniles upon completion of the Post-Release Period if the Eligible Juvenile selects or is assigned by the PIHP to a provider-based Tailored Care Manager.

w. ***Section IV. G. Care Management and Care Coordination, 8. Care Management and Care Coordination Policy, d.*** **is revised to add the following:**

xiii. Protocols for delivery of Post-release Re-entry Care Management to Eligible Juveniles during the Post-release Period, regardless of whether the Eligible Juvenile is eligible for Tailored Care Management, including protocols for delivery of Post-release Re-entry Care Management where the Eligible Juvenile's comprehensive care management assessment and/or Re-entry Care Plan was not completed during Pre-release Re-entry Care Management due to circumstances beyond the LME/MCO's control.

x. ***Section IV. G. Care Management and Care Coordination*** **is revised to add the following:**

15. Post-release Re-entry Care Management for Eligible Juveniles Not Eligible for Tailored Care Management.
    a. Effective November 16, 2026, if an Eligible Juvenile residing in the PIHP's catchment area during the Post-release Period is ineligible for Tailored Care Management, the PIHP shall assign a care manager who meets the following requirements to provide Post-Release Re-entry Care Management on or after November 16, 2026, as outlined in this Section to the Eligible Juvenile.
        i. To the greatest extent possible, the PIHP shall assign the same Plan-based care manager who furnished Pre-Release Re-entry Care Management to the Eligible Juvenile to serve as the Eligible Juvenile's care manager for Post-release Re-entry Care Management.
        ii. In the event the care manager who provided Pre-release Care Management to the Eligible Juvenile cannot continue to serve as the Eligible Juvenile's care manager for Post-release Re-entry Care Management, the PIHP shall assign the Eligible Juvenile to a Plan-based care manager who meets the following qualifications:
            1. Supervising care managers must hold a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession (including Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Addiction Specialist (LCAS), Licensed Clinical Mental Health Counselor (LCMHC), Licensed Psychological Associate (LPA)), or a Registered Nurse (RN) license issued by the North Carolina Board of Nursing with a recommended two (2) years of work or lived experience with the reentry population.
            2. Assigned care managers must meet the definition of Qualified Professional under 10A NCAC 27G .0104 and a recommended two (2) years of work or lived experience with the reentry population
    b. The PIHP shall validate and monitor to ensure that there is no duplication of Post-release Re-entry Care Management; that no provider is paid for duplicative Re-entry Care Management services; and that the Eligible Juvenile's assigned care manager performs any activities outlined in this section that are not covered by a duplicative service being furnished to the Eligible Juvenile.
        i. If the PIHP determines that the Eligible Juvenile is receiving a service in the Post-release Period that has the potential to duplicate Post-release Re-entry Care Management activities, the PIHP shall coordinate with the assigned care manager and provider of the duplicative service to agree on the responsibilities to be performed by each party and shall document in the Eligible Juvenile's Re-entry Care Plan those duties to be performed by the service Provider and those duties to be performed by the assigned care manager.
    c. During the Post-release Period, the assigned care manager shall complete, at minimum, the following contacts with the Eligible Juvenile to complete the Post-release Care Management activities as outlined in this Section.
        i. If the Eligible Juvenile's comprehensive care management assessment was not completed and/or Re-entry Care Plan was not developed as part of the Eligible Juvenile's Pre-release Re-entry Care Management, the PIHP's assigned care manager shall complete at minimum one (1) face-to-face contact with the Eligible Juvenile within two (2) weeks of the date on which the Eligible Juvenile was released from the public institution to complete both the comprehensive care management assessment and development of the Re-entry Care Plan.
        ii. Except as to an Eligible Juvenile with a mental health, SUD, TBI or IDD Transitional Care Need as outlined in *Section IV.G.4.* of the Contract, if the Eligible Juvenile's comprehensive

care management assessment was completed and the Re-entry Care Plan developed as part of Pre-release Re-entry Care Management, the assigned care manager shall make at least one (1) contact with the Eligible Juvenile within one (1) month of the date on which the Eligible Juvenile was released from the public institution.

1. If an Eligible Juvenile with a mental health, SUD, TBI or IDD Transitional Care Need in accordance with *Section IV.G.4.e.* of the Contract had the comprehensive care management assessment completed and the Re-entry Care Plan developed as part of Pre-release Re-entry Care Management, the assigned care manager shall follow-up with the Eligible Juvenile or Eligible Juvenile's Legally Responsible Person/ Guardian within two (2) Business Days following the Eligible Juvenile's release from the public institution.

iii. After the assigned care manager and Eligible Juvenile have completed the initial Post-release Re-entry Care Management contact in accordance with *Section IV.G.15.b.* of this Contract, the Eligible Juvenile's assigned care manager shall determine and document in the Eligible Juvenile's Re-entry Care Plan the frequency and format of Post-release Re-entry Care Management contacts to be delivered during the Post-release Period.

