NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Care Manager Guidance Document

September, 2026

This document was created in June 2026 to provide guidance related to the Consolidated Appropriations Act (CAA) 5121 requirements for the care managers. This includes the roles and responsibilities of the care manager and the Youth Development Center, expectations for assessments, information sharing and consents, care manager and supervising care manager qualifications, and re-entry care management specific training. Any questions about the CAA 5121 program should be submitted to: Medicaid.TailoredCareMgmt@dhhs.nc.gov.

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Overview

Beginning Nov. 1, 2026, NCDHHS will begin providing new Medicaid and Children's Health Insurance Program (CHIP) services to eligible justice involved youth to support continuity of care as they transition from a public institution back into the community. These requirements were established by the Consolidated Appropriations Act, 2023 (CAA, 2023) and are intended to reduce care gaps, improve health outcomes, and support successful reentry for youth with significant physical, behavioral health and health related social needs.

This guidance outlines the role of care managers in supporting these requirements, which focus on pre-release and post-release services for eligible youth who are incarcerated in juvenile or adult carceral settings.

Purpose of the Policy

Justice involved youth disproportionately experience behavioral health conditions, substance use disorders, trauma, and unmet social needs. Historically, lapses in Medicaid coverage during incarceration and upon release have delayed access to care, contributed to poor outcomes, and increased the risk of recidivism. The CAA, 2023 seeks to address these challenges by:

- Ensuring screening, diagnostic, and care coordination activities begin prior to release;
- Promoting active connection to community-based providers upon release;
- Preventing unnecessary disruptions in Medicaid and CHIP eligibility; and
- Supporting smoother transitions from carceral settings to community care.

Care managers play a central role in operationalizing these goals by engaging youth prior to release, coordinating services across systems and supporting continuity of care during reentry.

Who Is Covered

The requirements apply to "eligible juveniles," including:

- Individuals up to 21 years of age who are eligible for Medicaid, including those determined eligible while held in a carceral setting
- Former foster youth who remain Medicaid eligible up to 26 years of age

The policy applies to youth who are held in juvenile detention facilities, youth correctional facilities, local jails, or state prisons, excluding federal prisons. Coverage applies regardless of whether the youth is housed in a juvenile or adult facility.

North Carolina will begin providing services in the five youth development centers (YDCs) first and will phase in additional facilities overtime.

For more information on the CAA 5121, please see the State Health Official (SHO) letter.

Roles and Responsibilities

Roles and Responsibilities Across the Youth Release Continuum

Effective coordination of care for youth transitioning from a YDC to the community requires clearly defined roles and timely communication among all involved parties. The responsibilities outlined below are organized by stakeholder and phase of release to support continuity of care, compliance with Medicaid requirements, and alignment with juvenile justice supervision.

Youth Developmental Center Social Work Supervisors

Pre-Release Responsibilities

YDC Social Work Supervisors play a central role in initiating and coordinating pre-release activities. At least 45 days prior to a youth's anticipated release date, the Social Work Supervisor is responsible for identifying youth with an upcoming release and verifying Medicaid eligibility in NCTracks. Once eligibility is confirmed, the Supervisor creates a Help Center ticket for the youth to initiate care management coordination.

The Social Work Supervisor must schedule and document a required screening and diagnostic appointment at a Federally Qualified Health Center (FQHC). The Care Manager must be notified when the appointment is completed and informed of the results. If the screening and diagnostic appointment cannot occur prior to release, it must be completed during the post-release period.

In addition, the Social Work Supervisor notifies the parent or guardian of available care management services and associated timelines, ensures the Care Manager is kept informed of the youth's confirmed release date and release location (including any subsequent changes), and obtains all required consents. Required documentation includes the Juvenile Justice Behavioral Health multi-party consent form and the Patient Information Release form.

As part of care coordination, the Social Work Supervisor informs the assigned Care Manager of the youth's Plan and Terms of Post Release Supervision and shares any relevant clinical and service information, including the Comprehensive Clinical Assessment, Mental Health Discharge Summary, individualized service plan, and referral information. The Supervisor makes referrals as clinically or programmatically indicated and attends Service Planning Meetings and Child and Family Team meetings on a monthly basis.

Licensed Mental Health Professionals and Clinicians

Pre-Release Responsibilities

Licensed Mental Health Professionals and Clinicians provide behavioral and mental health treatment to youth during their stay at the YDC. They develop and maintain a personalized treatment plan tailored to the youth's identified needs and participate in Service Planning Meetings and Child and Family Team meetings on a monthly basis.

Clinicians make referrals to psychiatric providers as clinically indicated and are responsible for completing a Mental Health Treatment Summary prior to release. This summary must include the

youth's current mental health diagnoses at the time of discharge to support continuity of care in the community.

