

Transition to Tailored Care Management for Children/Youth Served by the Child Welfare System: A Resource for County DSS and Other Stakeholders

November 29, 2022

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Terminology

Terminology / Definitions

- **NC Medicaid Direct**: North Carolina's health program for Medicaid beneficiaries who are not enrolled in health plans.
- **Care Management**: Team-based, person-centered approach to effectively managing patients' medical, social and behavioral conditions.
- **Tailored Care Management**: The care management model for Medicaid beneficiaries who meet clinical eligibility criteria. Tailored Care Management will be delivered by a care manager who is based at a health plan or in a community provider setting at an Advanced Medical Home Plus (AMH+) practice or Care Management Agency (CMA).
- **Tailored Care Management Assignment Letters**: Assignment letters that will be sent to beneficiaries who are eligible for Tailored Care Management.
- **Transition of Care**: The process by which a beneficiary's healthcare coverage moves between service delivery systems, including between health plans.
- **NC Innovations Waiver**: A Federally approved 1915 C Medicaid Home and Community-Based Services Waiver (HCBS Waiver) designed to meet the needs of Individuals with Intellectual or Development Disabilities (I/DD) who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.

Terminology / Definitions Cont'd

- **Warm Handoff:** Time-sensitive, member-specific planning for care-managed members or other members identified by either the transferring or receiving entity to ensure continuity of service and care management functions. Warm Handoffs require collaborative transition planning between both transferring and receiving entities and as possible, occur prior to the transition.
- **Transferring Entity:** The entity (e.g., CCNC) that is disenrolling the transitioning member and transferring the member's information.
- **Receiving Entity:** The entity (e.g., LME/MCO) that is enrolling the transitioning member and receiving the member's information.
- **Beneficiary Consent Form:** Form that beneficiaries or their guardian sign to provide permission for their information to be transferred.
- **Transition of Care (TOC) Warm Handoff Summary Form:** This form is required for beneficiaries with high needs to be completed to support the transition from CCNC to LME/MCO.

Overview of Tailored Care Management

What is Tailored Care Management?

Under Tailored Care Management, members will have a single care manager who will manage all of a member's needs, spanning physical health, behavioral health, I/DD, TBI, pharmacy, LTSS, and unmet health-related resource needs.

Tailored Care Management will allow eligible children/youth to receive integrated care management. Integrated care management places the person at the center of a multidisciplinary care team and recognizes interactions across all their needs, developing a holistic approach to serve the whole person.

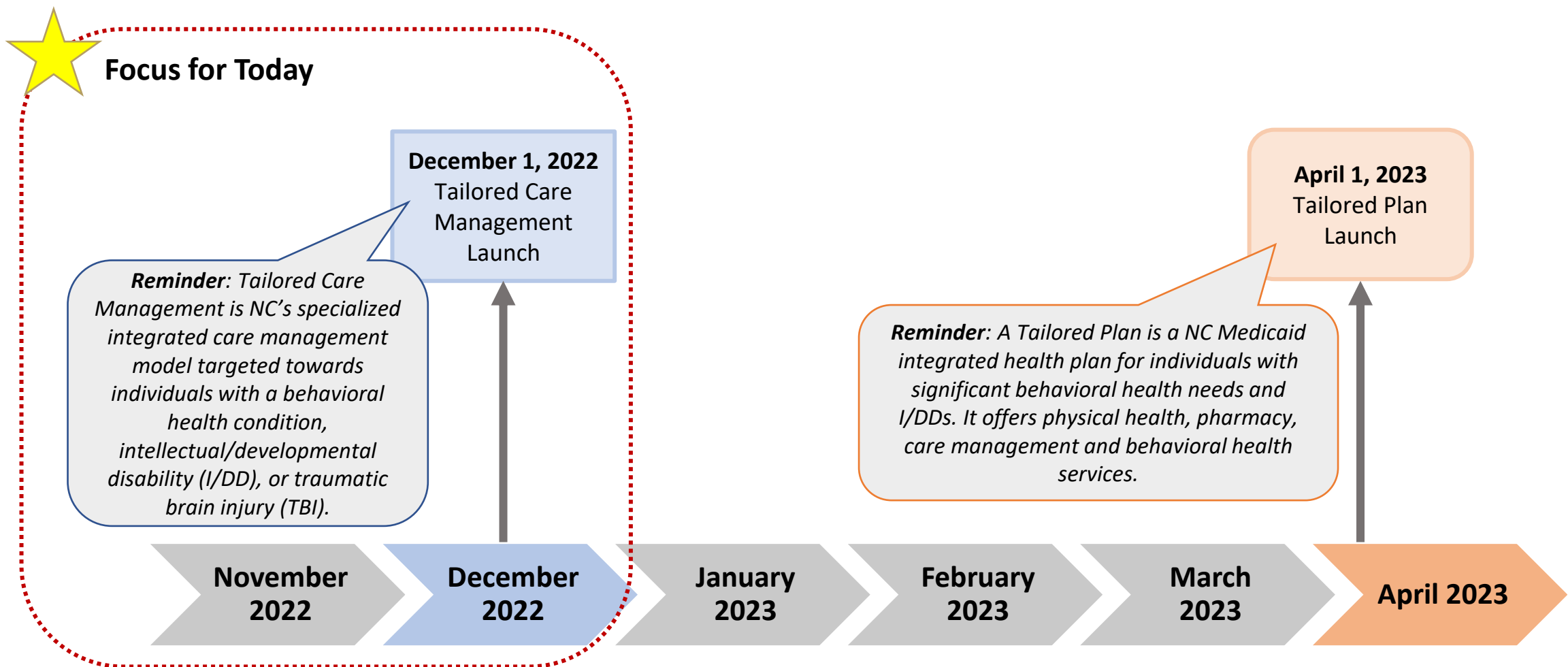
With Tailored Care Management, care managers:

- **Coordinate a comprehensive set of services** addressing all of the member's needs; members will not have separate care managers to address physical health, behavioral health, TBI, and I/DD-related needs.
- **Provide holistic, person-centered planning.** Members receive a care management assessment that evaluates all of their health and health-related needs and drives the development of a care plan that identifies the goals and strategies to achieve them.
- **Address unmet health-related resource needs** (e.g., housing, food, transportation, interpersonal safety, employment) by connecting members to local programs and services.
- **Are part of multidisciplinary care teams** made up of clinicians and service providers who communicate and collaborate closely to efficiently address all of the member's needs.
- **Utilize technology** that bridges data silos across providers and plans.



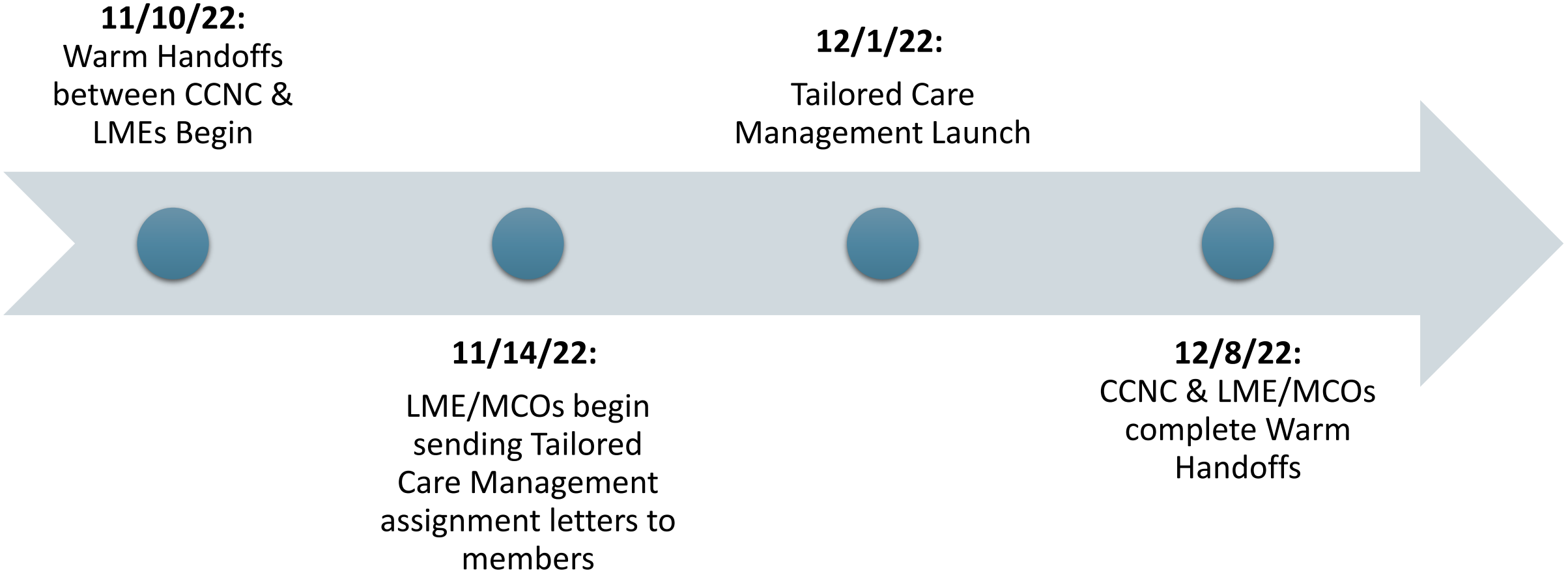
Upon Tailored Care Management launch, County Child Welfare Workers will only have to coordinate care management with a single care manager for children who are eligible for Tailored Care Management.