d. The PIHP shall monitor and validate that the Eligible Juvenile's assigned care manager performs all of the following activities in accordance with the requirements in this section as part of Post-release Re-entry Care Management furnished during the Post-release Period:

i. Comprehensive Care Management Assessment and Reassessment

1. If the Eligible Juvenile's comprehensive care management assessment was not completed as part of Pre-release Re-entry Care Management within two (2) weeks of the Eligible Juvenile's date of release from the public institution, the assigned care manager shall complete the comprehensive care management assessment addressing all of the following elements:
   a. The Eligible Juvenile's immediate care needs;
   b. The Eligible Juvenile's service needs as identified during pre-release screenings;
   c. The Eligible Juvenile's functional needs, accessibility needs, strengths, and goals;
   d. Any state or local services needed and appropriate for the Eligible Juvenile;
   e. The Eligible Juvenile's physical health conditions, including dental conditions;
   f. The Eligible Juvenile's current and past mental health and substance use status and/or disorders, including tobacco use disorders;
   g. Physical, intellectual, and/or developmental disabilities the Eligible Juvenile has and/or that identified as part of pre-release screenings;
   h. The Eligible Juvenile's detailed medication history—a list of all medicines, including over-the-counter medication and prescribed medication, dispensed, or administered – and known allergies;
   i. Advanced directives for Eligible Juveniles ages 18 and older;
   j. The Eligible Juvenile's available, Legally Responsible Person/Guardian, caregiver(s) or social supports;
   k. Standardized Unmet Health-Related Resource Needs questions to be provided by the Department covering four (4) priority domains:
      i. Housing;
      ii. Food;
      iii. Transportation;
      iv. Interpersonal Violence/Toxic Stress;
   l. Any other ongoing conditions that require a course of treatment or regular care monitoring;
   m. The Eligible Juvenile's exposure to adverse childhood experiences (ACEs) or other

trauma;

n. Risks to the health, well-being, and safety of the Eligible Juvenile and others (including sexual activity, potential abuse/exploitation, and exposure to second-hand smoke and aerosols);
o. Cultural considerations (ethnicity, religion, language, reading level, health literacy, etc.);
p. The Eligible Juvenile's employment/community involvement;
q. Education (including individualized education plan and lifelong learning activities);
r. Justice system involvement (adults) or Eligible Juvenile justice involvement and/or the Eligible Juvenile's expulsions or exclusions from school;
s. Risk factors that indicate an imminent need for LTSS;
t. Legally Responsible Person/Guardian and/or Caregiver's strengths and needs;
u. Upcoming life transitions (changing schools, employment, moving, change in caregiver/natural supports, etc.);
v. Self-management and planning skills;
w. Receipt of and eligibility for entitlement benefits, such as Social Security and Medicare;
x. For Eligible Juveniles in foster care, permanency planning goals;
y. If the Eligible Juvenile's assessment indicates that the Eligible Juvenile meets eligibility requirements for Tailored Care Management, referral to and/or consent to enroll in Tailored Care Management; and
z. Consent for participation in Post-release Re-entry Care Management.

2. The Eligible Juvenile's assigned care manager shall complete a reassessment of the Eligible Juvenile during the Post-release Period if any of the following occur:
   a. The Eligible Juvenile's circumstances or health status change;
   b. The Eligible Juvenile's level of care determination changes;
   c. The Eligible Juvenile or their Legally Responsible Person/ Guardian requests a reassessment;
   d. The Eligible Juvenile's residence/ housing change;
   e. The Eligible Juvenile experiences a substantial change in the need for mental health, substance use services, IDD and/or TBI services and supports; or
   f. The Eligible Juvenile has further involvement with Juvenile Justice or law enforcement.

ii. Re-entry Care Plan Development and Periodic Update

1. If the Eligible Juvenile's Re-entry Care Plan was not developed as part of Pre-release Re-entry Care Management, within two (2) weeks of the Eligible Juvenile's date of release from the public institution, the assigned care manager shall develop the Eligible Juvenile's Re-entry Care Plan addressing all of the following elements:
   a. Identification of, and coordination of appointments and timely access to services to address, the Eligible Juvenile's physical health, mental health, substance use, intellectual/ development disability, traumatic brain injury, LTSS or specialty-related care needs, including but not limited to referrals and appointments for screening, lab/ diagnostic testing for common health conditions, family planning services, Medication Assisted Treatment, and/or psychotropic medication services as appropriate for the Eligible Juvenile;
   b. Identification of and connection to the Eligible Juvenile's assigned Primary Care Provider for the Post-release Period;
   c. The Eligible Juvenile's medication needs upon release from the public institution,

including:

i. Prior authorization of and access to medications prescribed for the Eligible Juvenile to be taken during the Post-release Period; and
ii. Appropriate medication monitoring and adherence planning;

d. Referral or connection to non-medical drivers of health such as food, housing, and/or employment supports and referral to public benefit programs available to the Eligible Juvenile and/or resource available to Tribal Members as appropriate;
e. The Eligible Juvenile's measurable goals and intended outcomes;
f. Strategies to mitigate health risks and promote the well-being and safety of the Eligible Juvenile and others;
g. Foster care permanency planning goals, if applicable;
h. Advance Directive information for Eligible Juveniles ages 18 and older, including psychiatric advance directives where appropriate;
i. For Eligible Juveniles diagnosed with serious mental illness, severe emotional disturbance, severe substance use disorder, intellectual/ developmental disability(ies), and/or traumatic brain injury, connection to supports for the Eligible Juvenile's Legally Responsible Person/Guardian, parents, family members, and/or caregivers;
j. Strategies to improve self-management and planning skills, including educational, social, and decision-making skill development and relationship building tools;
k. Documentation of consents to share information with Division of Juvenile Justice staff where required by statute, rule, or Court Order; and
l. Any updates to the Eligible Juvenile's post-release residential address made known to the PIHP to facilitate access to local community resources during the Post-release Period.

