

# **CalAIM Justice-Involved Advisory Group: Stakeholder Feedback on Draft Policy and Operations Guide**

***June 29, 2023***



# Meeting Objectives

- » Context Setting
- » High-Level Review of Draft Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative



# Context Setting



# Rationale for Providing Pre-Release Services

California has received approval to authorize federal Medicaid matching funds for select Medicaid services for eligible justice-involved individuals in the 90-day period prior to release from incarceration in prisons, county jails and youth correctional facilities.



The intent of the demonstration is to **build a bridge to community-based care for justice-involved Medi-Cal members**, offering them services to stabilize their condition(s) and establishing a re-entry plan for their community-based care prior to release.



This demonstration is **part of California's comprehensive initiative to improve physical and behavioral health care for the justice-involved population** and builds on the State's substantial experience and investments on ensuring continuity of Medi-Cal coverage and access to care for JI populations.



With its 1115 demonstration, California will directly test and evaluate its expectation that **providing targeted pre-release services to Medi-Cal-eligible individuals will avert the unnecessary use** of inpatient hospitals, psychiatric hospitals, nursing homes, emergency departments and other forms of costly and inefficient care that otherwise would be paid for by Medi-Cal.

# Eligibility Criteria for Pre-Release Services

Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback (See Appendix).

### Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

### CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



### Criteria for Pre-Release Medi-Cal Services

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

- ✓ Be part of a **Medicaid or 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
  - HIV/AIDS
  - Pregnant or Postpartum

**Note:** *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.*



# State Mandate for Pre-Release Services and Behavioral Health Links

## 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.

## 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.



# Providing Access and Transforming Health (PATH) Capacity Building Program

**The approved CalAIM 1115 waiver authorizes \$410 million for the PATH Justice-Involved Capacity Building Program to support collaborative planning and IT investments intended to support implementation of Behavioral Health Links in the 90 days prior to release.**



Funding from the PATH JI Round 3 will provide implementation grants to correctional facilities (including CDCR, sheriff's offices, probation offices) or their delegates, and County Behavioral Health Agencies.



Funding is intended to support eligible entities as they stand-up processes, protocols, and IT system modifications that are necessary to implement or modify processes to support the provision of Pre-Release Services and Behavioral Health Links.



This funding can be used for investments in personnel, capacity, or IT systems that are needed to effectuate pre-release service processes.



DHCS has provided detailed guidance on PATH applications, available on the CalAIM JI website.



# Timing for Release of PATH Funds and State Guidance

**DHCS memorialized policy requirements and operational expectations in draft Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative.**

**PATH Guidance:** DHCS released the PATH Round 3 [application](#) and [guidance](#) in May 2023.

- DHCS streamlined PATH Round 3 applications to collect essential information about applicant.
- Applicants will receive 10% of maximum amount of funding they are eligible to apply for upon application review and approval.
  - This initial funding can support applicants in developing their larger Implementation Plan; additional funding will be provided upon approval of the Implementation Plan.
- Applications are due **July 31, 2023**.

**TA Survey:** To support planning and implementation of Pre-Release Services and Behavioral Health Links, DHCS is requiring all correctional facilities and all County Behavioral Health Agencies to complete a survey to gauge the level of the technical assistance needed to successfully implement the initiative. **To receive PATH JI Round 3 funding, eligible entities must complete this survey. For more information, please review the PATH JI webpage and reach out to [justice-involved@ca-path.com](mailto:justice-involved@ca-path.com) for questions**

**State Guidance:** DHCS released the draft Policy and Operations Guide in June 2023 and expects to finalize guidance in the summer of 2023.



# DHCS Has Been Actively Working With Implementation Partners

Over the past 18 months, DHCS has actively met with its Justice-Involved Advisory Group and one-on-one with implementation partners, to inform the 1115 Demonstration and provide input on the Policy and Operational Guide.