Release Date Changes and Required Adjustments

If a youth's release date changes at any point during this process, the YDC Social Work Supervisor must document the updated release date in the Help Center ticket through a new work note. The Social Work Supervisor must also ensure that the youth's screening and diagnostic appointment is scheduled to occur within 30 days of the updated release date.

The assigned LME/MCO Care Manager will receive an automatic notification of the new work note. The Social Work Supervisor may also notify the Care Manager directly via email. This process ensures that pre-release care management activities occur only within 30 days of the youth's revised release date and remain aligned with program requirements. The youth may receive additional care management services in the new 30-day pre-release period prior to the new release date.

Division of Juvenile Justice Delinquency Prevention Court Counselors

Post-Release Responsibilities

Following release, Division of Juvenile Justice Delinquency Prevention (DJJDP) Court Counselors are responsible for providing the Care Manager with detailed information regarding the youth's post release supervision requirements. Court Counselors enforce the Plan and Terms of Post Release Supervision and may request documentation from LME/MCOs related to services provided, as required by the court.

Court Counselors maintain post release supervision of the youth for a minimum of 90 days and notify the Care Manager via email when court ordered supervision is terminated. They also make referrals as needed and attend Service Planning Meetings and Child and Family Team meetings on a monthly basis to support coordinated service delivery.

LME/MCO Care Managers

Pre-Release Responsibilities

During the prerelease period, the LME/MCO Care Manager is responsible for obtaining parent or guardian consent for care management services. If consent is not obtained prior to release, the Care Manager must continue outreach efforts during the post release period. The Care Manager (or Ticketing Specialist) uses the Help Center ticket to document assignment, initial outreach, and ongoing coordination activities and attends Service Planning Meetings and Child and Family Team meetings monthly, as permitted.

Pre- and Post-Release Responsibilities

Throughout the pre-release period, Care Managers (or Ticketing Specialist) document all care management activities in the Help Center ticket using the NC Medicaid required template. This will be uploaded one time once all fields are complete (including documenting the warm handoff to the post release Care Manager or continuation of the prerelease Care Manager). In the meantime, the Care

Managers (or Ticketing Specialists) should utilize the work note functionality within the Help Center ticket to acknowledge receipt. The work note functionality can also be used (but not required) to capture in progress work. The Care Manager shares the Care Management Comprehensive Assessment, Care Plan, and Comprehensive Clinical Assessment results with DJJDP, as appropriate, and makes referrals to services based on identified needs.

Post-Release Responsibilities

Throughout the post-release period, Care Managers document all Care Management activities in the BCM051. The LME/MCO is responsible for billing NCTracks in accordance with Medicaid policy.

Assessments

Required Assessments Completed by the Care Manager

The Care Management Comprehensive Assessment (CMCA) is a required assessment completed by the assigned care manager as part of Reentry Care Management. The CMCA is used to identify the Eligible Juvenile's physical health, behavioral health, substance use, intellectual/developmental disability, traumatic brain injury, LTSS related needs, and nonmedical drivers of health, and to inform care planning.

Expectation:

- The CMCA should be completed during the Pre-release Period (the 30 calendar days prior to release) whenever feasible.

Information from the CMCA may be shared with DJJ/YDC partners upon request through secure email, consistent with data sharing requirements.

The Re-entry Care Plan is a personalized care plan developed by the care manager based on the results of the CMCA. The Care Plan documents identified needs, services, referrals, transition activities, goals, and coordination responsibilities for the Eligible Juvenile.

Expectation:

- The Re-entry Care Plan should be developed during the Pre-release Period, in coordination with discharge and transition planning.

The Care Plan supports continuity of care following release and informs Post-release Reentry Care Management activities.

Assessments Completed by Youth Development Centers

YDCs complete several assessments and documentation that inform—but do not replace—care management assessments. These assessments are shared with the care managers via secure email or through the help center ticket.

Prior to release, YDCs complete or maintain the following:

- Screening and Diagnostic Information: Medical evaluations conducted during the prerelease period (or within 30 days post-release) to assess physical health needs.
- Comprehensive Clinical Assessment (CCA): A clinical evaluation completed by a licensed professional to understand mental health and substance use needs. This assessment is typically conducted while the youth is held in the YDC, though it may not always be available or completed.
- Mental Health Discharge Summary: A summary of diagnoses, medications, and treatment at the time of release for services not funded by Medicaid.
- Plan and Terms of Post-Release Supervision: Legally mandated treatment requirements and supervision terms, provided at the point of release to ensure continuity of legally required services.

These assessments are shared with LME/MCOs through approved mechanisms (e.g., Help Center Tickets or secure email), based on whether sharing is mandatory or available upon request.