2. The PIHP shall include as part of the Eligible Juvenile's care team and update the Eligible Juvenile's Re-entry Care Plan to include the contact information for all of the following parties:
   a. The Eligible Juvenile's community-based providers;
   b. The Eligible Juvenile's assigned care manager;
   c. The Eligible Juvenile's assigned Court Counselors;
   d. PIHP Contact;
   e. Legally Responsible Person/Guardian, Parents, family members, caregivers, natural supports for the Eligible Juvenile;
   f. County Child Welfare Worker(s), if the Eligible Juvenile is in foster care/ adoption assistance or is a former foster care youth; and
   g. Other parties as requested by the Eligible Juvenile or their Legally Responsible Person/Guardian.
3. The PIHP shall require the assigned care manager to and shall monitor the Eligible Juvenile's case to validate that the Eligible Juvenile receives care management as documented in the Re-entry Care Plan and any modifications to the Re-entry Care Plan made during the Post-release Period.
4. The care manager assigned to furnish Post-Release Re-entry Care Management to the Eligible Juvenile shall update the Eligible Juvenile's Re-entry Care Plan based on any reassessment completed pursuant to *Section IV.G.15.c.i.2.* of this Contract; changes to the Eligible Juvenile's circumstances made known to the care manager that impact the Re-entry Care Plan contents; and at minimum, once annually.

iii. Referrals to Services, Activities and Supports

1. If the Eligible Juvenile's assigned care manager was unable to refer the Eligible Juvenile to appropriate services, activities, and supports as part of Pre-release Re-entry Care Management, the assigned care manager shall refer the Eligible Juvenile to service providers, activities, and supports in the geographic area where the Eligible Juvenile resides during the Post-release Period for receipt of services and supports outlined in the Eligible Juvenile's Re-entry Care Plan.
    a. The assigned care manager shall schedule or arrange for the Eligible Juvenile to have appropriate annual physical exams and/or wellness visits.
2. The PIHP shall require the assigned care manager to provide referrals, assist with the scheduling of appointments and/or transportation, and to follow-up on referrals to physical health, mental health, substance use services, intellectual/ developmental disability, LTSS, traumatic brain injury, pharmacy, vision, and dental services appropriate for the Eligible Juvenile consistent with the comprehensive care management assessments and any reassessments and with the Eligible Juvenile's Re-entry Care Plan and any modification to the Re-entry Care Plan.
3. The PIHP shall require the assigned care manager to assist Eligible Juveniles and their Legally Responsible Person(s)/ Guardian to schedule transportation as needed to attend medical appointments with physical health mental health, substance use , intellectual developmental disability, and/or traumatic brain injury providers and to community-based activities, classes, or social-engagement programs to support the Eligible Juvenile in achieving goals and addressing unmet needs identified in the Eligible Juvenile's Re-entry Care Plan and modifications to the Re-entry Care Plan during the Post-release Period.
4. The PIHP shall require the assigned care manager to connect the Eligible Juvenile to, and/or assist the Eligible Juvenile with enrollment and registration in appropriate educational opportunities, community-based services and supports, and community-based activities to support the Eligible Juvenile's engagement in the community in alignment with the goals and services outlined in the Eligible Juvenile's Re-entry Care Plan and modifications to the Re-entry Care Plan during the Post-release Period.

iv. The PIHP shall require the assigned care manager for any Eligible Juvenile who is in foster care or adoption assistance or is a former foster care youth to coordinate with the Eligible Juvenile's county Child Welfare Worker as described in *Section IV.G.2.l.xi.* of the Contract. The PIHP shall validate that the assigned care manager is assisting an Eligible Juvenile aging out of foster care by performing the activities outlined in *Section G.2.n.* of the Contract.

v. The PIHP shall require the assigned care manager to continuously monitor the Eligible Juvenile's progress toward goals outlined in the Re-entry Care Plan through in-person or other contacts with the Eligible Juvenile and their Legally Responsible Person/ Guardian, caregivers, and care team participants during the Post-release Period.

vi. The PIHP shall require the assigned care manager to ensure an appropriate care team member conducts medication reconciliation/management, and support medication adherence for the Eligible Juvenile, including monitoring of any medication adherence activities outlined in the Re-entry Care Plan, and adherence to prescribed treatment regimens.

vii. The PIHP shall require the assigned care manager to develop and, as necessary, update proactive crisis plans and identify roles for care team participants in implementation of a crisis plan, to include the assigned care manager's responsibility to coordinate placement of the Eligible Juvenile during urgent and emergent events, if placement is required.

Automatic referral to the hospital emergency department for services does not satisfy this requirement.

viii. The PIHP shall re-assess the Eligible Juvenile's unmet health-related resource needs periodically to refer the Eligible Juvenile and their Legally Responsible Person/ Guardian to available public programs or otherwise assist with obtaining support services consistent with *Section IV.G.2.l.ix.* of the Contract and to connect the Eligible Juvenile and their Legally Responsible Person/Guardian, family, caregivers, and natural supports to services for justice-involved populations.

ix. The PIHP shall require the assigned care manager to oversee the Eligible Juvenile's transition from the carceral setting to residing in the community in accordance with the ninety (90) day post-release transition plan in the Eligible Juvenile's Re-entry Care Plan.

x. For any Eligible Juvenile at risk for placement in an institutional setting following the Eligible Juvenile's release from the carceral setting, the PIHP shall require the Eligible Juvenile's assigned care manager to perform activities set forth in *Section IV.G.2.o.* of the Contract.

e. The PIHP shall develop and incorporate into its Care Management and Care Coordination Policy required under *Section IV.G.8.* of the Contract policies for communicating and sharing information with Eligible Juveniles and their Legally Responsible Person/Guardian, families, caregivers, and natural supports in a manner that considers the language, literacy, and cultural preferences of the Eligible Juvenile and their Legally Responsible Person/Guardian, family, caregivers, and natural supports, to include use of sign language, closed captioning, and/or video capture during telehealth contacts.

