

California's Justice-Involved Reentry Initiative

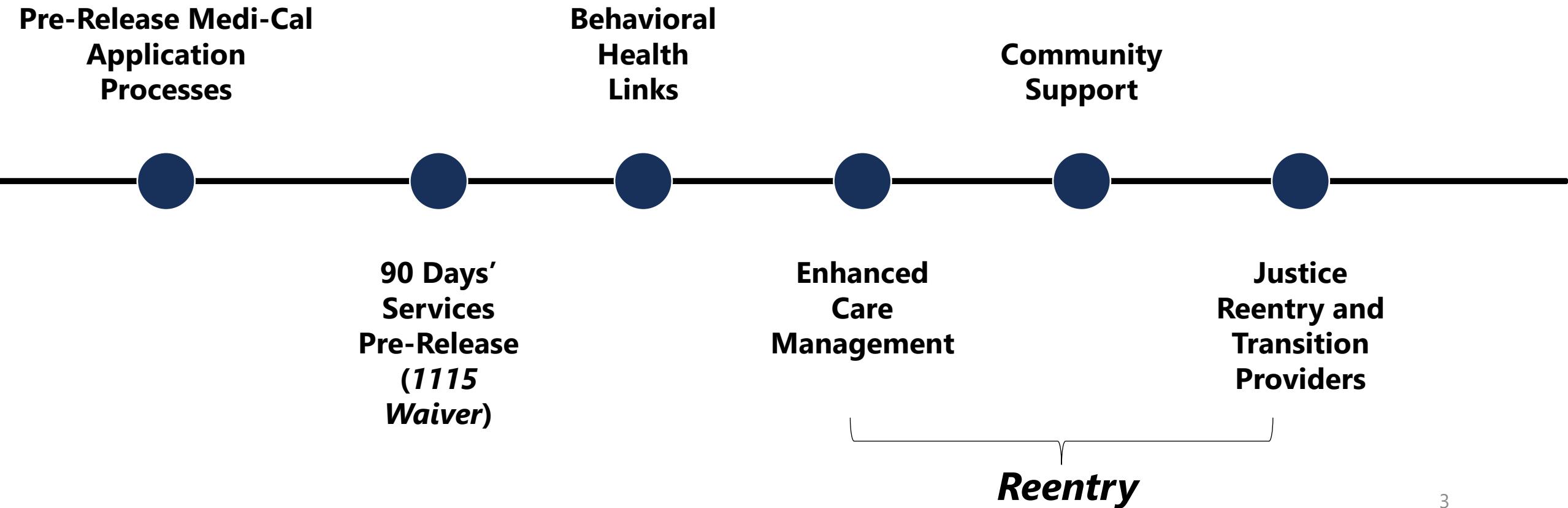
January 8, 2026

Presentation Agenda

- » Brief Overview of California's Justice-Involved (JI) Reentry Initiative
- » Progress Update: JI Implementation Successes
- » On the Horizon for the JI Initiative
 - State Mandates and Go-Live Next Steps for County Correctional Facilities
- » Key Policy, Program, and Operations Updates

CalAIM Reentry Initiative Pre-Release and Reentry Components

The Reentry Initiative supports Justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with community-based providers, including community health workers and peer support specialists, that can support their reentry.



Progress Update: JI Implementation Successes

Justice Involved Initiative Implementation (1/2)

- » **The Justice-Involved Reentry Initiative went live on October 1, 2024. Correctional Facilities will continue to go live with pre-release services on a quarterly basis through October 1, 2026.**

Impact on Medi-Cal Members and Facilities:

- » **Over 42,000 individuals have been identified as eligible for pre-release services** as a part of the Reentry Initiative from October 1, 2024 to November 14, 2025
- » **160,554** claims have been paid (10/1/24-9/30/25), including:
 - **95,152** pharmacy claims (8,850 Medi-Cal members)
 - **65,402** medical claims (14,086 Medi-Cal members)
- » Total reimbursement to correctional facilities to-date (10/1/24-9/30/25) = **\$16M**

Justice Involved Initiative Implementation (2/2)

- » **The Justice-Involved Reentry Initiative went live on October 1, 2024. Correctional Facilities will continue to go live with pre-release services on a quarterly basis through October 1, 2026.**

Impact on Medi-Cal Members and Facilities:

- » **64** Correctional Facilities have gone live with pre-release services, including:
 - **31** prisons (*all California Department of Corrections and Rehabilitation (CDCR) facilities*)
 - **21** jails (*Inyo, Kern, Monterey, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Siskiyou, Sutter, and Yuba counties*)
 - **10** youth correctional facilities (*Inyo, Kern, San Diego, Santa Clara, and Yuba counties*)
- » **11** additional Counties submitted a readiness assessment and, pending DHCS review, will go live with pre-release services in the coming months, including:
 - **7** for adult jails (*Imperial, Mariposa, Orange, San Diego, San Luis Obispo, Sacramento, Trinity counties*)
 - **4** for youth correctional facilities (*Santa Barbara, San Luis Obispo, San Mateo, Ventura counties*)

Live Correctional Facilities

October 2024

- » Santa Clara County
- » Yuba County
- » Inyo County

January 2025

- » San Joaquin County

February 2025

- » Department of Corrections and Rehabilitation/ California Correctional Health Care Services (31 state prisons)

April 2025

- » San Francisco County
- » Siskiyou County
- » Sutter County

Live Correctional Facilities

July 2025

- » Monterey County
- » San Mateo County

October/ November 2025

- » Kern County
- » Nevada County
- » San Mateo County
- » San Diego County (Probation only)

2026 (pending RA approval)

- » Remaining counties/facilities in 2026

CELEBRATION!!!