Timeline for Tailored Care Management and Tailored Plan Launch



***Individuals enrolled in the EBCI Tribal Option who meet Tailored Care Management Eligibility must opt-in to Tailored Care Management if they wish to receive that service. Otherwise, Tailored Care Management launch will not impact populations in the EBCI Tribal Option or in the EBCI Family Safety Program.**

Key Dates for Tailored Care Management Launch on 12/1



Eligibility for Tailored Care Management as of 12/1/22

Medicaid Coverage for Children & Youth Served by the Child Welfare System

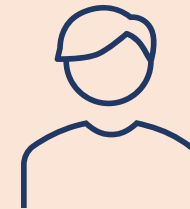
Children in Foster Care



Children Receiving Adoption Assistance



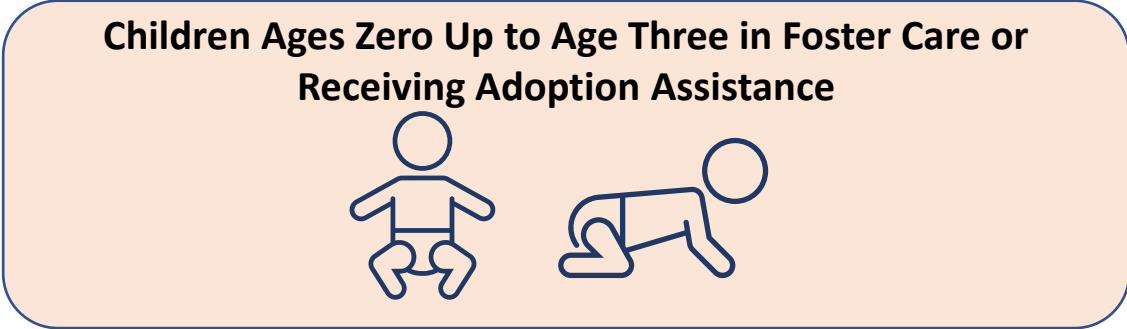
Former Foster Youth Under Age 26



will continue to be in Medicaid Direct

- NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in health plans.
- NC Medicaid Direct provides beneficiaries with physical health, pharmacy, long term services and supports, and behavioral health services (including for mental health disorder, substance use disorder (SUD), intellectual/developmental disability (I/DD) or traumatic brain injury (TBI)).

Medicaid Coverage and Care Management for Children Ages 0-3



will receive care management as follows:



Not Tailored Care Management-Eligible

- These children will continue to receive care coordination/care management as they do today.
- For example, children in foster care receiving Care Management for At-Risk Children (CMARC) program provided by Local Health Departments will continue to receive CMARC.