f. The PIHP shall maintain documentation of Post-release Re-entry Care Management contacts and services furnished to the Eligible Juvenile, to include documentation of the Eligible Juvenile's comprehensive care management assessment, any reassessments completed in accordance with this *Section IV.G.15.* of the Contract, and the Eligible Juvenile's Re-entry Care Plan and any updates made to the Re-entry Care Plan during the Post-release Period, and shall make such documentation available to the Department upon its request.

g. In the event that the care manger, to whom the Eligible Juvenile was assigned by the PIHP for Post-release Re-entry Care Management, will not continue to serve as the Eligible Juvenile's care manager during or after the expiration of the Post-release Period, whether the Eligible Juvenile is receiving Post-release Re-entry Care Management from another care manager at the PIHP or the Eligible Juvenile's Post-release Period expires, the PIHP shall facilitate a Warm Handoff between the Eligible Juvenile's assigned care manager for Post-release Re-entry Care Management and new care manager or care coordinator, to include the following:

i. Prior to the expiration of the Eligible Juvenile's Post-release Period or date of transition to a new care manager for Post-release Re-entry Care Management as applicable, the Eligible Juvenile's assigned care manager for Post-release Re-entry Care Management shall make best efforts to meet with the Eligible Juvenile, the Eligible Juvenile's new care manager, and the Eligible Juvenile's Legally Responsible Person/ Guardian to facilitate a Warm Handoff.

1. If the Eligible Juvenile's assigned care manager for Post-release Re-entry Care Management is unable to meet with the Eligible Juvenile, Eligible Juvenile's new care manager, and the Eligible Juvenile's Legally Responsible Person/ Guardian prior to the expiration of the Eligible Juvenile's Post-release Period or date of assignment to a new care manager for Post-release Re-entry Care Management as applicable, the Eligible Juvenile's assigned care manager shall meet face-to-face with the Eligible Juvenile, Eligible Juvenile's new care manager, and Eligible Juvenile's Legally

Responsible Person/ Guardian within two (2) weeks from the date on which the Eligible Juvenile is released from the public institution.

ii. The PIHP shall validate that a Warm Handoff includes performing the functions set forth in *Section IV.G.2.f.xx.* of the Contract.

IV. Modifications to Section VI. Contract Attachments

***Section VI. Contract Attachments* is revised to add *Attachment Y: Pre-release Re-entry Care Management for Eligible Juveniles and* attached to this Amendment.**

V. Effective Date

This Amendment is effective July 1, 2026, unless otherwise explicitly stated herein, subject to approval by CMS.

VI. Other Requirements

Unless expressly amended herein, all other terms and conditions of the Contract, as previously amended, shall remain in full force and effect.

Execution:

By signing below, the Parties execute this Amendment in their official capacities and agree to the amended terms and conditions outlined herein as of the Effective Date.

Department of Health and Human Services

_____ Date: _____

Melanie Bush, Deputy Secretary
NC Medicaid

PIHP Name

_____ Date: _____

Name, Title

Attachment Y: Pre-release Re-entry Care Management for Eligible Juveniles

To implement 42 USC § 1396a(a)(84)(D), Eligible Juveniles shall receive Pre-release Re-entry Care Management services as set forth in this *Attachment Y* during the thirty (30) Calendar Days prior to the Eligible Juvenile's scheduled date of release from a Youth Development Center. For the first year following an Eligible Juvenile's release from a Youth Development Center, Eligible Juveniles will receive physical health services through NC Medicaid Direct and be enrolled with the Prepaid Inpatient Health Plan for provision of Post-release Re-entry Care Management and receipt of mental health, substance use disorder services, TBI and IDD. Beginning November 1, 2026, the LME/MCO shall begin providing the pre-release care management for all Eligible Juveniles who have a release date on or after December 15, 2026. To minimize care disruptions for Eligible Juveniles following release from carceral settings, the parties agree that the LME/MCO serving the catchment area in which the Eligible Juvenile will reside upon release shall provide Pre-release Re-entry Care Management as follows:

I. Definitions

- **a. Eligible Juvenile:** as defined in Section 1902(nn) of the Social Security Act (42 U.S.C. § 1396a(nn)), means a juvenile who is an inmate of a public institution and who was determined eligible for medical assistance under the State plan (or waiver of such plan) immediately before becoming an inmate of such a public institution; or is determined eligible for such medical assistance while an inmate of a public institution. For the purposes of this definition, the term "juvenile" means an individual who is under 21 years of age; or described in section 1902(a)(10)(A)(i)(IX) of the Social Security Act.
- **b. Help Center Ticket:** process in the Department's Service Now platform by which the LME/MCO will be notified of an Eligible Juvenile's assignment to the LME/MCO for delivery of Pre-release Re-entry Care Management services.
- **c. Post-release Period:** the three-hundred and sixty-five (365) Calendar Days beginning on the date on which an Eligible Juvenile is released from a public institution following adjudication.
- **d. Post-release Re-entry Care Management:** Targeted Case Management or Tailored Care Management services provided to an Eligible Juvenile during the Post-Release Period by the LME/MCO in whose catchment area the Eligible Juvenile will reside during the Post-Release Period in accordance with Section 1902(a)(84)(D)(ii) of the Social Security Act (42 U.S.C. § 1396a(a)(84)(D)(ii)).
- **e. Pre-release Period:** the thirty (30) Calendar Days prior to an Eligible Juvenile's scheduled date of release from a public institution following adjudication.
- **f. Pre-release Re-entry Care Management:** Targeted Case Management services provided to Eligible Juveniles during the Pre-Release Period by the LME/MCO in whose catchment area the Eligible Juvenile will reside during the Post-Release Period in accordance with Section 1902(a)(84)(D)(ii) of the Social Security Act (42 U.S.C. § 1396a(a)(84)(D)(ii)).
- **g. Public Institution:** A public institution refers to carceral facilities operated by governmental units responsible for the care and custody of individuals who are incarcerated. This includes jails, prisons, detention centers, and youth development centers.
- **h. Qualified Professional:** A Qualified Professional as defined in 10A NCAC 27G .0104 is an individual who meets specific educational and experience requirements within the Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) system
- **i. Re-entry Care Plan:** Care plan to be developed by the LME/MCO and Eligible Juvenile's care team as part of Pre-release Re-entry Care Management furnished to an Eligible Juvenile.
- **j. Targeted Case Management:** Refers to the array of care management and coordination services to be furnished to Eligible Juveniles. For an Eligible Juvenile who is not eligible for Tailored Care Management during the Post-release Period, the LME/MCO shall provide targeted case management referred to as Post-release Re-entry Care Management.