- » THE KEY TO SUSTAINED SUCCESS....
 - **CELEBRATING THE SMALL WINS**

On the Horizon – Next Steps for the JI Reentry Initiative



Mandatory Go-Live by October 1, 2026

- » To comply with state law, all remaining county correctional facilities must go-live with the JI Reentry Initiative by October 1, 2026
- » DHCS will work with counties to ensure successful implementation
- » Correctional facilities may request conditional go-live status, attesting to readiness for core components (care management, MAT, medications in hand) and providing a timeline for full implementation within 12 months. Priority populations and system readiness must be identified prior to go-live.

State Mandate for Pre-Release Services

Pre-Release Services

- » Welfare & Institutions Code section 14184.102 required DHCS to seek federal approval for and to implement the CalAIM initiative, which includes the provision of targeted pre-release Medi-Cal benefits to qualified individuals.
 - Provides DHCS with authority to implement pre-release services by means of all-county letters, plan letters, provider bulletins, information notices, or similar instructions, without taking any further regulatory action.
 - With the 1115 demonstration approved by CMS, the CalAIM Special Terms and Conditions (STCs) related to the Justice-Involved Reentry Initiative are mandatory per federal and state law.

State Mandate for Behavioral Health Links

Behavioral Health Links

- » CA Penal Code §4011.11 (2021) requires DHCS to develop and implement a mandatory process by which county jails and county juvenile facilities coordinate with Medi-Cal managed care plans and Medi-Cal behavioral health delivery systems to facilitate continued behavioral health treatment in the community for county jail inmates and juvenile inmates that were receiving behavioral health services before their release.

Readiness Assessments – Current State

- » The **readiness review requirements** for California's Section 1115 Reentry Demonstration Waiver—part of the broader CalAIM initiative—are outlined in the **Special Terms and Conditions (STCs)** and the **Reentry Demonstration Implementation Plan** approved by CMS. These requirements ensure that California is prepared to deliver Medicaid services to eligible incarcerated individuals up to 90 days prior to their release.
- » Under **STC 9.9**, California was required to submit and receive CMS approval for a **Reentry Demonstration Implementation Plan (IP)**. This plan includes a **readiness review process** that must be completed before the state can begin delivering pre-release services.
- » Previous policy required correctional facilities submit their readiness assessments to DHCS at least six months prior to their proposed go-live date.

Readiness Assessments – Waiver Requirements (STC 9.8) 1/4

DHCS must determine readiness of each correctional facility's readiness to implement:

- » **Pre-release Medi-Cal and CHIP application and enrollment processes** for individuals who are not enrolled in Medi-Cal or CHIP prior to incarceration and who do not otherwise become enrolled during incarceration;
- » The **screening** process to determine a beneficiary's **qualification for pre-release services**;
- » The **provision or facilitation of pre-release services for a period of up to 90 days immediately prior to the expected date of release**, including the facility's ability to support the delivery of services furnished by providers in the community that are delivered via **telehealth**. If a facility is not equipped to provide or facilitate the full set of the pre-release services, as listed in STC 9.3, **the facility must provide a timeline of when it will be equipped to do so, including concrete steps and their anticipated completion dates** that will be necessary to ensure that qualifying beneficiaries are able to receive timely any needed pre-release services;

Readiness Assessments – Waiver Requirements (STC 9.8) 2/4

- » **Coordination amongst partners** with a role in furnishing health care and health-related social needs (e.g., housing, employment) services to beneficiaries, including, but not limited to, **social service departments, managed care plans, county behavioral health agencies, county departments of health, and community-based providers**;
- » Appropriate **reentry planning, pre-release care management, and assistance with care transitions to the community**, including **connecting beneficiaries to physical and behavioral health providers and their managed care plan**, and making referrals to care management and community supports providers that take place throughout the 90-day pre-release period, and **providing beneficiaries with covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with approved Medicaid State Plan) and **DME upon release**, consistent with approved state plan coverage authority and policy;

Readiness Assessments – Waiver Requirements (STC 9.8) 3/4

- » **Operational approaches** related to implementing certain Medicaid and CHIP requirements, including but not limited to **applications, suspensions, notices, fair hearings, reasonable promptness for coverage of services**, and any other requirements specific to receipt of pre-release services by qualifying individuals under the reentry demonstration initiative;
- » A **data exchange process to support the care coordination and transition activities**;
- » **Reporting of requested data** from DHCS to support program monitoring, evaluation, and oversight; and,
- » A **staffing and project management approach** for supporting all aspects of the facility's participation in the reentry demonstration initiative, including information on qualifications of the providers that the correctional facilities will partner with for the provision of pre-release services.