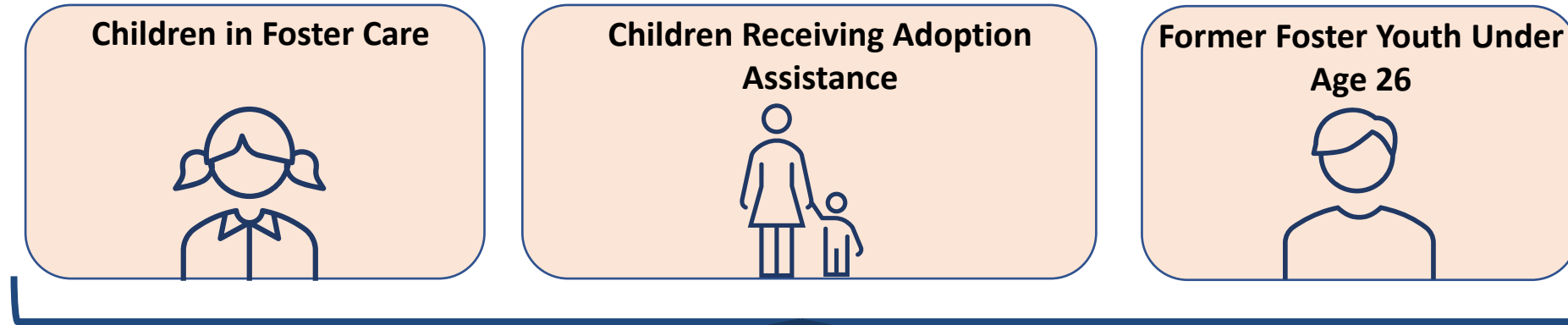
+ Tailored Care Management-Eligible

- Only children ages 0 - 3 on the NC Innovations Waiver* will be eligible for Tailored Care Management on December 1, 2022.
- All other eligible children ages 0 - 3 will get Tailored Care Management beginning April 1, 2023.
 - Until then, they will continue to receive care coordination/care management as they do today.

Individuals eligible for Tailored Care Management include those with a serious mental illness (SMI), a serious emotional disturbance (SED), a severe SUD, an I/DD, or those who are receiving services for a TBI

*The NC Innovations Waiver is a Federally approved 1915 C Medicaid Home and Community-Based Services Waiver designed to meet the needs of Individuals with Intellectual or Development Disabilities (I/DD) who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.

Care Management for Children & Youth Served by the Child Welfare System Ages 3+



Not Tailored Care Management-Eligible

These children and youth will continue to receive **care coordination provided by Community Care of North Carolina (CCNC).**

- **CCNC will serve as the lead** in coordinating physical health, behavioral health, and social services **with DSS**
- **CCNC will work with each LME/MCO** to coordinate the delivery of needed behavioral health services
- **LME/MCO will support coordination of behavioral health services** at the request of CCNC or the DSS Child Welfare Worker and must assign a care coordinator to a member if requested by the DSS caseworker

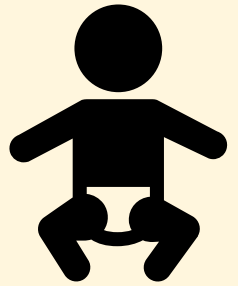
+ Tailored Care Management-Eligible

These children and youth will receive **Tailored Care Management primarily provided by a LME/MCO.***

Tailored Care Management-eligibility is not static; a child's eligibility for Tailored Care Management is monitored via Medicaid system data runs.

Scenario 1

Brayden is 3-years-old and in foster care. He is on the NC Innovations Waiver.



3-year-old in
Foster Care



*Is Brayden eligible for
Tailored Care Management
on 12/1?*

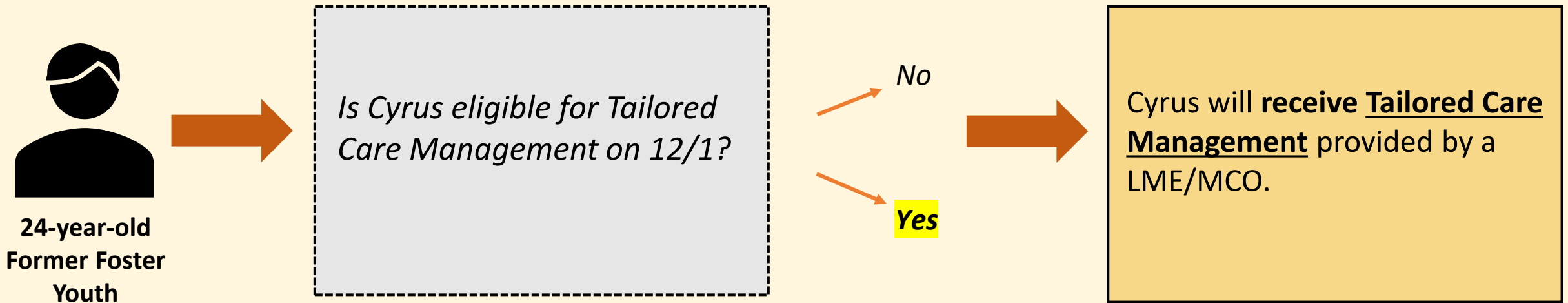
No
Yes



Brayden will receive Tailored
Care Management.