k. Warm Handoff: Time-sensitive, Eligible Juvenile-specific planning for Eligible Juveniles engaged in Pre-release Re-entry Care Management involving the Eligible Juvenile's transferring and receiving care managers to ensure continuity of service and care management functions. "Warm Handoffs" require collaborative transition planning between both transferring and receiving care managers at the LME/MCO(s) and, when possible, shall occur prior to the Eligible Juvenile's release from the public institution.

l. Youth Development Center: A secure residential facility designed to provide therapeutic treatment, education, and rehabilitative services for juveniles committed to the Department of Public Safety.

II. During the Pre-release Period, the LME/MCO shall furnish Pre-Release Re-entry Care Management services as outlined in *Section II.c. Pre-release Re-entry Care Management Activities* of this *Attachment Y* to Eligible Juveniles assigned to the LME/MCO's catchment area following release from a public institution following adjudication.

a. Initiating Pre-release Re-entry Care Management for Eligible Juveniles

i. Up to forty-five (45) Calendar Days prior to an Eligible Juvenile's scheduled date of release from a public institution after adjudication, the Department shall notify the LME/MCO through assignment of a Help Center Ticket of an Eligible Juvenile for whom the LME/MCO shall furnish Pre-release Re-entry Care Management.

1. Within one (1) business day of the Department's receipt of notification from the Division of Juvenile Justice that an Eligible Juveniles' scheduled date of release has been changed, the Department will update the Help Center Ticket to inform the LME/MCO of any change to the Eligible Juvenile's scheduled date of release. In the event that the Eligible Juvenile's scheduled date of release is postponed, the LME/MCO shall suspend the delivery of any additional Pre-release Re-entry Care Management activities until the Eligible Juvenile is within thirty (30) Calendar Days of the updated scheduled date of release.
2. Within seven (7) Calendar Days from the date on which the Department assigns the Help Center Ticket to the LME/MCO, the LME/MCO shall assign a care manager who meets the requirements set forth in *Section II.b.i.* of this *Attachment Y* to furnish Pre-release Re-entry Care Management services to the Eligible Juvenile and shall contact the Youth Development Center in which the Eligible Juvenile is residing to schedule the initial Pre-release Re-entry Care Management contact.
    a. The LME/MCO shall make best efforts to meet with the Eligible Juvenile in person to conduct the comprehensive care management assessment and develop the Re-entry Care Plan described in *Section II.c.ii.* of this *Attachment Y*. If it is not logistically feasible for the LME/MCO to meet with the Eligible Juvenile in person, Telehealth or other virtual meeting options may be used to conduct the Eligible Juvenile's comprehensive care management assessment and Care Plan.
        i. "Best effort" is defined as including at least three documented strategic follow-up attempts to contact the member if the first attempt is unsuccessful.
    2. Within one (1) Business Day of the LME/MCO being unable to furnish a Pre-release Re-entry Care Management Contact to an Eligible Juvenile due to the Youth Development Center in which the Eligible Juvenile resides declining to provide the assigned care manager with access to the Eligible Juvenile for the purposes of Pre-release Re-entry Care Management, the LME/ MCO shall notify the Department through the Eligible Juvenile's open Help Center Ticket that the LME/MCO is experiencing difficulty providing the Pre-release Re-entry Care Management and shall provide information on efforts the LME/MCO made to conduct Pre-release Re-entry Care Management for the Eligible Juvenile.

ii. The LME/MCO shall furnish Pre-release Re-entry Care Management in a manner that ensures that delivery of Pre-release Re-entry Care Management services does not result in a delay of the Eligible

Juvenile's scheduled date of release from the public institution and does not otherwise increase the Eligible Juvenile's involvement in the juvenile justice system.

iii. The LME/MCO shall obtain consent from the Eligible Juvenile's Legally Responsible Person/Guardian to obtain and for the release of any medical records from the Eligible Juvenile's screening and treating health care providers or other records from treating professionals at the Youth Development Center as needed by the assigned care manager to facilitate development of the Eligible Juvenile's care plan. Pre-release services records for care manager and other files for care manager will be shared via secure email.

iv. The LME/MCO shall notify the Department within one (1) Business Day via the Eligible Juvenile's open Help Center Ticket if the Eligible Juvenile and/or Eligible Juvenile's Legally Responsible Person/ Guardian declines to participate or requests to opt-out of Pre-release Re-entry Care Management in accordance with 42 CFR § 441.18(a)(3). If an Eligible Juvenile and/or the Eligible Juvenile's Legally Responsible Person/ Guardian declines to participate or opt-out of Pre-release Re-entry Care Management, the LME/MCO shall attempt to engage the Eligible Juvenile in Post-release Re-entry Care Management either through Tailored Care Management, if eligible, or through Post-release Re-entry Case Management as described in *Section IV.G.15.* of the PIHP Contract.