Expectations for Pre-Release Completion and Required Actions if Not Completed

Pre-release expectations are that the Care Management Comprehensive Assessment and the Reentry Care Plan are completed during the Prerelease Period whenever possible. Completing these assessments prior to release promotes early engagement, continuity of care, and timely access to services immediately following release. However, the Department recognizes that there may be circumstances beyond the LME/MCO's control (e.g., access limitations, shortened detention stays, declined participation) that prevent completion of required Prerelease assessments.

In these cases:

1. Post-Release Completion Requirement
    - If the CMCA and/or Reentry Care Plan is not completed during the Prerelease Period, the care manager is responsible for completing the outstanding assessment(s) during the Post-release Period.
    - The care manager must attempt to engage the Eligible Juvenile within two weeks of release if no CMCA or Care Plan was completed pre-release.
2. Documentation and Continuity
    - Information obtained from YDC assessments (e.g., CCA, screening data, discharge summaries) should be incorporated into the CMCA and Care Plan to minimize duplication and support continuity.
    - Delayed completion does not negate assessment requirements; it shifts responsibility and timing to the Post-release Period.

Key Clarifications

- YDC assessments do not replace the Care Management Comprehensive Assessment or Re-entry Care Plan. They are complementary inputs to care management activities.

- Attendance at YDC led meetings does not satisfy required Care Management contact or assessment requirements.
- The CMCA and Care Plan are care management functions, regardless of whether similar clinical assessments exist in YDC records.
- Failure to complete prerelease assessments triggers specific post-release obligations, not a waiver of requirements.

Consents

When is Consent Needed?

Consent is a foundational requirement before care management services begin. The consent process is initiated even before a Help Center ticket is formally assigned. Prior to logging the ticket, the YDC Social Work Supervisor (SWS) will provide the youth's parent or guardian with preliminary information about CAA 5121 case management so that families are informed from the outset.

Once the Help Center ticket has been assigned to the LME/MCO, the Care Manager must contact the parent or guardian to obtain formal consent before engaging directly with the youth. The care manager is encouraged to work with the YDC SWS to obtain the consent from the parent or guardian. This step is required prior to any substantive care management activity.

Consent Forms

Two forms are used to document consent and authorize information sharing:

- The **JJBH Multi-Party Consent Form**, created by DJJDP, is initiated at intake and updated as needed. It allows the parent, guardian, or majority-age youth to consent to bi-directional sharing of information among parties involved in the youth's care. This form will be shared with the Care Manager as a PDF via secure email.
- The **Patient Information Release Form**, also created by DJJDP, governs the sharing of federally protected health information, including mental health, substance use, reproductive health, and sexually transmitted disease information. This is an opt-in form, meaning the youth individually grants permission for each category of information to be shared, and the parent or guardian then signs the completed form. This form will be shared as a PDF with FQHCs and with Care Managers as needed, via secure email.
- If the LME/MCO Care Managers require additional consent forms, it will be their responsibility to provide those and obtain the necessary signatures prior to engagement.

What-If Scenarios

If consent is not obtained during the pre-release period, the Care Manager should make a best effort to obtain consent in the post-release period. "Best effort" is defined as a minimum of three documented, strategic follow-up contact attempts if the initial attempt is unsuccessful.

If consent is not obtained during the post-release period, the Care Manager cannot provide services to that member and should discharge the member from service.

If the member, parent, or legal guardian does not consent to the Care Manager attending monthly Service Planning Meetings and/or Child and Family Team (CFT) Meetings, the Care Manager will not attend those meetings. In such cases, the Care Manager will assess the youth's care management needs and provide services through alternative methods and outreach efforts.

Data Exchange

What Data Will Care Managers Receive and How?

Care Managers will receive a range of clinical and case management documents from DJJDP throughout the pre- and post-release process. The following information will be shared as PDFs via the Help Center ticket:

- YDC/Facility Release Information for the youth (shared in a work note in the Help Center ticket)
- Screening and Diagnostic Information
- Comprehensive Clinical Assessment results
- Mental Health Discharge Summary
- When available, the Individualized Service Plan (sharing of the ISP is optional but recommended)

Two additional documents will be transmitted via secure email from the DJJDP Court Counselor to the LME/MCO care manager rather than through the Help Center ticket:

- Plan and Terms of Post-Release Supervision
- Youth's Details for Post-Release Supervision

Finally, Member Service Referral Information may be shared verbally during Service Planning Meetings, CFT Meetings, phone/video conferencing, or via secure email. Sharing this information is optional but recommended.

What Data Will Care Managers Share and How?

Care Managers are also expected to share certain information back with DJJDP, with varying levels of obligation depending on the document type.

One data exchange is mandatory: Care Team Information must be shared with the DJJDP Social Work Supervisor via the Help Center ticket.