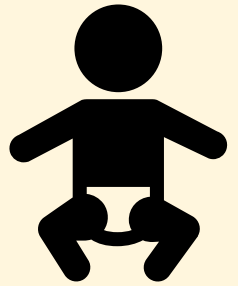
Scenario 2

Cyrus is 24-years-old and a former foster care youth. Cyrus has a serious mental illness (SMI).



Scenario 3

Ruth is 2-years-old and in foster care. Ruth is showing signs of developmental delays.



2-year-old in
Foster Care



*Is Ruth eligible for Tailored
Care Management on
12/1?*

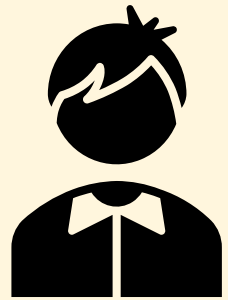
No
Yes



Ruth will **continue to receive
Care Management for At-Risk
Children (CMARC)** through the
local health department.

Scenario 4

David is 7-years-old and in foster care; he has no known behavioral health concerns.



7-year-old in
Foster Care



*Is David eligible for Tailored
Care Management on 12/1?*

No
Yes



David will continue to **receive care coordination through Community Care of North Carolina (CCNC)** in partnership with a LME/MCO.

Children & Youth Served by the Child Welfare System Care Management Summary

	Is the Child/Youth Enrolled in the NC Innovation Waiver?	Is the Child/Youth diagnosed with a SMI, SED, a severe SUD, an I/DD, or receiving services for a TBI?*	Is the Child/Youth Eligible for Tailored Care Management on 12/1?	Care Management Model on 12/1
Children < age 3	Yes	Yes	Yes	Tailored Care Management
	No	Yes	No	CMARC or CCNC
	No	No	No	CMARC or CCNC
Ages 3 +	Yes	Yes	Yes	Tailored Care Management
	No	Yes	Yes	Tailored Care Management
	No	No	No	CMARC (Children <5) or CCNC

Tailored Care Management Assignment Letter

LME/MCOs will send assignment letters to individuals eligible for Tailored Care Management beginning November 14, 2022

- **Assignment letters will be sent to a child's Authorized Representative(s)** as identified in the child's 834-eligibility file, a child's standard Medicaid enrollment file.
- Depending on each child's individual circumstance, **the Authorized Representative may be the County DSS Director, County Child Welfare Worker, or other individual (e.g., foster or kinship parent).**
- **The Department also will send assignment letters** to the Authorized Representative of any **child who enters foster care after December 1, 2022 and who is Tailored Care Management eligible.**

Tailored Care Management Assignment Letter Cont'd.

Overview of Tailored Care Management

Tailored Care Management Provider Contact Information

This letter is to be sent to NC Medicaid Direct members who qualify for Tailored Care Management.

For extra support to get and stay healthy, you have access to Tailored Care Management at no cost to you. Tailored Care Management provides you with a care manager, who is trained to help people with mental health, substance use, intellectual/developmental disability and/or traumatic brain injury needs. Your care manager works with you, your team of medical professionals and your approved family members (or other caregivers) to consider your unique health-related needs and find the services you need in your community.

Your care manager can:

- Do a full assessment of your needs and help develop a set of health goals and a plan to achieve those goals
- Help arrange your appointments and transportation to and from your provider
- Answer questions about what your medicines do and how to take them
- Follow up with your doctors or specialists about your care
- Connect you to helpful resources in your community

Your Tailored Care Management provider may be your primary care provider (PCP) (also called an Advanced Medical Home +, or AMH+), a Care Management Agency (CMA) or [LME/MCO Name]'s Care Management department.

Your Tailored Care Management provider is:

[Tailored Care Management Provider Name]
[Contact Information]

You can choose or change your Tailored Care Management provider during the year. If you want to choose or change your Tailored Care Management provider, you can call Member Services at [Member Services Toll-Free Number] or submit the form: [Form name/submission mechanism].

You can also choose not to have a care manager and not receive the Tailored Care Management benefit. [LME/MCO Name] will help you coordinate services, but the coordination will be more limited than Tailored Care Management. For example, you will not meet with a care manager on a regular schedule. This will not impact which providers you can see or what services are covered for you through [LME/MCO Name]. You can choose not to have Tailored Care Management at any time by calling Member Services at [Member Services Toll-Free Number] or submit the form: [Form name/submission mechanism].