b. Pre-release Re-entry Care Management Contacts

i. The LME/MCO shall assign Eligible Juveniles to care managers based at the LME/MCO who meet the following qualifications:

1. Supervising care managers must hold a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession (including Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Addiction Specialist (LCAS), Licensed Clinical Mental Health Counselor (LCMHC), Licensed Psychological Associate (LPA)), or a Registered Nurse (RN) license issued by the North Carolina Board of Nursing with a recommended two (2) years of work or lived experience with the reentry population.
2. Assigned care managers must meet the definition of Qualified Professional under 10A NCAC 27G .0104 and a recommended two (2) years of work or lived experience with the reentry population.
3. Peer support specialists or community health workers supporting or serving on an Eligible Juvenile's care team are recommended to have work or lived experience with justice involved populations.
4. Prior to furnishing Pre-release Re-entry Care Management to any Eligible Juvenile, supervising care managers, care managers, peer support specialists, and/or community health workers to whom an Eligible Juvenile is assigned for Pre-release Re-entry Care Management shall complete training required under *Section IV.G.15.* of the PIHP Contract. If the Department determines that additional re-entry specific training is required, the Department will notify the LME/MCO no less than sixty (60) Calendar Days prior to the effective date of additional training modules.

ii. During the Pre-release Period, the LME/MCO shall furnish Pre-release Re-entry Care Management as described in this Section to Eligible Juveniles who will reside in the LME/MCO's catchment area upon release from the public institution and have been assigned to the LME/MCO for Pre-release Re-entry Care Management consistent with *Section II.a.* of this *Attachment Y.*

1. During the Pre-release Period, the LME/MCO shall complete at least one (1) contact face-to-face where feasible, or virtually if in-person contact is not possible with an Eligible Juvenile assigned to the LME/MCO for delivery of Pre-release Re-entry Care Management in accordance with the terms in this Section.
2. If the Youth Development Center where the Eligible Juvenile is residing is able to provide appropriate technology for Pre-release Re-entry Care Management to be furnished to an

Eligible Juvenile via telehealth in compliance with applicable federal and state confidentiality, privacy, and security requirements, the LME/MCO may furnish Pre-release Re-entry Care Management services to the Eligible Juvenile through telehealth, in person visits, or a combination of both telehealth and in person visits.

3. Within one (1) Business Day of the LME/MCO determining that Pre-release Re-entry Care Management cannot be furnished to the Eligible Juvenile due to circumstances beyond the LME/MCOs control, the LME/MCO shall notify the Department via the Eligible Juvenile's open Help Center Ticket of the circumstances that prevent the LME/MCO from delivering Pre-release Re-entry Care Management to the Eligible Juvenile.
4. During the Pre-release Period, the LME/MCO shall complete as many in-person and/or telehealth contacts with the Eligible Juvenile as are necessary to complete the Pre-release Re-entry Care Management activities outlined in *Section II.c.* of this *Attachment Y.*
5. During the Pre-Release Period, if consent is obtained from the Eligible Juvenile or Legally Responsible Person/Guardian, a representative of the Eligible Juvenile's assigned care management team may attend the service planning meeting with the Youth Development Center's social work supervisor, court services, and the Eligible Juvenile and their Legally Responsible Person/Guardian. The Eligible Juvenile's care management team member's attendance at the service planning meeting does not replace required contact(s) required under this *Attachment Y*.

c. Pre-release Re-entry Care Management Activities
   i. Comprehensive Care Management Assessment
      1. During the Eligible Juvenile's Pre-release Period, the LME/MCO shall complete a comprehensive care management assessment for the Eligible Juvenile assigned to the LME/MCO for delivery of Pre-release Re-entry Care Management services.
      2. The comprehensive care management assessment to be completed as part of the Pre-release Re-entry Care Management furnished to the Eligible Juvenile shall address all of the following:
         a. The Eligible Juvenile's immediate care needs;
         b. The Eligible Juvenile's current services and providers across all health needs;
         c. The Eligible Juvenile's functional needs, accessibility needs, strengths, and goals;
         d. Any state or local services that may be arranged for the Eligible Juvenile following release from the public institution;
         e. The Eligible Juvenile's physical health conditions, including dental conditions;
         f. The Eligible Juvenile's current and past mental health and substance use status and/or disorders, including tobacco use disorders;
         g. Physical, intellectual, and/or developmental disabilities the Eligible Juvenile has and/or that are identified as part of pre-release screenings;
         h. The Eligible Juvenile's detailed medication history—a list of all medicines, including over-the-counter medication and prescribed medication, dispensed, or administered – and known allergies;
         i. Advanced directives for youth ages 18 and older;
         j. The Eligible Juvenile's available Legally Responsible Person/Guardian, caregiver(s) or social supports;
         k. Standardized Unmet Health-Related Resource Needs questions to be provided by the Department covering four (4) priority domains:
            i. Housing;
            ii. Food;
            iii. Transportation;
            iv. Interpersonal Violence/Toxic Stress;

l. Any other ongoing conditions that require a course of treatment or regular care monitoring;
m. The Eligible Juvenile's exposure to adverse childhood experiences (ACEs) or other trauma;
n. Risks to the health, well-being, and safety of the Eligible Juvenile and others (including sexual activity, potential abuse/exploitation, and exposure to second-hand smoke and aerosols);
o. Cultural considerations (ethnicity, religion, language, reading level, health literacy, etc.);
p. The Eligible Juvenile's previous employment/community involvement;
q. Education (including individualized education plan and lifelong learning activities);
r. Justice system involvement (adults) or juvenile justice involvement and/or the Eligible Juvenile's expulsions or exclusions from school;
s. Risk factors that indicate an imminent need for LTSS;
t. Legally Responsible Person/Guardian/Caregiver's strengths and needs;
u. Upcoming life transitions (changing schools, employment, moving, change in caregiver/natural supports, etc.);
v. Self-management and planning skills;
w. Receipt of and eligibility for entitlement benefits, such as Social Security and Medicare;
x. For Eligible Juveniles in foster care, permanency planning goals; and
y. Consent for participation in Post-release Re-entry Care Management.

