Alliance Health

Provider Practice Transformation Academy

Functions/Responsibilities of Transitional Care Management, Part III: Diversion from Institutional Settings

What is transitional care management?

Per the North Carolina Department of Health and Human Services (NCDHHS) Behavioral Health I/DD Tailored Plan Request for Application, Tailored Care Management (TCM) organizations, including Care Management Agencies (CMAs), Advanced Medical Home Plus (AMH+) practices and Tailored Plans, are required to carry out transitional care management functions when a member is transitioning from one clinical setting to another. Transitional care management functions are carried out by the member's assigned care manager/care management team.

Why is transitional care management important?

Transitional care management is a key part of TCM and is intended to prevent unplanned or unnecessary readmissions, ED visits, or adverse outcomes for members who are transitioning between clinical settings. In addition to the basic requirements, transitional care management includes diversion from institutional settings.

All diversion activities must be documented and stored in the member's record and made available for review upon request.

What is diversion?

Diversion is the process of identifying individuals living in the community who are at risk of requiring care in an institutional setting or an adult care home, and providing additional, more intensive supports and services to prevent further deterioration of their condition that could result in placement in an institutional setting or an adult care home (ACH).

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Who is eligible to receive diversion activities?

Members who meet at least one of the following criteria are eligible for diversion activities:

- Have transitioned from an institutional or correctional setting or an ACH within the previous 6 months.
- Are seeking entry into an institutional setting or ACH.
- For members with I/DD or TBI, meet one of the following additional criteria:
    - Member has an aging caregiver who may be unable to provide the recipient their required interventions.
    - Member's caregiver is in fragile health, which may include but is not limited to member caregivers who have been hospitalized in the previous 12 to 18 months, diagnosed with a terminal illness, or have an ongoing health issue that is not managed well (e.g., diabetes, heart condition, etc.).
    - Member with two parents or guardians if one of those parents/guardians dies.
    - Any other indications that a member's caregiver may be unable to provide the member their required interventions.
    - Member is a child or youth with complex BH needs.

TCM organizations are required to identify members who are at risk of requiring care in an adult care home (ACH) or an institutional setting (such as an ICF-IID, psychiatric hospital, or PRTF) and perform diversion activities in a timely manner.

TCM organizations must consult with their medical staff to assess the medical needs of the member receiving diversion services.

What do diversion activities include?

Screening and assessing the member for eligibility for community-based services.

- Educating the member on the choice to remain in the community and the services that would be available.
- Facilitating referrals and linkages to community support services for assistance.
- Determining whether the member is eligible for supported housing, if needed.
- For those who choose to remain in the community:
    - Developing a community integration plan (CIP) that clearly documents that the member's decision to remain in the community was based on informed choice, and the degree to which the member's decision has been implemented.
    - Integrating the member's CIP as an addendum in the member's care plan or ISP.
    - For members with a CIP, referring and providing linkages to services and supports for which they are eligible, including supportive housing.

References:

NC DHHS Medicaid Direct Prepaid Inpatient Health Plan Contract (p. 173-174) First Revised and Restated Request for Application 30-2020-052-DHB BH I/DD Tailored Plan (p. 170-171) w Provider Manual, Section V, 4.8