

Guidance and Best Practices on Pre-Release Targeted Case Management (TCM) for CAA Section 5121 Eligible Youth

Background

The Consolidated Appropriations Act (CAA) of 2023, Section 5121, requires that targeted case management (TCM) services be provided to post-adjudication eligible juveniles **during the 30 days before their release** and for at least 30 days after their release. TCM services are case management services that help individuals in a specific targeted group gain access to needed medical, social, educational, and other services. As described in [State Health Official Letter \(SHO\) #24-004: Provision of Medicaid and CHIP Services to Incarcerated Youth](#), “TCM is a critical lynchpin to help connect eligible juveniles to all needed services upon release, including medical, social, and educational services” (p. 17).

Throughout this document, the terms “youth” (collective) and “individual” (singular) are used to refer to eligible juveniles under CAA Section 5121. The guidance provided in this document is intended to support providers’ delivery of MassHealth pre-release TCM services to these youth in accordance with federal and state requirements. MassHealth may issue further updates to this guidance, and/or may issue a [Correctional Facility Provider Bulletin](#) at a future date with additional requirements.

Requirements

A. Basic Pre-Release TCM Components

MassHealth requirements for the provision of pre-release TCM services are intended to align with federal regulations at 42 CFR 440.169: *Case management services*. Per forthcoming MassHealth regulations, the assistance the pre-release TCM case manager must provide includes the following components.

1. **Comprehensive assessment and periodic reassessment** of the individual that must determine the need for any medical, educational, social, or other services. These assessment activities include
 - taking client history;
 - identifying the individual’s needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the individual.
 - Note that the frequency of periodic reassessment must be conducted according to the individual’s needs.
2. **Development (and periodic revision) of a specific person-centered care plan**,¹ based on the information collected through the assessment, that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the individual, and working with the individual (or the individual’s authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the individual.

¹ A care plan may be referred to as a Reentry or Discharge Plan within correctional settings. For purposes of this guidance, the term care plan will be used.

3. **Referral and related activities** (such as scheduling appointments for the individual) to help the individual get needed services, including
 - activities that help link the individual with medical, social, or educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
 - referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile.
4. **A warm handoff** to a post-release case manager. This transition from one case manager to another supports continuity of care of any needed services documented in the person-centered care plan.

Note that *post-release* TCM services must additionally include the component **monitoring and follow-up activities**, including activities and contacts that are necessary to ensure the care plan is effectively implemented and adequately addresses the individual's needs. Such activities must include monitoring at least once annually and may also include activities with the individual, family members, service providers, or other entities or individuals, and conducted as frequently as necessary. Monitoring and follow-up activities determine whether the following conditions are met.

1. Services are given in accordance with the individual's care plan;
2. Services in the care plan are adequate; and
3. Necessary adjustments are made to the care plan and provider service arrangements to address any changes in the needs or status of the individual.
 - Note that *telephonic* monitoring must be conducted at least once in the 30 days after release; additional telephonic monitoring must be conducted according to each individual's needs.
 - Note that *in-person* monitoring must be conducted at least once in the 30 days after release; additional telephonic monitoring must be conducted according to each individual's needs.
 - Any other type of monitoring deemed appropriate for the individual must be conducted at least once in the 30 days after release; additional monitoring must be conducted according to each individual's needs.

B. Additional Expectations for Pre-Release TCM Services Provided to CAA Youth

In addition to the required components of pre-release TCM services described in the preceding section, the following are additional expectations that pertain specifically to the provision of pre-release TCM services to CAA youth. MassHealth recommends that facilities also review [SHO 24-004](#) for its comprehensive discussion of case management.

1. **Assessment:** "Case managers are expected to assess the needs of eligible juveniles, plan effectively for any Medicaid screening and diagnostic services that the reentering eligible juvenile may receive on a pre-release basis, make necessary referrals, and arrange for any Medicaid and non-Medicaid services that the beneficiary may need post-release (including scheduling initial post-release appointments with providers, as appropriate). Building trust between case managers and eligible juveniles occurs over time and through learning about the incarcerated eligible juvenile's experience prior to and during incarceration, as well as aspirations for and obstacles to the eligible juvenile's future success upon release back into the community." See [SHO 24-004](#), p. 16.

