Tailored Care Management Provider Manual
November 2026

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Section I: Introduction

Effective Nov. 1, 2026, NCDHHS provides Medicaid and Children's Health Insurance Program (CHIP) services to eligible Justice Involved (JI) 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 5121)** 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 Document

JI 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. CAA 5121 seeks to address these challenges by:

- Ensuring screening, diagnostic and care coordination activities begin prior to release;
- Promoting active connections 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.

North Carolina is providing services in the youth development centers (YDCs) first and will phase in additional facilities over time.

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

Section II: Key Features of CAA 5121

1.) **Pre-r**elease Screening and Diagnostic Services

Within the 30 days prior to release (or no later than one week, or as soon as practicable after release from the facility), NC Medicaid will cover the following screening and diagnostic services, consistent with Health Check requirements.

Table 1: Screening and Diagnostic Service Definitions

Covered Service	Eligible Youth Under the Age of 21	Eligible Youth Ages 21 and Over
Screening	Services include: • Comprehensive health, developmental history, and unclothed physical examination; • Appropriate vision, hearing and lab testing; • Dental screening services; • Behavioral health screenings; and	Services include: • Those screenings that are medically necessary to determine existence of a physical or behavioral health illness or condition; • Age-appropriate screenings per the American Academy of

	• Assessment if the individual is up to date with immunizations in accordance with the Advisory Committee on Immunization Practices (and if not, provide the appropriate immunizations).	Pediatrics / Bright Futures Periodicity Schedule; • Blood pressure; and • Weight.
Diagnostic	Diagnostic services must be rendered when a screening service indicates the need for further evaluation and when such diagnostic services are otherwise medically necessary	

2.) **Post-release Reentry Care Management**

Eligible youth can receive reentry care management beginning up to 30 days before release. NC Medicaid will provide care management support for up to one year following release, effective Nov. 1, 2026.

A care manager shall:

- Identify health care, behavioral health, educational and social support needs;
- Develop a personalized plan for services and support;
- Connect youth and families to community resources;
- Schedule appointments and coordinate services; and
- Follow up after release to help ensure services are received.

Section III: Eligibility Criteria

The services under CAA 5121 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 is providing services in YDCs first and will phase in additional facilities over time.

Section IV: 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.

1.) YDC 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 the 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 not later than one week or as soon as practicable after release. 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 Multiparty 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.

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. If the screening and diagnostic appointment cannot occur prior to release, it must be completed not later than one week or as soon as practicable after release.

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.

Post-Release Responsibilities

For post-release responsibilities of DJJ staff, see section below for Court Counselors

2.) 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.

3.) Division of Health Benefits (DHB)
Pre-Release Responsibilities

Once a help center ticket has been created by the YDC social work supervisor, NCDHHS assigns the ticket to the appropriate LME/MCO based on the youth's release location. The ticket will be flagged as high priority. If the youth is ineligible for Tailored Care Management (TCM) they will send an email to CCNC to notify them that the member will be served by an LME/MCO.

Once the LME/MCO documents assignment of care manager, parent/guardian consent is obtained, and the initial outreach to the YDC has been completed, NCDHHS will lower the ticket to medium.

NCDHHS will monitor the help center ticket to ensure that contact is made within seven business days. If contact has not been made, they will contact the LME/MCO and raise the ticket back to high priority. Once all actions have been completed by the care manager and the release has been documented by the social work supervisor, NCDHHS resolves the ticket.

Post-Release Responsibilities

Once the Post-Release Care Management Report template has been received through the help center, NCDHHS will review it for any issues. If issues are found, the LME/MCO may make revisions and resend. If no issues are found, it will be reviewed by NCDHHS to determine future penetration rates and care management rates. It is the population health team's responsibility to ensure that CCNC members were in fact served by the LME/MCOs.

4.) Division of Juvenile Justice Delinquency Prevention (DJJDP) Court Counselors
Pre-Release Responsibilities

The DJJDP court counselors currently do not have any prerelease responsibilities.

Post-Release Responsibilities

Following release, 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.

5.) LME/MCO Care Managers
Pre-Release Responsibilities

During the pre-release 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 LME/MCO 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

To capture prerelease care management activities, LME/MCO document all care management activities in the help center ticket using the NC Medicaid required template. This will be uploaded one time and ensure 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 LME/MCO 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 LME/MCO 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, LME/MCO documents all Care Management activities in the reporting template provided by NCDHHS. The LME/MCO is responsible for billing NCTracks in accordance with NC Medicaid policy.

Section V: Payment Model

1.) **Pre-Release Re-Entry Services**

Health plans providing pre-release re-entry services will submit claims for the first qualifying pre-release service contact per member to NCTracks, billed as fee-for-service using the PIHP Plan ID.

- Procedure Code T1017 and Modifier TJ
    - Applicable to members up to 18 years old.
    - The LME/MCO will be paid a retrospective monthly rate for each eligible juvenile member in a carceral setting who receives a qualifying Re-entry Care Management contact (as defined) within the 30-day pre-release period.
    - Members qualify for pre-release services when in a carceral setting (Managed Care Status MCS023) and receiving pre-release services while eligibility is suspended.
- Procedure Code T1017 and Modifier HB
    - Applicable to members 19 years old and over
    - The LME/MCO will be paid a retrospective, monthly rate for each eligible juvenile member in a carceral setting who receives a qualifying Re-entry Care Management contact (as defined) within the 30-day pre-release period.

- Members qualify for pre-release services when in a carceral setting (Managed Care Status MCS023) and receiving pre-release services while eligibility is suspended.

2.) **Post Release Re-Entry Services**

Health plans providing post-release re-entry services for Non-Tailored Care Management eligible juvenile members will submit claims for the first post-release service qualifying contact per member per month to NCTracks, as fee-for-service using the PIHP Plan ID.

1. Procedure Code T1016 and Modifier TJ
    - Applicable to members up to 18 years old.
    - The LME/MCO will be paid a retrospective monthly rate for each non-TCM (Tailored Care Management) eligible juvenile served in the post-release period, for up to 12 months, who receives a qualifying targeted case management contact during the month. The post-release targeted case management rate will match the rate used for Tailored Care Management services.
    - Members qualify for re-entry post-release services when their Managed Care Status code begins with "FI" (Formerly Incarcerated).
    - Members Medicaid coverage must be active, and the current date must fall within 365 days from their release date.
2. Procedure Code T1016 and Modifier HB
    - Applicable to members 19 years old and over.
    - The LME/MCO will be paid a retrospective monthly rate for each non-TCM (Tailored Care Management) eligible juvenile served in the post-release period, for up to 12 months, who receives a qualifying targeted case management contact during the month. The post-release targeted case management rate will match the rate used for Tailored Care Management services.
    - Members qualify for re-entry post-release services when their Managed Care Status code begins with "FI" (Formerly Incarcerated).
    - Members Medicaid coverage must be active, and the current date must fall within 365 days of their release date

Appendix: Additional Information

For more information, please visit the Justice Involved Care Management Provider Documents page. Here you will find the most up to date process flows and guidance documentation.