Readiness Assessments – Waiver Requirements 4/4

» **90-Day Pre-Release Eligibility and Behavioral Health Linkage Screening**

- a. Screening for Pre-Release Services
- b. Screening for Behavioral Health Linkages

» **90-Day Pre-Release Service Delivery**

- a. Medi-Cal Billing and Provider Enrollment
- b. Support of Pre-Release Care Management
- c. Clinical Consultation
- d. Virtual/In-Person In-Reach Provider Support
- e. Support for Medications
- f. Support for MAT
- g. Support for Prescriptions Upon Release
- h. Support for DME Upon Release

» **Reentry Planning and Coordination**

- a. Release Date Notification
- b. Care Management Reentry Plan Finalization
- c. Reentry Care Management Warm Handoff
- d. Reentry Behavioral Health Linkage

» **Oversight and Project Management**

- a. Staffing Structure and Plan
- b. Governance Structure for Partnerships
- C. Reporting and Oversight Process

Readiness Assessments – New Approach

- » Survey style questions for each required element; eliminates need for lengthy narrative responses
- » Go-live prerequisites more clearly identified
- » Includes a checklist of prerequisite requirements and pre-go-live training activities
- » Increased transparency in terms of review criteria and required documentation
- » Expedited review timeframes for DHCS to make readiness determinations – notifications of determination **within 30 calendar days of receipt**
- » Earlier possible go-live dates, upon approval and completion of prerequisites and mandatory onboarding activities

Readiness Assessment – New Tools

- » Updated Readiness Assessment template (PDF) and survey (via Nintex)
- » Conditional Go-Live and Phase Implementation Approvals
- » Checklist of Go-Live Prerequisites
- » Checklist of required documentation
- » [Medi-Cal Preparedness Checklist](#)
- » Medi-Cal Rx Readiness and Resources Checklist

Readiness Assessment Template - Overview

- » Section 1: Facility Information
- » Section 2: Conditional Go-Live/Phased Implementation
- » Section 3: Readiness Elements, Documentation, Reviewer Criteria
 - Organizational Structure
 - Medi-Cal Provider Enrollment Requirements
 - Billing System Capabilities
 - Medi-Cal Eligibility & Enrollment; Incarceration Status Notifications
 - Screening for JI Eligibility, EPSDT, and Behavioral Health
 - Pre-Release Services Delivery Infrastructure
 - Pharmacy Requirements
 - Behavioral Health Requirements
 - Reentry Planning & Coordination

Section 3: Readiness Elements, Documentation, and Reviewer Criteria

A. Organizational Structure

- » “Facilities must demonstrate readiness in provider enrollment, billing capabilities, **organizational structure**, and facility infrastructure to support the delivery of pre-release services. This includes Medi-Cal provider enrollment, billing system contracts, and facility readiness for go-live.”

(STC 9.8.c, Attachment CC pp. 5–7) (Policy Guide §9.3, p. 131-132)

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Organizational Structure	<ul style="list-style-type: none">» Ready now» Ready by go-live date» In Progress» Not Started» Requesting Conditional Approval» Not ready by go-live date, TA needed» Not Applicable	<ul style="list-style-type: none">» CF identifies county agency responsible for administering correctional health care services in the county» If the county agency responsible is not the Sheriff or Probation, CF details roles and responsibilities between county entity and Sheriff or Probation, as applicable» If the county agency responsible is not the Sheriff or Probation, CF demonstrates engagement/readiness of Sheriff or Probation, as applicable» If applicable, CF identifies contracted third-party vendors working with the County to deliver correctional health care services.	<ul style="list-style-type: none">» County organization chart identifying organizational structure and reporting relationships for administration of correctional health care services» If applicable, interagency agreements or letters of support from Sheriff and/or Probation, as applicable for CF type

Organizational Structure Questions:

- » What county agency(ies) is responsible for administering correctional health care services in the county?
 - Sheriff
 - Probation
 - Health Services
 - Public Health
 - Other: Please specify
- » If more than one agency is responsible, what are the specific roles and responsibilities of each agency in the provision of correctional health care services, including behavioral health services? **Narrative Response**
- » If the county agency responsible is not the Sheriff or Probation, please detail roles and responsibilities between the county entity and Sheriff or Probation, as applicable. **Narrative Response**
- » If the county agency responsible is not the Sheriff or Probation, does the CF have formal arrangements to ensure engagement and readiness of the Sheriff or Chief Probation Officer, as applicable?
 - CF responsible party is the Sheriff or Chief Probation Officer's office
 - CF has a formal agreement with the Sheriff
 - CF has a formal agreement with the Chief Probation Officer
 - CF does not have a formal agreement but works closely with Sheriff's office to implement the JI Reentry Initiative
 - CF does not have a formal agreement but works closely with Chief Probation Officer's office to implement the JI Reentry Initiative
 - Other: please describe. **Narrative Response**
- » Does the county contract with a third-party correctional health care services provider (e.g., Wellpath, NaphCare, Centurion Health)? **Yes or No**

Mandatory Prerequisites for Go-Live 1/7

» **Organizational Structure**

- Identify the county agency responsible for administering correctional health care services.
- Detail roles and responsibilities between the county entity and Sheriff or Probation, if applicable.
- Demonstrate engagement/readiness of Sheriff or Probation, if applicable.
- Identify contracted third-party vendors working with the County to deliver correctional health care services.
- Provide a county organization chart identifying organizational structure and reporting relationships.
- Include interagency agreements or letters of support from Sheriff and/or Probation, if applicable.