2. **Referrals:** “TCM should be designed to assist eligible juveniles in getting connected to services and providers in the geographic area where the eligible juvenile will be residing upon release, whenever possible. These services are not only for physical and behavioral health needs, but also for health-related social needs (HRSNs). HRSNs, including but not limited to access to nutritious food, affordable and accessible housing, convenient and efficient transportation, safe neighborhoods, strong social and familial connections, quality education, and opportunities for meaningful employment or skill building, can have an impact on health. The person-centered care plan developed as part of the TCM service should address social, educational, and other underlying needs, such as developing safe decision-making skills or building relationships, which can be particularly challenging for youth who were formerly incarcerated as they reenter the community. Case managers should be making referrals for HRSNs, as well as physical and behavioral health services for an eligible juvenile upon release.” See [SHO 24-004](#), pp. 16-17.
3. **Collateral Contacts:** “TCM may include contacts with individuals who are not directly connected to the Medicaid program but are directly involved in identifying the eligible juveniles’ needs and care for the purposes of helping the eligible juvenile access services, identifying needs and supports to assist the eligible juvenile in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible juveniles’ needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.” See [SHO 24-004](#), p. 17.
4. **Warm Handoff:** “If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm handoff to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.” See [SHO 24-004](#), p. 17.

C. Timing of the Required Components

The CAA 2023 requires TCM services be provided to post-adjudication youth in the 30 days before release. TCM services delivered after adjudication of charges and before the start of the 30-day pre-release period may satisfy the TCM requirements listed in Sections 2.A.1, 2.A.2, and 2.A.3 as long as the TCM services delivered during this time period are appropriate for an individual reentering the community after release from a facility. For example, the purpose of an assessment, care plan, or referral for a person who is incarcerated may differ from the purpose of the assessment of a person who is reentering the community. Facilities should maintain records indicating services were provided.

For instance, if an assessment was completed before the 30-day pre-release period, pre-release case managers should confirm the ongoing accuracy of the assessment or update the assessment as necessary to meet the ongoing needs of the reentering individual. If a care plan was developed before the 30-day pre-release period, pre-release case managers should confirm that the care plan continues to adequately address the individual’s needs or update the care plan to appropriately meet the changing needs of the individual. If health care appointments were scheduled, or health-related social needs referrals were conducted as further defined in Section II.B.2, before the 30-day pre-release period, the pre-release case manager should confirm that those appointments and referrals are still appropriate.

D. Required Qualifications of MassHealth Pre-Release TCM Case Managers

The case manager must have, or work under the supervision of an individual with, at minimum, a bachelor's degree in a related field or two years of professional or paraprofessional experience in human services, criminal justice, social work, social casework, guidance, vocational counseling, employment counseling, educational counseling, or correctional facility work.

E. Required Documentation and Case Records

Providers of TCM services must maintain case records that document the following for all individuals receiving case management.

1. The name of the individual;
2. The dates of the case management services;
3. The name of the provider agency (if relevant);
4. The name of the person providing the case management service(s);
5. The nature, content, and units of case management services received;
6. Whether goals specified in the care plan have been achieved;
7. Whether the individual has declined services in the care plan;
8. The need for, and occurrences of, coordination with other case managers;
9. A timeline for obtaining needed services; and
10. A timeline for reevaluation of the plan.

For comprehensive requirements related to recordkeeping applicable to all MassHealth providers, see 130 CMR 450.205: *Recordkeeping and Disclosure*.

F. When Providing Pre-Release TCM Services is Not Feasible

The Centers for Medicare and Medicaid Services (CMS) has recognized that the provision of some or all of the pre-release TCM components may not be feasible in all facilities and in all circumstances ([SHO-24-006](#), pp. 4-5). MassHealth similarly recognizes that it may not be feasible for facilities to provide TCM services to youth when the following circumstances apply.