## **Justice-Involved Advisory Group members include:**

- » CDCR/California Correctional Health Care Services (CCHCS) which delivers health care services in State prisons
- » County Jails, including correctional officers and correctional health staff
- » Chief Probation Officers of California (CPOC)/County Youth Correctional Facilities
- » Board of State and Community Corrections (BSCC)
- » County Welfare Directors Association (CWDA)
- » County Social Service Departments (SSDs)
- » County Behavioral Health Department (including working group of county behavioral health directors)
- » Council on Criminal Justice and Behavioral Health (CCJBH)
- » Office of Youth and Community Restoration (OYCR)
- » Reentry Providers (including TCN, STOP, Healthright360, WestCare, and Amity Foundation)
- » Medicaid managed care plans
- » Individuals with lived experience
- » Community based organizations



# High-Level Review of *Draft* Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative

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# Release of Draft Policy and Operational Guide for Stakeholder Comment

- » On June 12, 2023, DHCS released draft guidance that memorializes policy and operational requirements for implementing the Medi-Cal Justice-Involved Reentry Initiative.
- » The draft guidance is intended to lay out to implementing stakeholders—correctional facilities, County Behavioral Health Agencies, providers, community-based organizations, and Medi-Cal managed care plans, among others—the policy, design and operational processes that will serve as the foundation for implementing this important initiative.
- » As implementing partners begin to advance the process of standing up the Reentry Initiative, and as CMS continues to refine its sub-regulatory guidance for states that receive 1115 demonstration approval, it is expected that this guide will be updated on an on-going basis.
- » This complex initiative requires a close working relationship across multiple stakeholders in order for it to be successful.
- » DHCS requests stakeholders submit written feedback to this guide by **Friday, July 7, 2023**. Feedback should be sent to the Justice Involved Advisory Group inbox: [CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov)



# Draft Policy and Operations Guide: Table of Contents

## i. Introduction

## ii. Context Setting

### 1. California's 1115 Demonstration to Cover Medi-Cal Services for Justice-Involved

*1.1 Summary of the 1115 Demonstration Approval*

*1.2 Legal Authority*

### 2. Justice-Involved PATH Funding for Implementation of Pre-Release Medi-Cal Applications and Pre-Release Services and Links to County Services

*2.1 Context Setting*

*2.2 Permissible Uses of Justice-Involved PATH Funding and Proposed Sustainability Approach for Justice-Involved Pre-Release Applications and Pre-Release Services*

### 3. Approach to Planning and Implementation of Pre-Release Services and Links to County Services

*3.1 Stakeholder Engagement*

*3.2 Policy and Operational Planning*

### 4. Enrolling in Medi-Cal Coverage

*4.1 Background*

*4.2 Pre-Release Medi-Cal Application Process Implementation Requirements*

*4.3 Justice-Involved Pre-Release Enrollment Pathway for New Medi-Cal Members Identified at Intake*

*4.4 Suspension/Unsuspension (Activation) of Medi-Cal Benefits*

# Draft Policy and Operations Guide: Table of Contents

## **5. Readiness Assessments**

*5.1 Implementation Timeline*

*5.2 Implementation Readiness – Correctional Facilities*

*5.3 Implementation Readiness – Social Services Departments*

*5.4 Implementation Readiness – County Behavioral Health Agency*

## **6. Pre-Release Services and Links to County Services Eligibility and Screening Process**

*6.1 Eligible Facilities*

*6.2 Eligible Individuals*

*6.3 Screening Approach*

*6.4 Screening Approach for SMHS/DMC/DMC-ODS/Non-SMHS*

*6.5 Aid Codes*

## **7. Compliance with Section 1902(1) of the Social Security Act**

*7.1 Right to Submit a Medicaid Applications (Section 1902(a)(8))*

*7.2 Right to Receive Notice of an Adverse Decision (Section 1902(a) and 42 C.F.R. 435.917, 435.918)*

*7.3 Fair Hearings (Section 1902(a)(3))*

# Draft Policy and Operations Guide: Table of Contents

## **8. Providing Pre-Release Services Delivery Model**

- 8.1 Definitions of Pre-Release Services*
- 8.2 Short-Term Model Minimum Requirements*
- 8.3 Telehealth services*
- 8.4 Care Management Model*
- 8.5 Physical and Behavioral Health Clinical Consultation*
- 8.6 Medication Coverage During the Pre-Release Period*
- 8.7 MAT Coverage During the Pre-Release Period*
- 8.8 Medications Upon Release*
- 8.9 Durable Medical Equipment Upon Release*

## **9. Provider Enrollment and Payment**

- 9.1 FFS Delivery Model*
- 9.2 Medi-Cal Provider Enrollment (community-Based Providers)*
- 9.3 Medi-Cal Provider Enrollment (Correctional Facilities)*
- 9.4 Role of the Correctional Facility in Provision of Services*
- 9.5 Embedded/In-Reach Provider Considerations*
- 9.6 ECM Provider Network*