Mandatory Prerequisites for Go-Live 2/7

» **Language Assistance**

- Have a written policy for providing language assistance services in all threshold languages and formats accessible to individuals with disabilities (ADA-compliant).
- Ensure all required materials (e.g., NOAs, consent forms, screening tools) are available in threshold languages and accessible formats.
- Have procedures for accessing interpreter services during intake, screening, and service delivery.
- Train staff in identifying language needs and accessing interpreter services.
- Ensure language assistance is available during fair hearings and care planning.

Mandatory Prerequisites for Go-Live 3/7

» **Medi-Cal Provider Enrollment Requirements**

- Obtain a National Provider Identifier (NPI), Type II, from the National Plan and Provider Enumeration System (NPPES) for each facility site.
- Enroll each facility site in Medi-Cal as an “Exempt from Licensure Clinic.”
- Describe identified barriers or challenges to enrolling in Medi-Cal.

» **Pharmacy Enrollment**

- » Identify all pharmacies, including NPI and type of each.
- » Ensure each identified pharmacy is enrolled in Medi-Cal.
- » Submit a list of pharmacy providers that includes the pharmacy name, address, NPI, type, and contact information.

Mandatory Prerequisites for Go-Live 4/7

» **Billing System Capabilities**

- Have an active billing system or vendor contract capable of submitting claims to CAMMIS for pre-release services.
- Develop policies and procedures for medical billing, including claim submission, error resolution, and reconciliation.
- Complete Medi-Cal billing training via the Medi-Cal Learning Portal.
- Test billing workflows and demonstrate successful test claims or mock submissions.
- Have an active billing system or vendor contract capable of submitting claims/billing to Medi-Cal Rx.

Mandatory Prerequisites for Go-Live 5/7

» **Screening for Medi-Cal Eligibility at Intake**

- Screen individuals to verify Medi-Cal eligibility.
- Assist eligible individuals with Pre-Release Medi-Cal application submission.
- Describe screening and enrollment workflows.
- Obtain and document member consent to enroll in the Medi-Cal program.

» **Communication of Incarceration Status**

- Establish workflows for communicating incarceration status, including release dates, to the County Social Services Department (SSD).
- Use sample notification forms and policies/procedures for communication.

Mandatory Prerequisites for Go-Live 6/7

» **Medi-Cal Enrollment Info Provided to Individuals**

- Provide information to individuals about obtaining Medi-Cal benefits, including contact information for the county social services agency.
- Ensure SSD contact info is accessible in multiple formats (e.g., flyers, posters, digital).

» **Behavioral Health Screening**

- Screen all individuals for mental illness and SUD using validated tools.
- Include withdrawal history and co-occurring disorders in the screening.
- Support assessments for those who screen positive.

Mandatory Prerequisites for Go-Live 7/7

» **MAT Induction or Continuation During Incarceration**

- Have protocols for initiating MAT during incarceration for individuals not previously on treatment.
- Ensure clinical assessment and informed consent are part of the induction process.
- Offer naloxone and instructions on its use to all individuals at the time of release.

Required Documentation 1/8

» **Organizational Structure**

- County organization chart showing reporting relationships for correctional health care services.
- Interagency agreements or letters of support from Sheriff and/or Probation (if applicable).

» **Language Assistance**

- Language access policy and procedures.
- Sample translated materials (e.g., consent forms, flyers).
- Interpreter access protocols or vendor agreements.
- Staff training logs or materials on language access.

Required Documentation 2/8

» **Fair Hearing Support**

- Fair hearing policy and procedures.
- Sample notification forms or scripts.
- Staff training materials.

» **Medi-Cal Provider Enrollment**

- NPI Number (Type II) for each facility site.
- Proof of enrollment as "Exempt from Licensure Clinic."
- List of carceral sites included in the RA submission.

» **Pharmacy Enrollment**

- List of pharmacy provider(s)

Required Documentation 3/8

» **Ordering, Referring, and Prescribing (ORP) Practitioners**

- Policies and procedures for ORP enrollment and verification.
- List of embedded ORP providers (Name, Facility, Type I NPI).
- Staff training documentation.

» **Billing System Capabilities**

- Billing vendor contract or system overview.
- Medi-Cal billing policy and procedures.
- Attestation of compliance with Medi-Cal billing standards.
- Completed test claim or billing workflow diagram.

Required Documentation 4/8

» **Pharmacy Billing (Medi-Cal Rx)**

- Policies and procedures for pharmacy billing practices.
- Documentation of submission methods (POS, SFTP, Web, Paper).
- Procedures for handling rejected or denied claims.
- DGS pricing agreement documentation (if applicable).

» **Medi-Cal Eligibility & Enrollment**

- Policies and procedures for screening and enrollment.
- Screening forms and workflow diagrams.
- MOU or agreement with County Social Services Department (SSD).
- Staff training materials.

Required Documentation 5/8

» **Communication of Incarceration Status**

- Workflow diagrams.
- Sample notification forms.
- Policies and procedures for communication.

» **Medi-Cal Enrollment Information**

- Resource flyers or other documentation for SSD contact info.

» **Screening for JI Eligibility & Behavioral Health**

- Initial health screening protocols and forms.
- JI Screening Portal access policy and SOPs.
- Health risk assessment tools and workflows.
- List of validated screening tools and county BH agency agreement.

Required Documentation 6/8

» **EPSDT (Youth)**

- EPSDT screening protocols.
- Care coordination workflows.

» **Pre-Release Service Delivery Infrastructure**

- Policies for short-term incarceration workflows.
- Telehealth and in-person care protocols.
- Physical health consultation protocols.
- DME inventory list and procedures.