1. Limitations in physical location capability;
2. Lack of health care staff;
3. Short stays in the carceral facility (for example, an eligible juvenile may be incarcerated for a very short period post-adjudication or released unexpectedly, which may make it impracticable to provide some or all of the required services during the pre-release period); or
4. Low Medicaid census.

If a facility determines that it is not feasible to provide all or part of the pre-release TCM to a particular individual, the facility must maintain—and if requested, provide—clear documentation to MassHealth for each circumstance in a form and format to be further specified by the Executive Office of Health and Human Services (EOHHS).

Recommendations for Adult Correctional Facility Providers of MassHealth Pre-Release TCM Services to CAA Youth

MassHealth is providing the following recommendations for Massachusetts' Department of Corrections (DOC) and county correctional facilities that are enrolling in MassHealth as correctional facility providers and will be providing pre-release TCM services to CAA youth.

Service Component 1: Comprehensive Assessment

MassHealth recommends including relevant question(s) for each element within the needs assessment. These elements should be addressed during the other stages of TCM if identified as needs. The list of components includes the following.

1. Physical health needs, history, diagnoses, medications, allergies, development needs, level of functioning, and service needs
2. Behavioral health needs, history, diagnoses, and service needs (including mental health and substance use)
3. Health-related social needs (HRSN)
 - a. Nutrition needs
 - b. Housing needs
 - c. Transportation needs
 - d. Safe neighborhoods
 - e. Educational services
 - f. Meaningful employment or skill building
 - g. Social and familial connections
4. Need for any other services (MassHealth recommends including needs for other public benefits and identity documents)
5. Other underlying needs, such as developing safe decision-making skills or building relationships

Additionally, MassHealth recommends the following subject areas be included when taking client history.

1. Social background
 - a. Language (spoken)
 - b. Cultural background
2. Justice involvement that may impact care plan
 - a. Active/pending legal matters
 - b. Probation or parole involvement
3. Key providers

Service Component 2: Care Plan

1. **Information Gathering**
 - a. Draw on the information collected through
 - i. the assessment as described above;
 - ii. meetings with the individual;
 - iii. information from family and natural supports, if available;
 - iv. prior assessments or information from other entities, if available; and
 - v. post-release supervision requirements, from the Massachusetts Probation Service and the Massachusetts Parole Board, as applicable.
2. **Develop Care Plan**
 - a. Develop or update a person-centered care plan with the individual.
 - b. Address needs and goals (ideally measurable, with timelines), identified via the comprehensive assessment (see Service Component 1: Comprehensive Assessment) or meetings with the individual, and include activities to address those goals in the care plan.
 - c. Include a list of health care (physical, behavioral, and long-term services and supports) and HRSN appointments, HRSN information, and key providers.

- d. Create an individualized safety plan with a goal of preventing a mental health or substance use disorder crisis.
 - e. Ensure the chosen care template or structure can address any of the needs identified in the comprehensive assessment, as described above.
3. **Care Plan Coordination**
- a. Involve clinicians as appropriate.
 - b. If feasible, and as appropriate, coordinate with the individual's community-based physical and behavioral health providers, when developing the individual's reentry care plan.
 - c. Involve the individual's family and natural supports, as appropriate.
 - d. Prepare to review the care plan with post-release case manager(s), other providers, and entities as appropriate.
4. **Periodic Revision of Care Plan:** The care plan should be updated once a month if the individual's needs change.

Service Component 3: Referrals and Connections to Post-Release Services

- 1. **Draw from Care Plan:** Based on the care plan, prepare to support the individual with referrals and connections to post-release services.
- 2. **Linkage Activities:** Schedule or confirm that all appropriate appointments (physical and behavioral health) have been made and that referrals to HRSN/social service providers have been completed.