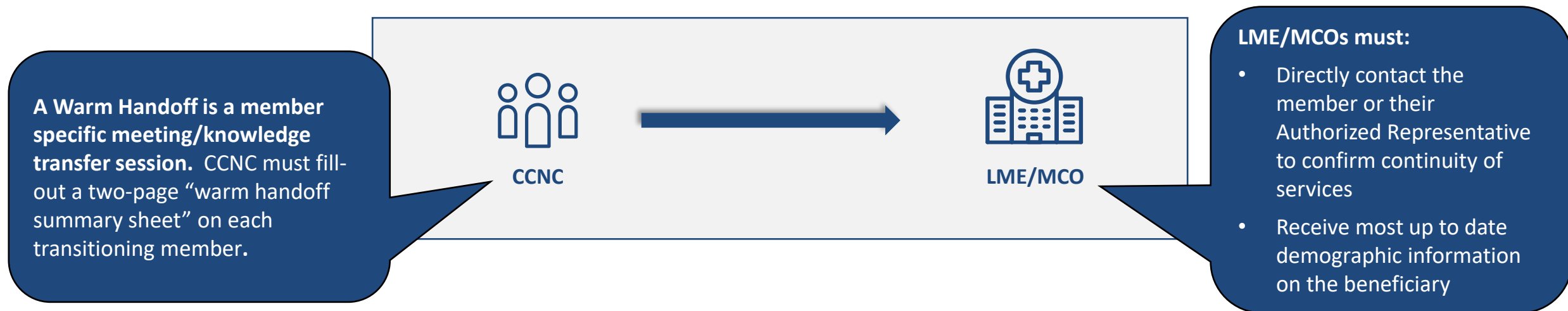
Member Services Contact Information

Opt-out Information

Warm Handoffs & Transition of Care Policy Highlights

Overview of Warm Handoff Process at Tailored Care Management Launch

- CCNC must complete a “Warm Handoff” to a LME/MCO for children and youth ages 3+ served by the child welfare system who are Tailored Care Management-eligible and actively receiving care management from CCNC.
- These members will be identified on the DHHS “Warm Handoff List” and a CCNC “TOC Warm Handoff summary form.”
- The Transferring Entity (CCNC) share the Warm Handoff member list with the Receiving Entity (LME/MCO) on November 10, 2022.



The Warm Handoff transfer sessions must begin three weeks prior to Tailored Care Management launch on 12/1 and must be completed no later than one week after launch (11/10-12/8).

Transition of Care Policy Highlights

The transferring entity (CCNC) is expected to produce a TOC Warm Handoff Summary Form for each member identified for a Warm Handoff and a TOC summary page for ALL members disenrolling from the transferring entity (CCNC). This summary should include, the following details:

- List of current providers
- List of current authorized services
- List of current medications
- Foster Care Information
- DSS Child Welfare Worker
- Active diagnoses
- Known allergies
- Existing or prescheduled appointments, including Non-Emergency Medical Transportation (NEMT), as known
- Any urgent or special considerations about a member's living situation, caregiving supports, communication preferences or other Member-specific dynamics that impact the Member's care and may not be readily identified in other transferred documents
- Additional information as needed to ensure continuity of care

All LME/MCO-based care managers providing care management and care coordination to children and youth served by the child welfare system are required to collaborate with DSS Child Welfare Workers, by:



Closely coordinating, regularly communicating and sharing information



Responding to inquiries within three business day, or earlier, if necessary, to appropriately manage the behavioral health needs





Coordinating services and supports to meet the child/youth's care planning needs



Supporting development and implementation of treatment and crisis plans

Transition of Care Forms

The following forms need to be completed by CCNC for every member who is considered a high priority by DHHS, for them to be transitioned to a LME/MCO.

-  **Beneficiary Consent Form:** This is a form that is required to be completed in order to share the member information from the transitioning entity (CCNC) to the receiving entity (LME/MCO). It also includes a section on the member's right to revoke consent and given that this is a voluntary action, the member has the right to refuse signing this form which by default would mean that the member's information cannot be shared with the receiving entity.
-  **TOC Warm Handoff Summary Form:** This is a form required to be completed for those members who have been determined as highly vulnerable and helps to reduce the risk of service disruptions. This form includes sections on member's current services, discharge plan, immediate risks, among others.

Beneficiary Consent Form

CONSENT TO SHARE CONFIDENTIAL HEALTH INFORMATION

Name of Member (printed):

Member's Date of Birth (printed):

Clinician/Provider Representative (print):

An Explanation of this Form

You will soon have a different health plan to manage your Medicaid healthcare benefits. To help make sure your new health plan has the information it needs to continue to provide access to and payment for your health care, we need your consent to share records about your treatment with your new health plan. You can take back your consent any time you want by signing the revocation section on this form and giving it to name of PHP here. You can tell us how long you want this consent to be valid, or you can tell us an event or condition upon which it will expire. If you don't give us a different time frame your consent is good for one year. You will be given a copy of this form to keep.