» **Pharmacy Requirements**

- Procedures for obtaining and dispensing medications during 90-day pre-release.
- Policy for providing medications in hand at release.
- Prior authorization protocols.

Required Documentation 7/8

» **Behavioral Health Requirements**

- Behavioral health consultation protocols.
- Scheduling and care coordination workflows.
- Consent forms and ROI templates.
- MOUs or data sharing agreements with county BH agencies.

» **MAT & Naloxone**

- MAT induction and continuation protocols.
- Naloxone distribution and education procedures.
- Staff training materials.

Required Documentation 8/8

» **Reentry Planning & Coordination**

- Care management procedures and list of care managers.
- Data sharing and consent management policies.
- Reentry care plan template and workflows.
- Warm handoff policy and documentation.

Medi-Cal Preparedness Checklist

Justice-Involved (JI) Reentry Initiative Checklist

The Department of Health Care Services (DHCS) has identified a list of resources to support your readiness for the Justice-Involved (JI) Reentry Initiative. From enrolling as a Medi-Cal provider and signing up to be a JI provider, to screening members for eligibility, obtaining treatment authorization for services, or submitting claims, this webpage will guide your transition to preparedness.

Work with DHCS to set you up for success. Complete the following step-by-step checklist that highlights areas critical for new JI Medi-Cal providers.

JI Step 1 - Medi-Cal Fundamentals

JI Step 2 - Eligibility

JI Step 3 - Claim Forms and Claim Submission

Medi-Cal Rx Readiness Resource Checklist

The Medi-Cal Rx Readiness and Resources Checklist will support Correctional Facilities (CFs), partnering pharmacies, and prescribers with planning, completing required onboarding, and implementation of the JI Reentry Initiative. This appendix includes information specific to the provision of Medi-Cal outpatient pharmacy benefits.

Complete the following step-by-step checklist that highlights areas critical for new JI Medi-Cal pharmacy benefit providers.

Step 1 – Understanding Medi-Cal Rx

1. Visit the [Medi-Cal Rx website](#) and sign up for the [Medi-Cal Rx Subscription Service](#) to obtain the latest news about Medi-Cal Rx including changes to the Contracted Drugs List and policy updates.
2. Visit the [Medi-Cal Rx Bulletins and News](#) webpage and review the latest information concerning Medi-Cal Rx and outpatient pharmacy benefits.
3. Access and review the [Prescriber Training Checklist](#) and/or the [Pharmacy Training Checklist](#) depending upon your role to develop an understanding of Medi-Cal Rx and available educational resources.
4. Watch the [Medi-Cal Rx 101 Webinar](#) on the [Medi-Cal Rx YouTube](#) channel to obtain an overview and information about Medi-Cal Rx resources.
5. Access and review the [Medi-Cal Rx Provider Welcome Packet](#), a comprehensive

Next Steps

- » DHCS encourages all remaining counties and correctional facilities to submit your RA via Nintex **as soon as possible**. This will give the DHCS team time to review and provide technical assistance, as needed, prior the CF's go-live date.
- » No need to adhere to the 6 months in advance submission deadline!
- » DHCS will accept RAs on a rolling basis through October 2026.

Key Program, Policy and Operations Updates



Correctional Facility/Managed Care Plan MOU

The 2024 Medi-Cal Managed Care Contract ("Contract") requires all MCPs to enter into MOUs with counties and third-party entities—including CFs—to contractually ensure the provision of whole-system, person-centered care.

DHCS Goals for Requiring MOUs:

- » Incorporate existing service and program requirements into a single document.
- » Establish minimum requirements around key Contract provisions for MOUs (e.g., training, data-sharing).
- » Clarify roles and responsibilities for coordination of the delivery of care and services of all Members, including across MCP carved out services.
- » Establish formal processes for how MCPs and CFs will collaborate and coordinate on programs.
- » Establish data sharing pathways between MCPs and CFs to support care coordination and enable robust monitoring.
- » Provide mechanisms to ensure overall oversight and accountability for MCPs to execute MOUs with CFs.
- » Provide transparency into roles/responsibilities and relationships between MCPs and CFs.

Approach for MCPs and CFs to Execute MOUs

DHCS will require MOUs between MCPs and CFs in their counties or regions of operation, including state prisons.

- » **County Jails and County Youth Correctional Facilities (YCF)** must enter into MOUs at a county level (e.g., County Sheriff signs on behalf of all jails in the county; County Probation signs on behalf of all YCFs in the county).
 - County Jails and County YCFs may either:
 - Enter into a unique MOU with each MCP in their county; or,
 - Enter into one MOU with all MCPs in their county.
- » **State Prisons (CDCR/CCHCS)** will negotiate one MOU on behalf of all state prisons with all MCPs.

Parties to the MCP-CF MOU

During the stakeholder comment period, DHCS solicited input on the appropriate parties to the MOU. In alignment with feedback, DHCS is setting the following requirements

- » The CF and any public entities (e.g., Public Health Agency) responsible for the delivery of correctional health services should each be parties* to the MOU (i.e., both agencies should sign the MOU).
 - For Example: If the County Public Health Agency provides correctional health services at the CF, the County Public Health Agency and the CF should both be parties to the MCP-CF MOU. The parties should delineate among themselves which obligations under the MOU each party is responsible for carrying out.
- » *Being “party” to the MOU means that by signing the MOU, the signing entity is agreeing to carry out the obligations set forth in the MOU as necessary and delineated among the parties to the MOU.