Service Component 4: Warm Handoff to Post-Release Case Manager

- 1. **Warm Handoff Activities:** The following activities should occur if the pre- and post-release case managers are different from one another.
 - a. Identify post-release case management services and providers that the individual may be eligible for.
 - b. Discuss post-release case management service options with the individual.
 - c. Refer the individual to a post-release case manager entity.
 - d. Facilitate a meeting between the individual and the post-release case manager, either in person or by phone.
 - e. Review the person-centered care plan with the post-release case manager.
 - f. Share the care plan with the post-release case manager and other individuals and entities with which the provider may coordinate. Such individual may include, but are not limited to, family members, applicable providers, community service organizations, probation officers, and parole officers.
- 2. **Post-release Case Management Service Option:**
 - a. The MassHealth service that currently satisfies the CAA 30-day post-release TCM requirement is the [Community Support Program for Individuals with Justice Involvement \(CSP-JI\)](#). MassHealth members may continue to receive CSP-JI beyond 30 days if medically necessary.
 - b. MassHealth expects additional post-release CAA TCM service options to become available with the implementation of the Reentry Demonstration.

If a pre-release case manager cannot identify an appropriate post-release case management service or provider, the pre-release case manager should document those attempts to identify appropriate post-release case management services. If requested, the correctional facility must provide documentation to MassHealth in a form and format to be further specified by EOHHS.

Pre-Release TCM Guidance Appendices

Pre-Release TCM Assessment Examples

For the first TCM component (comprehensive assessment), the chart below provides examples of items and questions from commonly used assessments that would satisfy the requirements for a comprehensive assessment as defined under TCM. Any tools that need to be purchased must be procured in compliance with that entity's rules.

TCM component	Assessment example	Example assessment items/questions
Physical health needs, history, diagnoses, medications, allergies, developmental needs, level of functioning, and service needs*	Physical health assessment Massachusetts Standardized Documentation Project (MSDP) Comprehensive Assessment	Physical health summary: (include health history, chronic conditions, significant dental history, and current physical complaints that may interfere with the person's served functioning) Medication information and history of adverse reactions: (include what medications work well and have worked well previously, any adverse side effects, why person doesn't take meds as prescribed and/or which one(s) the person would like to avoid taking in the future) Is the person served currently taking any medication? <input type="checkbox"/> No ; <input type="checkbox"/> Yes: If yes, complete and attach the Medication Addendum Allergies: <input type="checkbox"/> No Known Allergies; <input type="checkbox"/> Yes, list below: Food____; Medication (including OTC, herbal)____; Environmental: ____ Developmental History and Status Physical health summary: (include health history, chronic conditions, significant dental history, and current physical complaints that may interfere with the person's served functioning)
Behavioral health needs, history, diagnoses, and service needs* (includes mental health and substance use)	Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)	Do you think your current/past legal problems are partly because of alcohol or drugs? Were you using alcohol at the time the current offense was committed? Were you using drugs at the time the current offense was committed? Do you think you would benefit from getting treatment for alcohol? Do you think you would benefit from getting treatment for drugs?