Giving Your Permission to Share Your Records

To ensure that my current services are not interrupted and so that my new health plan can support me effectively, I name of member/patient or legally responsible person hereby authorize name of PHP to transfer and share information related to my prior authorizations, treatment received and care plans with:

Name of Prepaid Health Plan ("PHP")	Initials next to applicable PHP. If Member does not know PHP, provider may reflect PHP assignment with X and secure member's initial to confirm consent.
AmeriHealth Caritas	
Carolina Complete Health	
Healthy Blue	
United Healthcare	
WellCare	
Alliance	
Eastpointe	

Transition of Care: Crossover Consent under 42 CFR Part 2
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Partners	
Sandhills	
Trillium	
Vaya Health	
Local Health Department (please specify): Click to enter text.	

By signing this form, I authorize name of PHP to share the following specific information with the health plan identified above, which may include information relating to my substance use disorder diagnosis, condition and treatment:

1. My name, address, and other personal identifying information, including social security and Medicaid Identification number
2. Substance use treatment information, including diagnosis, treatment, services, person centered plans, utilization review information, prior authorizations for services, and care plans
3. Substance use treatment progress and compliance reports
4. Medications and reason for prescription
5. Reportable communicable disease information, including HIV/AIDS, sexually transmitted infections, hepatitis, and tuberculosis
6. Financial information, including health plan or health benefits information
7. Other (specify, if any):

Revocation and Expiration

I understand that I have the right to end this authorization at any time, except to the extent that a person or agency that is permitted to make a disclosure has already taken action in reliance on it. If not revoked sooner, or by the date, event, or condition set out below, this authorization expires automatically one year from the date it is signed or upon my disenrollment from the NC Medicaid Program. _____

Voluntariness

I understand that I have the legal right to refuse to sign this authorization form. If I choose not to sign this form, I understand that healthcare providers and health plans cannot deny or refuse to provide treatment, payment for treatment, enrollment in a health plan, or eligibility for health plan benefits because of my refusal to sign.

Transition of Care: Crossover Consent under 42 CFR Part 2
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Beneficiary Consent Form Cont'd.

Redisclosure and Confidentiality

My signature below indicates that I understand what information will be released and the need for the information to be released to my new health plan. I further understand that the information to be released may include information regarding my substance use disorder diagnosis, condition or treatment or HIV infection, AIDS, or AIDS related conditions. Information relating to HIV infection, AIDS or AIDS related conditions shall be released only in accordance with N.C.G.S. §130A-143. In addition, information related to my substance use disorder diagnosis, condition or treatment in my records is protected under federal regulations and cannot be released without my written consent unless otherwise provided in 42 CFR Part 2. The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §2.12(c)(5). Once information is disclosed pursuant to the signed authorization, I understand that the federal privacy law (45 CFR Part 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing it. Other laws, however, may prohibit redisclosure. I understand that when you disclose my mental health, intellectual and developmental disabilities information protected by state law (N.C.G.S. §122C-52) or substance use disorder diagnosis, condition or treatment information protected by federal law (42 CFR Part 2), you must inform the recipient that redisclosure is prohibited except as permitted or required by these two laws.

*Signature of member under age 18
(If required for substance use disorder information)*

Date

Signature of member

Date

Signature of legally responsible person

Date

Full name and relationship of legally responsible person

Verbal consent received from the above listed member/legally responsible person.

Signature of person who received verbal consent

Date

Time

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Revocation Section (Please complete only if you are revoking consent)

I revoke this authorization to disclose confidential health information of _____, signed by _____ on _____ . This revocation is effective on _____. I understand that actions taken based upon this authorization prior to this revocation date are legal and binding.

Signature of member

Date

Signature of legally responsible person

Date

Full name and relationship of legally responsible person

NOTICE OF PROHIBITION ON RE-DISCLOSURE OF PART 2 RECORDS

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

Transition of Care: Crossover Consent under 42 CFR Part 2
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TOC Warm Handoff Summary Form

Transition of Care Warm Handoff Summary

Member Name: Click to enter text. Legal Guardian's name*: Click to enter text.
Assigned Plan: Please Select. Legal Guardian's contact information*: Click to enter text.
Member Medicaid ID: Click or to enter text. Member in Foster Care: Please Select
Member's Contact Information: Click to enter text. Foster Care Permanency Status*: Please Select
Member's DOB: Click or to enter text. Date Summary Completed: Click to enter text
Member's Gender: Click or to enter text. Completed By: Click or to enter text.
Member's Guardianship status: Click or to enter text.