ii. Development of the Re-entry Care Plan for an Eligible Juvenile

1. During the Pre-release Period, the LME/MCO shall develop a Re-entry Care Plan for an Eligible Juvenile assigned to the LME/MCO for Pre-release Re-entry Care Management in accordance with the requirements of this Section.
    a. If the LME/MCO determines the Eligible Juvenile's Re-entry Care Plan cannot be developed as part of Pre-release Re-entry Care Management due to circumstances beyond the LME/MCO's control, the LME/MCO shall notify the Department via the help center ticket process within seven (7) Business Days if the development of the Eligible Juvenile's Re-entry Care Plan will not be completed in pre-release period. If the Eligible Juvenile's Re-entry Care Plan is not completed as part of Pre-release Re-entry Care Management, the Eligible Juvenile's Re-entry Care Plan shall be completed as part of Post-release Re-entry Care Management.
2. The LME/MCO shall include as part of the Eligible Juvenile's care team and shall incorporate into the Eligible Juvenile's Re-entry Care Plan the name and contact information for all of the following parties:
    a. The Eligible Juvenile's pre-release screening and/or treating providers;
    b. Key community-based providers to whom the Eligible Juvenile is being referred for treatment services following release from the public institution;
    c. The Eligible Juvenile's assigned care manager;
    d. Representatives from the Youth Development Center where the Eligible Juvenile is detained and any Division of Juvenile Justice employees who are required by statute, rule, or Court Order to participate in care plan development or the planning for the Eligible Juvenile's release, including any staff furnishing screening or diagnostic services during the Pre-release Period, such as Social Work Supervisors, Social Workers, Court Counselors, and LMHCs;
    e. Legally Responsible Person/Guardian, parents, family members, caregivers, natural supports for the Eligible Juvenile;
    f. County Child Welfare Worker(s), if the Eligible Juvenile is in foster care/ adoption assistance or is a former foster care youth; and

g. Other parties as requested by the Eligible Juvenile or their Legally Responsible Person/ Guardian.

3. The LME/MCO shall address all the following elements in the Eligible Juvenile's Re-entry Care Plan:
    a. Documentation of consents to share information with Division of Juvenile Justice staff where required by statute, rule, or Court Order;
    b. The Eligible Juvenile's medication needs upon release from the public institution, including:
        i. Prior authorization and confirmation that at the time of release from the public institution, the Eligible Juvenile will be provided at least a thirty (30) day supply of medications the Eligible Juvenile is prescribed to take during the Post-release Period; and
        ii. Appropriate medication monitoring and adherence planning;
    c. Identification of, and coordination of appointments and timely access to services to address, the Eligible Juvenile's physical health, mental health, substance use, intellectual/ development disability, traumatic brain injury, LTSS or specialty-related care needs, including but not limited to referrals and appointments for screening, lab/ diagnostic testing for common health conditions, family planning services, Medication Assisted Treatment, and/or psychotropic medication services as appropriate for the Eligible Juvenile;
    d. Identification of and connection to the Eligible Juvenile's assigned Primary Care Provider for the Post-release Period;
    e. Strategies to mitigate health risks and promote the well-being and safety of the Eligible Juvenile and others;
    f. Coordination of re-entry logistics, including transportation following the Eligible Juvenile's release from the public institution;
    g. Referral or connection to non-medical drivers of health such as food, housing, and/or employment supports and referral to public benefit programs available to the Eligible Juvenile and/or resource available to Tribal Members as appropriate;
    h. For Eligible Juveniles diagnosed with serious mental illness, severe emotional disturbance, severe substance use disorder, intellectual/ developmental disability(ies), traumatic brain injury, connection to supports for the Eligible Juvenile's Legally Responsible Person/Guardian, parents, family members, and/or caregivers;
    i. Strategies to improve self-management and planning skills, including educational, social, and decision-making skill development and relationship building tools;
    j. The Eligible Juvenile's measurable goals and intended outcomes;
    k. Any updates to the Eligible Juvenile's post-release residential address made known to the LME/MCO during the Pre-release Period to facilitate access to local community resources during the Post-release Period;
    l. Foster care permanency planning goals, if applicable;
    m. Advance Directive information, including psychiatric advance directives where appropriate, where applicable;
4. The LME/MCO shall coordinate Re-entry Care Plan development with discharge planning and ninety (90) day post-release transition planning, where applicable, to prevent duplication of information gathering processes.
5. The LME/MCO shall update the Re-entry Care Plan based on any reassessment of the Eligible Juvenile pursuant to *Section II.c.i.* of this *Attachment Y*, as appropriate, and/ or changes to the Eligible Juvenile's circumstances following release that are made known to the LME/MCO during the Pre-release Period.