TCM component	Assessment example	Example assessment items/questions
		<p>Have you ever been in formal treatment for drugs, such as counseling, outpatient, inpatient, residential?</p> <p>Have you ever been in formal treatment for alcohol, such as counseling, outpatient, inpatient, residential?</p>
Behavioral health needs, history, diagnoses, and service needs* (includes mental health and substance use)	MSDP	<p>Mental Health/Illness Management-Behavioral Management [see MSDP assessment]</p> <p>Mental Health and Addiction Treatment History: Types of Service: _____, Dates of Service: _____, Reason: _____; Name of Provider/Agency: _____, Inpatient/Outpatient <input type="checkbox"/> In, <input type="checkbox"/> Out; Completed: <input type="checkbox"/> Yes, <input type="checkbox"/> No; Efficacy of past and current treatment: _____ Psychiatric History (including past diagnosis): _____</p>
Behavioral health needs, history, diagnoses, and service needs* (includes mental health and substance use)	MSDP	<p>Nutritional screening (check all that are reported) <input type="checkbox"/> Special diet? (e.g., diabetic, celiac); <input type="checkbox"/> Follows special diet? <input type="checkbox"/> yes <input type="checkbox"/> no; <input type="checkbox"/> Medications affecting nutritional status; <input type="checkbox"/> Weight gain/loss of 10 pounds or more without specific diet; <input type="checkbox"/> Change in appetite; <input type="checkbox"/> Binging; <input type="checkbox"/> Purging; <input type="checkbox"/> Use of laxatives; <input type="checkbox"/> Intense focus on weight, body, size, caloric intake, exercise; <input type="checkbox"/> Beliefs, perceptions, attitude, behaviors regarding food:</p>
Housing needs*	COMPAS	<p>In the last 12 months before this incarceration, how often did you move?</p> <p>Did you have a regular living situation prior to your current incarceration (an address where you usually stayed and could be reached)?</p>
Housing needs*	MSDP	<p>What is the person's current living situation? (check one) <input type="checkbox"/> Rent, <input type="checkbox"/> Own, <input type="checkbox"/> Friend's Home, <input type="checkbox"/> Relative's/Guardian's Home, <input type="checkbox"/> Foster Care Home, <input type="checkbox"/> Respite Care, <input type="checkbox"/> Jail/Prison, <input type="checkbox"/> Homeless living with a friend, <input type="checkbox"/> Homeless in shelter/No residence, <input type="checkbox"/> Other: _____, <input type="checkbox"/> Residential/Treatment Facility: <input type="checkbox"/> Hospital, <input type="checkbox"/> Temporary Housing, <input type="checkbox"/> Residential Program, <input type="checkbox"/> Nursing/Rest Home, <input type="checkbox"/> Supportive Housing</p> <p>At Risk of Losing Housing: <input type="checkbox"/> Yes, <input type="checkbox"/> No Satisfied with Current Living Situation: <input type="checkbox"/> Yes, <input type="checkbox"/> No Comments (include environmental surroundings and neighborhood description): _____</p>

TCM component	Assessment example	Example assessment items/questions
Transportation*	MSDP	<p>Activities of Daily Living [CN] Current Need Area [PD] Person Desires Change Now</p> <p>[] Housekeeping/Laundry; [] Housing Stability; [] Grocery Shopping/Food preparation; [] Medication Management; [] Money Management; [] Personal Care Skills (includes grooming/dress); [] Exercise; [] Safety/Self Preservation; [] Transportation; [] Problem-Solving Skills; [] Time Management; [] Other: _____</p> <p>Current Needs Selected Above as Evidenced by:</p>
Safe neighborhoods*	COMPAS	<p>In the neighborhood you lived in before this incarceration, was there much crime?</p> <p>In the neighborhood you lived in before this incarceration, did some of the people feel they needed to carry a weapon for protection?</p> <p>In the neighborhood you lived in before this incarceration, were there gangs?</p>
Educational services*	COMPAS	Did you obtain your high school diploma or GED?
Educational services*	MSDP	<p>Employment/Education/Finances – Education [Current Need Area], [Person Desires Change Now], Current Needs Selected Above as Evidenced By: _____</p>
Any other services*	MSDP	Other Need Areas: _____ [Current Need Area]; [Person Desires Change Now]
Meaningful employment or skill building*	COMPAS	<p>Did you have a job prior to this incarceration?</p> <p>Do you currently have a skill, trade, or profession? at which you usually find work?</p> <p>Right now, do you feel you need more training in a new job or career skill?</p>
Meaningful employment or skill building*	Level of Service/Case Management Inventory (LS/CMI)	<p>Currently employed?</p> <p>Frequently employed?</p> <p>Never employed for a full year?</p>
Social and familial connections*	COMPAS	In the last couple of years before this incarceration, how many of your friends/acquaintances had ever been arrested?