*If Applicable

Note: for SUD-related data, please adhere to rules and regulations for sharing this information and if consent has not been obtained, do not provide that information on this document.

1. Why was the member identified for Warm Handoff?

- Currently Inpatient at Transition
- High Risk /Multiple or complex Treatment Interventions
- Currently/recently in Care Management/Care Coordination
- Currently/recently in Care Management for At-Risk Children (CMARC)
- Currently/recently in CCNC Care Management
- Currently/recently in Integrated Care for Kids (InCK) Care Management
- Currently receiving Community Guide
- Currently/recently in Other Care Management Click or tap here to enter text.
- Other: Choose an item. Click or tap here to enter text.

2. List of current PAs: Click or tap here to enter text.

3. Foster Care Information (if applicable):

Child Welfare Worker name: Click or tap here to enter text.
Child Welfare Worker Name phone number: Click or tap here to enter text.
Child Welfare Worker County: Click or tap here to enter text.
Foster Placement name (foster family, group, or children's home): Click or tap here to enter text.
Foster Placement number: Click or tap here to enter text.

4. Current Care Manager/Care Coordinator Information:

Current Care Manager/Coordinator/Navigator name: Click or tap here to enter text.
Current Care Manager/Coordinator/Navigator phone number: Click or tap here to enter text.
Member's preferred communication method: Click or tap here to enter text.
Known safety issues for care manager: Click or tap here to enter text.

5. What are the current Services? Click or tap here to enter text.

Service: Click or tap here to enter text.
Date of Service: Click or tap to enter a date.
Provider: Click or tap here to enter text.
Length of Stay (LOS) (Duration in service): Click or tap here to enter text.

Duplicate fields if multiple services.

6. List of current providers: Click here to add text

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7/22/2022
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7. Date of last care coordination contact with member (e.g. in-person visit, telephonic or virtual):

- In-person
- Telephonic
- Virtual (online with camera)

8. List of medications: Click or tap here to enter text.

8a. List of current diagnoses: Click here to add text

9. Known medication Issues/Concerns (ex: member recently changed pharmacy, has not filled Rx's, adherence, allergies, etc.):

- Yes
- No
- N/A
- Not known

Please describe here:

10. Known barriers or immediate risks? Click or tap here to enter text.

Safety risks known: SI/Hi Click or tap here to enter text.
SDOH needs: Click or tap here to enter text.
Medically Complex/Fragility: Click or tap here to enter text.
NEMT Needs: Click or tap here to enter text.
Current level of care recommended: Click or tap here to enter text.
Recent hospitalizations/crisis episodes: Click or tap here to enter text.

11. Discharge plan, upcoming appointments, or next steps: Click or tap here to enter text.

Recommended service/LOC (SP/TP services listed below):

- Inpatient
- Partial Hospitalization
- Outpatient opioid treatment **
- ADATC for crisis stabilization **
- Other: Click to enter text.
- No recommendation provided
- Outpatient
- Mobile Crisis
- Detox **
- Medical Primary Care Provider: Click to enter text.
- Research-Based BH Treatment
- FBC
- Assessment

12. Additional Information/ Other comments: Click or tap here to enter text.

- Check here if transitioning beneficiary is actively enrolled in CCNC care management (if known).
- Check here transitioning beneficiary is under open appeal at transition.
Service: Click to enter text.
With Continuation of Benefit.

TOC Warm Handoff Summary
7/22/2022
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Questions & Additional References

Please Email Questions to:
Medicaid.NCEngagement@dhhs.nc.gov

- NC Medicaid Website: <https://www.ncdhhs.gov/>
- Transition of Care Website: <https://medicaid.ncdhhs.gov/care-management/transition-care>
- Transition of Care Policy: <https://medicaid.ncdhhs.gov/media/8498/download?attachment>
- Medicaid Beneficiary Portal: <https://www.nctracks.nc.gov/content/public/providers.html>
- Provider Support: <https://www.ncdhhs.gov/providers>
- Reports Dashboard: <https://medicaid.ncdhhs.gov/reports/dashboards>