2025-2026 MOU Execution Timeline

- » For CFs that go live with pre-release services **prior to or on January 1, 2026, the effective date for CFs and MCPs to demonstrate a good faith effort to enter into an MOU is by January 1, 2026.**
 - Prior to finalizing a MOU, the MCP and CF must both submit reports on progress to DHCS on a quarterly basis.
- » For CFs that go live with pre-release services **after January 1, 2026**, the effective date for CFs and MCPs to demonstrate a good faith effort to enter into an MOU is **by the CF's go-live date.**
 - Prior to finalizing a MOU, the MCP and CF must both submit quarterly reports on progress to DHCS on a quarterly basis.

DHCS will require the submission of copies of the MOU for DHCS review and approval, in alignment with [APL 23-029](#), and will monitor MOUs on an ongoing basis.

Note: If a MCP and CF already have a MOU in place, the CF and MCP must update the MOU to ensure it meets mandatory provisions in the MCP-CF MOU Template developed by DHCS.

Best Practice: DHCS recommends that CFs and MCPs begin negotiating the MOU upon submission of the Readiness Assessment.

MOU Resources

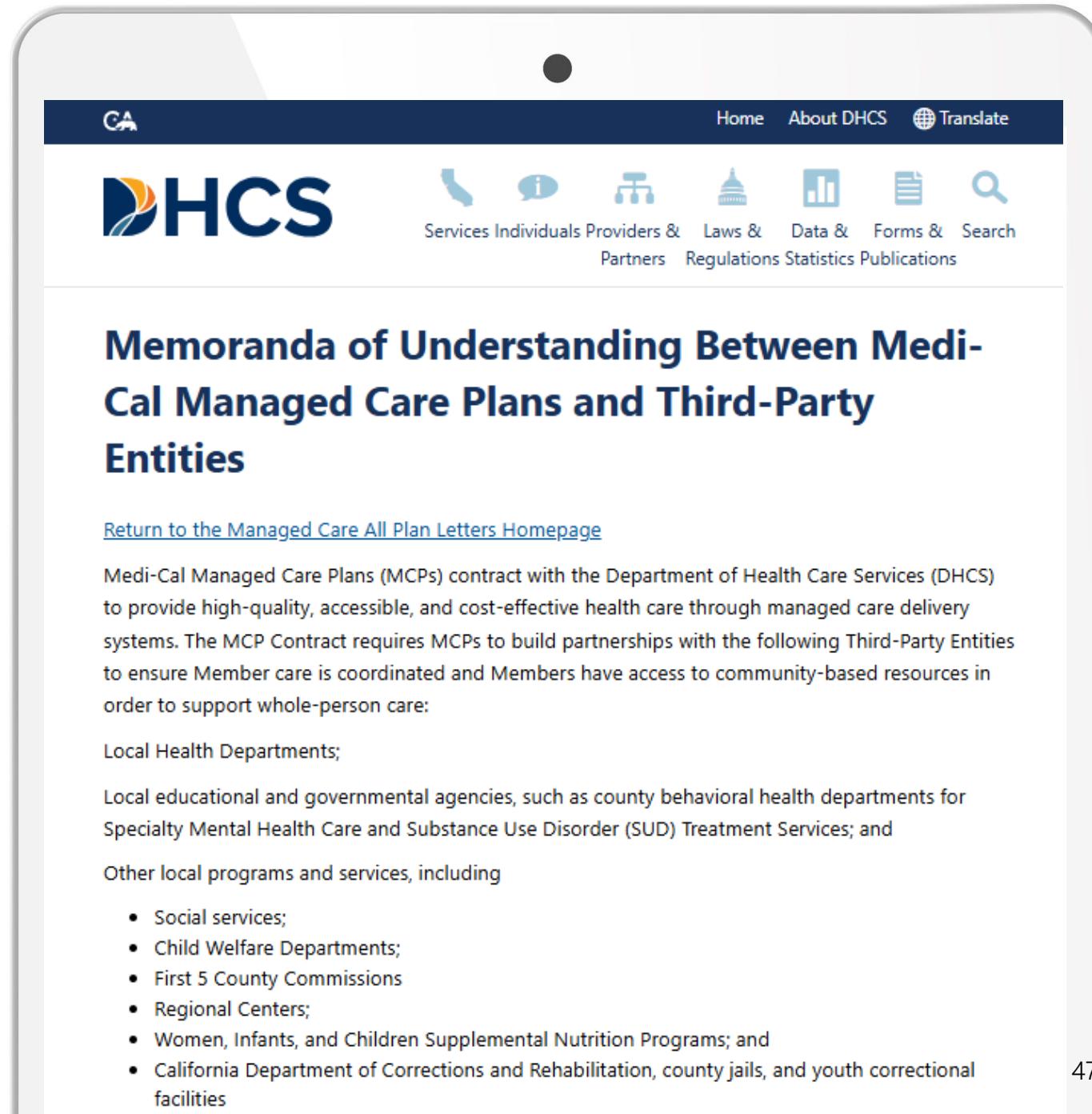
» **DHCS maintains resources to assist MCPs and CFs with MOU implementation.**

» [DHCS MOU Webpage](#)

- Houses the DHCS-issued APL 23-029, Base MOU Template and Bespoke MOU Templates.
- Houses the MOU FAQs, which provide additional guidance on the APL, Base MOU, and Bespoke MOU Templates; clarifies aspects of MOUs in response to stakeholder feedback; addresses questions on optional provisions, data sharing, enforcement; and more.
- DHCS MOU email address:
MCPMOUS@dhcs.ca.gov.