TCM component	Assessment example	Example assessment items/questions
		In the last couple of years before this incarceration, how many of your friends/acquaintances served time in jail or prison? In the last couple of years before this incarceration, how many of your friends/acquaintances were gang members?
Social and familial connections*	(LS/CMI)	Dissatisfaction with marital or equivalent situation Nonrewarding, parental Nonrewarding, other relatives
Social and familial connections*	MSDP	Social Support: Friendship/Social/Peer Support Relationships, Pets, Community Supports/Self Help Groups (AA, NA, SMART, NAMI, Peer Support, etc.) Natural Supports: (Examples: Family members, clergy, close friends, neighbors, advisors)
Social and familial connections*	LS/CMI	Early and diverse antisocial behavior Criminal attitude Pattern of generalized trouble
TCM Component MassHealth considers the following categories as falling under the CMS description of “taking client history.”	Assessment example	Example assessment items/questions
Social background <ul style="list-style-type: none"> Language Cultural background 	MSDP Franklin County Sheriff’s Office Education Department Student Onboarding Form	Religion/Spirituality and Cultural/Ethnic Information What other languages do you speak/read/write? Are you [as] comfortable expressing yourself in English as [you are in] any other language?
Justice involvement that may impact care plan <ul style="list-style-type: none"> Active/pending legal matters (including parole or probation) 	MSDP	Does the person have a history of, or current involvement with, the legal system? Legal Issues [Current Need]; [Person Desires Change Now]; Current Needs Selected Above as Evidenced By: ____
Key providers	MSDP	PCP, Medical Specialist, and Dentist Name, Credentials, and Specialty____; Telephone Number____; Fax Number: ____; Address:____; Date of Last Exam: ____ Mental Health and Addiction Treatment History

TCM component	Assessment example	Example assessment items/questions
		Types of Service: _____, Dates of Service: _____, Reason: _____, Name of Provider/Agency: _____, Inpatient/Outpatient [] In, [] Out; Completed: [] Yes, [] No

* [State Health Official Letter](#)

Pre-Release TCM Component Checklist

The chart below provides a guide for facilities to identify which topics or activities are currently included in the comprehensive assessment, and when relevant, whether those are addressed in the care plan, referral process, and warm handoff to post-release case management supports.

Topic/Activity	Component 1: Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services; Are the following areas included within your agency's comprehensive assessment tools? (Y/N)	Component 2: Development (and periodic revision) of a specific person-centered care plan based on the information collected through the assessment that addresses the topics below. When identified as a need, are these areas addressed in the care plan and subsequent updates? (Y/N)	Component 3: Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services. These services include activities that help link the individual with medical, social, and educational providers or other programs and services that can provide needed services to address identified needs and achieve goals specified in the care plan. When identified as a need, are facility staff providing referrals/appointments/connections to the below needs conducted? (Y/N)
Physical health needs, history, diagnoses, medications, allergies, developmental needs, level of functioning, and service needs			
Behavioral health needs, history, diagnoses, and service needs (includes mental health and substance use needs)			
Nutrition needs			

Topic/Activity	Component 1: Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services; Are the following areas included within your agency's comprehensive assessment tools? (Y/N)	Component 2: Development (and periodic revision) of a specific person-centered care plan based on the information collected through the assessment that addresses the topics below. When identified as a need, are these areas addressed in the care plan and subsequent updates? (Y/N)	Component 3: Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services. These services include activities that help link the individual with medical, social, and educational providers or other programs and services that can provide needed services to address identified needs and achieve goals specified in the care plan. When identified as a need, are facility staff providing referrals/appointments/connections to the below needs conducted? (Y/N)
Housing needs			
Transportation			
Safe neighborhoods			
Educational services			
Any other services			
Meaningful employment or skill building			
Social and familial connections			
Other underlying needs, such as developing safe decision-making skills or building relationships			
Social background <ul style="list-style-type: none"> • Language • Cultural background 			

Topic/Activity	Component 1: Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services; Are the following areas included within your agency's comprehensive assessment tools? (Y/N)	Component 2: Development (and periodic revision) of a specific person-centered care plan based on the information collected through the assessment that addresses the topics below. When identified as a need, are these areas addressed in the care plan and subsequent updates? (Y/N)	Component 3: Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services. These services include activities that help link the individual with medical, social, and educational providers or other programs and services that can provide needed services to address identified needs and achieve goals specified in the care plan. When identified as a need, are facility staff providing referrals/appointments/connections to the below needs conducted? (Y/N)
Justice involvement that may impact care plan <ul style="list-style-type: none"> • Active/pending legal matters 			
Key providers			