iii. Referral to Community-based Services, Supports, and Activities
    1. During the Pre-release Period, the LME/MCO shall refer the Eligible Juvenile to community-based providers in the geographic area where the Eligible Juvenile will reside upon release from the public institution and shall coordinate and schedule appointments with physical health, mental health, substance use, I/DD, and/or TBI providers located in the geographic area where the Eligible Juvenile will reside after release from the public institution for delivery of services consistent with the Re-entry Care Plan.
    2. The LME/MCO shall coordinate and arrange for the Eligible Juvenile to have access to prescribed medications upon release from the public institution if the Youth Development Center in which the Eligible Juvenile is residing is unable to provide at minimum a thirty (30) Calendar Day supply of any medications prescribed for the Eligible Juvenile.
        a. For any Eligible Juvenile diagnosed with an Opioid Use Disorder or Alcohol Use Disorder, the LME/MCO shall make available to the Eligible Juvenile at release from the public institution no less than a thirty-day supply of medications prescribed for the Eligible Juvenile to treat Opioid Use Disorder and/ or Alcohol Use Disorder.
    3. The LME/MCO shall assist the Eligible Juvenile and their Legally Responsible Person/ Guardian to secure transportation to the Eligible Juvenile's post-release appointments with physical, mental health, substance use, I/DD, and/or TBI providers.
    4. The LME/MCO shall refer the Eligible Juvenile to community-based activities, classes, or programs in the geographic area where the Eligible Juvenile will reside upon release from the public institution for delivery of services to support the Eligible Juvenile in achieving goals and addressing unmet needs identified in the Eligible Juvenile's Re-entry Care Plan.
        a. The LME/MCO shall, in consultation with the Eligible Juvenile's Legally Responsible Person/ Guardian, schedule post-release appointments, facilitate enrollment in classes or educational activities, and/or arrange for the Eligible Juvenile to connect with community-based services and supports available in the geographic area where the Eligible Juvenile will reside upon release from the public institution.

iv. To the greatest extent possible, the care manager to whom the Eligible Juvenile is assigned for Pre-release Re-entry Care Management shall serve as the Eligible Juvenile's Post-release Re-entry Care Management provider to minimize disruption in receipt of care and to build trust between the Eligible Juvenile and the Eligible Juvenile's care team. In the event that the care manger to whom the Eligible Juvenile was assigned by the LME/MCO for Pre-release Re-entry Care Management will not continue to serve as the Eligible Juvenile's care manager following the Eligible Juvenile's release from the public institution, whether due to Eligible Juvenile residing in another LME/MCO's catchment area following release from the public institution or the Eligible Juvenile's receipt of Post-release Re-entry Care Management from another care manager at the LME/MCO, the LME/MCO shall facilitate a Warm Handoff between the Eligible Juvenile's assigned Pre-release Re-entry care manager and new Pre-release or Post-release Re-entry care manager, to include the following:
    1. Prior to the Eligible Juvenile's release from the public institution, the Pre-release care manager shall meet in-person or virtually with the Eligible Juvenile, the Eligible Juvenile's new care manager, and the Eligible Juvenile's Legally Responsible Person/ Guardian to facilitate the Warm Handoff.
    2. If the care manager assigned to provide the Eligible Juvenile's Pre-release Re-entry Care Management is unable to meet in-person or virtually with the Eligible Juvenile, Eligible Juvenile's new care manager, and the Eligible Juvenile's Legally Responsible Person/ Guardian prior to the Eligible Juvenile's release from the public institution , the care manager shall meet face-to-face or virtually with the Eligible Juvenile, Eligible Juvenile's new care manager, and Eligible Juvenile's Legally Responsible Person/ Guardian within one (1) week from the date on which the Eligible Juvenile is released from the public institution.

3. The LME/ MCO shall notify the Department through the Eligible Juvenile's open Help Center Ticket that the warm handoff was completed or if the LME/MCO is experiencing difficulty completing the warm handoff within one (1) week from the date on which the Eligible Juvenile is released from the public institution.

v. The LME/MCO shall maintain documentation of Pre-release Re-entry Care Management contacts and services furnished to the Eligible Juvenile, to include documentation of the initial outreach to the Youth Development Center where the Eligible Juvenile resides; assigned care manager and date of assignment; document pre-release re-entry care management activities completed (e.g. comprehensive care management assessment completed, care plan completed, etc.); and shall utilize the Eligible Juvenile's open Help Center Ticket to make such documentation available to the Department.

III. Reimbursement for Pre-release Re-entry Care Management furnished to Eligible Juveniles

a. The Department shall reimburse the LME/MCO for Pre-release Re-entry Care Management described in this *Attachment Y* and furnished to Eligible Juveniles assigned by the Department to the LME/MCO for Pre-release Re-entry Care Management during the thirty (30) Calendar Days prior to the Eligible Juvenile's scheduled date of release from the public institution, as follows.

i. By no later than three hundred sixty-five (365) Calendar Days following the expiration of the Eligible Juvenile's Pre-release Period, the LME/MCO shall submit a claim to the Department for each Eligible Juvenile to whom the LME/MCO's furnished at least one Re-entry Care Management Contact during the Eligible Juvenile's Pre-release Period.

ii. If the LME/MCO furnishes at least one Re-entry Care Management contact to an Eligible Juvenile who was assigned to the LME/MCO for Pre-release Entry Care Management by the Department and whose scheduled date of release is subsequently postponed, the LME/MCO may submit a claim to the Department for reimbursement of a Pre-release Re-entry Care Management contact made with the Eligible Juvenile prior to being notified by the Department via the Eligible Member's open Help Center Ticket that the Eligible Juvenile's date of release has been postponed.