» [DHCS Justice-Involved Initiative Webpage](#)

- Explore the [Policy and Operational Guide for Planning and Implementing the Justice-Involved Reentry Initiative PDF](#).
- DHCS JI email address:
CalAIMJusticeAdvisoryGroup@dhcs.ca.gov.



The screenshot shows the DHCS website with a dark blue header. The header includes the California state logo, the DHCS logo, and links for Home, About DHCS, and Translate. Below the header is a navigation bar with icons for Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and a Search icon. The main content area features a large blue title: "Memoranda of Understanding Between Medi-Cal Managed Care Plans and Third-Party Entities". Below the title is a link to "Return to the Managed Care All Plan Letters Homepage". The text explains the contract between DHCS and MCPs to provide high-quality, accessible, and cost-effective health care through managed care delivery systems. It mentions the MCP Contract requires MCPs to build partnerships with Local Health Departments, county behavioral health departments, and other local programs and services including Social services, Child Welfare Departments, First 5 County Commissions, Regional Centers, Women, Infants, and Children Supplemental Nutrition Programs, and the California Department of Corrections and Rehabilitation.

CA

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Memoranda of Understanding Between Medi-Cal Managed Care Plans and Third-Party Entities

[Return to the Managed Care All Plan Letters Homepage](#)

Medi-Cal Managed Care Plans (MCPs) contract with the Department of Health Care Services (DHCS) to provide high-quality, accessible, and cost-effective health care through managed care delivery systems. The MCP Contract requires MCPs to build partnerships with the following Third-Party Entities to ensure Member care is coordinated and Members have access to community-based resources in order to support whole-person care:

Local Health Departments;

Local educational and governmental agencies, such as county behavioral health departments for Specialty Mental Health Care and Substance Use Disorder (SUD) Treatment Services; and

Other local programs and services, including

- Social services;
- Child Welfare Departments;
- First 5 County Commissions
- Regional Centers;
- Women, Infants, and Children Supplemental Nutrition Programs; and
- California Department of Corrections and Rehabilitation, county jails, and youth correctional facilities

Thank you!

Email us at

CalAIMJusticeAdvisoryGroup@dhcs.ca.gov



Appendix



Key Resources Available to Support CFs (1/2)

- » [Justice-Involved Initiative Home Webpage](#)
- » [CalAIM JI Policy and Operations Guide](#)
- » [Justice-Involved Reentry Initiative: Billing Reference Guide](#)
- » [Justice-Involved \(JI\) Reentry Initiative \(Articles\)](#)
- » [Justice-Involved \(JI\) Reentry Initiative Q&As](#)
- » [Office of Strategic Partnerships – Justice-Involved Reentry Services - YouTube](#)
- » [Enhanced Care Management & Community Supports](#)
- » [Medi-Cal Providers: Outreach & Education](#)
- » [Medi-Cal Providers Website: Justice-Involved \(JI\) Reentry Initiative](#)

Key Resources Available to Support CFs (2/2)

- » [MCP Contact List – Managed Care Plans by County](#)
- » [County Mental Health Plan Information: Contact, Beneficiary Handbook, and Provider Directory](#)
- » [Behavioral Health Medi-Cal County Customer Services](#) (Short Doyle Medi-Cal)
- » [County Claims Customer Services Library](#) (Short Doyle Medi-Cal)
- » [Medi-Cal Rx Provider Manual](#)
- » [JL Stakeholder Toolkit – Medi-Cal Rx FAQ](#)

Library of Resources

- » [DHCS Resources \(Webinar Recording\)](#)
- » [Medi-Cal State Plan](#)
- » [Medi-Cal Fee Schedule](#)
- » [Medi-Cal Provider Manual](#)
- » [Medi-Cal Rx Provider Manual](#)
- » [All Plan Letters](#)
- » [Specialty Mental Health Services](#)
- » [Drug Medi-Cal Organized Delivery System](#)
- » [Behavioral Health Information Notices](#)
- » [Exempt from Licensure Clinic Application](#)
 - [Application Fee](#)
- » [National Plan and Provider Enumeration System](#)
 - [Frequently Asked Questions](#)
- » [PAVE Enrollment](#)
- » [Step-by-Step Enrollment Instructions for ORP practitioners](#)
- » [Enroll as a Medi-Cal Provider via the Provider Application and Validation for Enrollment](#)
- » [New Provider Checklist](#)
- » [JI Screening Portal training and 90-Day Pre-Release trainings](#)

Reentry Initiative Goals

- » **Increase coverage, continuity of coverage, and service uptake** through assessment of eligibility and availability of coverage for benefits in carceral settings prior to release
- » **Improve access to services** prior to release **and improve transitions and continuity of care** into the community upon release
- » **Provide behavioral health intervention and use medications** for stabilization and addiction treatment for SUDs, with the goal of reducing decompensation, suicide-related deaths, overdoses, and overdose-related deaths in the near-term post-release
- » **Improve coordination and communication** between correctional systems, Medicaid and CHIP systems, managed care plans, and community-based providers
- » **Reduce post-release acute care utilizations** such as emergency department (ED) visits and inpatient hospitalizations and all-cause deaths through robust pre-release identification, stabilization, and management of serious physical and behavioral health conditions with increased receipt of preventive and routine physical and behavioral health care