Several other documents are **optional but should be available upon request**:

- **Care Management Comprehensive Assessment** shared as PDFs with the DJJDP Social Work Supervisor via secure email
- **Care Plan** shared as PDFs with the DJJDP Social Work Supervisor via secure email
- **Comprehensive Clinical Assessment** results, shared as a PDF with the DJJDP Social Work Supervisor or Court Counselor (depending on timing of completion) via secure email

Finally, **Member Service Referral Information** may be shared with the DJJDP Court Counselor verbally during Service Planning Meetings, CFT Meetings, phone/video conferencing, or via secure email. Sharing this information is optional but recommended.

Contacts

Pre-Release and Post-Release Timing of Care Manager Contact

During the **Pre-release Period**, defined as the 30 calendar days prior to an Eligible Juvenile's scheduled date of release from a public institution, the LME/MCO care manager will furnish Pre-release Reentry Care Management to Eligible Juveniles assigned to its catchment area. Following assignment via the Department's Help Center Ticket, the LME/MCO will assign a qualified care manager within seven calendar days and initiate contact with the YDC to schedule the initial Pre-release contact. The LME/MCO care manager shall complete at least one care management contact during the Pre-release Period and can complete additional contacts as necessary to perform required Pre-release Reentry Care Management activities, including completion of the comprehensive care management assessment and development of the Reentry Care Plan.

During the **Post-release Period**, defined as the 365 calendar days beginning on the date of release, the LME/MCO shall provide Post-release Reentry Care Management to Eligible Juveniles residing in its catchment area. Post-release contact requirements vary based on whether the Care Management Comprehensive Assessment and Reentry Care Plan were completed during Pre-release.

The care manager shall ensure, at minimum:

- **One contact within one month of release** if the comprehensive care management assessment and Reentry Care Plan were completed during Pre-release; or
- **One face-to-face contact within two weeks of release** if Pre-release activities were not completed, for the purpose of completing the outstanding assessment and care plan.

In addition, regardless of assessment status, **the PIHP shall complete at least one in person contact within 30 calendar days of release during the Post-release Period**. Following the initial Post-release contact, the assigned care manager shall determine and document the frequency and modality of ongoing contacts in the Eligible Juvenile's Reentry Care Plan based on identified needs.

In Person Versus Virtual Contact

Care Management contacts during both the Prerelease and Post-release Periods may be conducted in person, via telehealth, or through a combination of modalities, provided applicable confidentiality, privacy, and security requirements are met. In person contact is strongly recommended for at least one contact during the first 30 calendar days of the Post-release Period. Virtual contact may be used when in person contact is not feasible, including during the Pre-release Period when access constraints exist at the YDC.

Attendance at Meetings and Allowable Contacts

Care managers may participate in YDC led meetings that support care coordination and transition planning, including **Post-release Supervision Conferences** and **Child and Family Team meetings**, provided that appropriate consent has been obtained from the Eligible Juvenile or their legally responsible person/guardian. Such participation may occur during either the Pre-release or Post-release Period, as applicable.

However, **attendance at Youth Development Center led meetings does not count toward required Care Management contact requirements** and does not substitute for the minimum required contacts outlined in the Contract. Participation in these meetings also does not constitute a billable Targeted Case Management or Reentry Care Management contact.

Warm Handoff Requirements

To promote continuity of care, the care manager shall facilitate Warm Handoffs when an Eligible Juvenile transitions between care managers, including from Pre-release to Post-release Care Management or upon transition to a new care manager at the conclusion of the Post-release Period. A Warm Handoff includes direct communication between the transferring and receiving care managers and, to the greatest extent possible, a meeting involving the Eligible Juvenile and their legally responsible person/guardian.

Warm Handoffs shall occur prior to release whenever feasible, or no later than two weeks following release when pre-release coordination is not possible. The care manager must document completion of the Warm Handoff in the help center ticket and validate that all required transition planning functions were performed.

Opt-Out Provisions

Eligible Juveniles and/or their legally responsible person/guardian may decline or opt-out of Prerelease Reentry Care Management at any time. In such cases, the LME/MCO shall notify the Department within one business day via the help center ticket and shall document the opt-out in accordance with federal requirements.

Eligible Juveniles and/or their legally responsible person/guardian may decline or opt-out of Post-release Re-entry Care Management at any time. If the Eligible Juvenile opts-out, they may receive care coordination in accordance with standard TCM opt-out procedures.

During the 30 calendar days of the Post-release Period, Eligible Juveniles shall receive Plan-based Post-release Reentry Care Management. After the 30 days post-release, Eligible Juveniles may opt-out of Plan-based Reentry Care Management or request an alternate care manager, including provider-based care management, consistent with CMS member choice requirements.

Training

The training requirements for the care managers serving the CAA 5121 population are the same requirements for all TCM care managers. 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 LME/MCOs no less than 60 Calendar Days prior to the effective date of additional training modules.

Staffing Requirements

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*, including care managers and supervising care managers, and care manager extenders, to perform all care coordination functions. The Department recommends using staff members with lived or work experience with the justice involved community.