Partners Involved in Reentry Service Delivery

Reentry services will be delivered by a mix of correctional and community-based providers with support from Managed Care Plans

County and State Correctional Facilities

- » Medi-Cal Eligibility, Applications, and Suspensions
- » Pre-Release Services (e.g., pre-release care management, clinical consultation, medications, Medication Assistance Treatment (MAT))
- » PAVE Enrollment

County Behavioral Health Agencies

- » Pre-Release Behavioral Health In-Reach Services
- » Behavioral Health Links

Community Based Providers and Pharmacies

- » In-Reach Pre-Release Clinical Consultation Services
- » Pre-Release Medications and Medications Upon Release

Managed Care Plans (MCPs) and Enhanced Care Management Providers

- » Pre-Release In-Reach Care Management (under fee-for-service) FFS
- » Warm Handoffs & Post-Release ECM

Eligibility Criteria for Pre-Release Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- » Be part of a Medi-Cal or Children's Health Insurance Program (CHIP) Eligibility Group, and
- » Meet one of the following health care need criteria:
 - Mental Illness
 - Substance Use Disorder (SUD)
 - Chronic Condition/Significant Clinical Condition
 - Intellectual or Developmental Disability (I/DD)
 - Traumatic Brain Injury
 - Human Immunodeficiency Virus/Acquired Immunodeficiency (HIV/AIDS)
 - Pregnant or Postpartum

Note: All Medi-Cal/CHIP eligible youth that are:

- » *Incarcerated at a youth correctional facility;*
- » *Under 21 and incarcerated at an adult jail; or*
- » *Former foster youth under 26 and incarcerated at an adult jail*

Are eligible to receive pre-release services and do not need to demonstrate a health care need.

Covered Pre-Release Services

- » Reentry **care management** services;
- » **Physical and behavioral health clinical consultation** services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- » **Laboratory and radiology** services;
- » **Medications and medication administration**;
- » **Medication assisted treatment/medications for addiction treatment (MAT)**, for all Food and Drug Administration-approved medications, including coverage for counseling; and
- » Services provided by **community health workers** with lived experience.

In addition to the pre-release services specified above, qualifying individuals will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

Short Term Model Scenario: Patient Journey

- » **Maria is booked into the county jail for a minor charge. Maria has been incarcerated several times this year and has previously been released within 72 hours of intake.**
- 1. **At intake:** First the CF staff should verify Maria's Medi-Cal enrollment through the DHCS eligibility verification system (EVS) or in collaboration with the county SSD and confirms that she is already enrolled and active an MCP. Next the county jail staff should screen Maria and enter required information into the JI Screening Portal (e.g., projected release date, health care need criteria for pre-release services). This allows DHCS to activate the JI Aid Code to allow the billing of Maria's pre-release services.
 - » As a best practice, the CF staff also reviews Maria's records and learns that she had previously been screened and found eligible for Medi-Cal pre-release services during her last incarceration and was diagnosed with hypertension and prescribed Lisinopril.
- 2. **During the initial screening,** CF staff confirms with Maria that she is still taking Lisinopril and ensures that her medication needs have not changed. The staff also checks that Lisinopril will be available to Maria at a community pharmacy upon release and that the current prescription is aligned with available drugs in the Medi-Cal Rx contracted drug list.
- 3. **Within 24 hours of JI Aid Code activation,** Maria is prescribed a supply of Lisinopril that is dispensed to her during her stay as a keep on person drug. *The dispensing pharmacy bills Medi-Cal Rx for the full supply of medication provided to Maria.*

Short Term Model Scenario: Patient Journey (continued)

4. **Within 2 business days of JI Aid Code activation**, CF staff should contact the JI Liaison at Maria's assigned MCP for a pre-release ECM provider assignment and request that her current JI ECM Lead Care Manager provide pre-release services while she is incarcerated within two days of JI Aid Code activation. CF staff then contacts the assigned ECM provider to schedule an in-reach appointment within first 8 days of JI Aid Code activation to update Maria's Health Risk Assessment (HRA) and develop a re-entry care plan. *Medicaid admin match will be utilized for scheduling work.*

Maria is released after 72 hours.

Due to her short stay, Maria was unable to meet with her assigned ECM Lead Care Manager before release, so the CF staff gives her an ECM Flyer that describes the Medi-Cal ECM benefit and lists the name and phone number of her ECM provider and MCP. Upon release, the CF provides Maria with a full supply of Lisinopril, billed to Medi-Cal Rx) in hand as well as a prescription to take to a local pharmacy.

5. **Within 24 hours of Maria's release**, the CF staff reaches out to her assigned ECM provider to notify them and the MCP of Maria's release as a best practice. The ECM provider is responsible for engaging Maria in the community within two business days of release, as a best practice.
6. **Within 24 hours of Maria's release**, the CF staff documents Maria's release date in the JI Screening Portal, by confirming the release date in the JI Screening Portal. DHCS is able to terminate the JI Aid Code and ensure full Medi-Cal eligibility is turned on for use in the community.