# Draft Policy and Operations Guide: Table of Contents

## **10. Pre-Release Service Rate Setting**

*10.1 Billing and Claim Approach for Pre-Release Services*

*10.2 Proposed Approach for Care Management Bundles*

## **11. Reentry Planning**

*11.1 ECM Eligibility*

*11.2 Pre- and Post-Release Warm Handoff Requirement*

*11.3 Managed Care Auto-Assignment and Current Month Enrollment*

*11.4 Behavioral Health Links*

## **12. Monitoring and Evaluation**

*12.1 Overview*

## **13. Managed Care Plan Requirements for Implementing Enhanced Care Management for the Justice-Involved Population of Focus**

*13.1 Overview*

*13.2 ECM Network Development and Reporting*

*13.3 Member Enrollment into an MCP and ECM*

*13.4 Supporting Members' Transition from Incarceration into an MCP and ECM*

*13.5 Post Release ECM*



# Section 3: Approach to Planning and Implementation of Pre-Release Services and Links to County Services

Section Objective	Section Summary
<p><b>This section provides a summary of DHCS stakeholder engagement to date and DHCS’ policy and operational planning objectives</b></p>	<ul style="list-style-type: none"><li>✓ Correctional facilities and county behavioral health agencies are expected to work together to build approaches for implementing and delivering pre-release services and links to county services.</li><li>✓ DHCS will provide technical assistance to ensure stakeholders understand requirements, are able to build processes to implement, and answer stakeholder questions</li></ul>





# Section 4: Pre-Release Medi-Cal Application Processes

Section Objective	Section Summary
<p><b>State law and the 1115 waiver require DHCS to set up pre-release Medi-Cal application for incarcerated adults and youth to better position individuals to have coverage upon release into the community and to receive pre-release services.</b></p> <p><b>This section lays out expectations related to pre-release Medi-Cal applications and how those processes relate to the delivery of pre-release services.</b></p>	<ul style="list-style-type: none"><li>✓ Minimum operational requirements for pre-release Medi-Cal application processes.</li><li>✓ Data exchange requirements to support the pre-release Medi-Cal application process.</li><li>✓ Justice-involved pre-release enrollment pathway for new Medi-Cal eligible individuals identified at intake.</li><li>✓ Suspension of Medi-Cal Benefits and unsuspension(activation) requirements (including processes for individual with short-stays)</li></ul>



# Section 5: Readiness Assessments

Section Objective	Section Summary
<p><b>DHCS will implement a phased approach for correctional facilities to go-live to deliver pre-release services (from April 2024-March 2026). All correctional facilities are mandated to go live by March 2026.</b></p> <p><b>All correctional facilities, county social services departments, and County Behavioral Health Agencies will need to demonstrate readiness before they are able to deliver services.</b></p> <p><b>This section lays out expectations related to determining readiness.</b></p>	<ul style="list-style-type: none"><li>✓ Implementation timeline for Pre-Release Services and Behavioral Health Links (<i>referred to as Behavioral Health Linkages in draft document</i>)</li><li>✓ Description of Readiness Assessment structure, including minimum requirements to receive a pass from DHCS and expectations related to documentation and data exchange.</li><li>✓ Detail on the operational criteria correctional facilities, social services departments, and County Behavioral Health Agencies will need to meet to pass required readiness assessments to go-live for: (1) Pre-Release Services; and (2) Behavioral Health Links</li></ul>

***DHCS will be available to provide technical assistance to all implementation partners to support readiness assessments***



# Section 6: Pre-Release Services Eligibility and Screening Process

Section Objective	Section Summary
<p><b>Correctional facilities will be responsible for determining whether an individual is eligible to receive pre-release services and Behavioral Health Links and will need to develop processes to exchange information about eligibility and release date information.</b></p> <p><b>This section lays out eligibility requirements and expectations for eligibility screening.</b></p>	<ul style="list-style-type: none"><li>✓ Description of individuals eligible for pre-release services.</li><li>✓ Screening approach for both individuals with a release date and those who are in short-term and/or do not have a release date</li><li>✓ Expectations related to a screening processes in correctional facilities for: (1) Pre-Release Services; and (2) Behavioral Health Links based on establish eligibility criteria</li><li>✓ Requirements for using a Screening Portal to collect and share pre-release service eligibility data with DHCS</li><li>✓ DHCS approach to apply an Aid Code to eligible beneficiaries</li></ul>

***DHCS will develop a Screening Portal to document eligibility decisions; correctional facilities will be responsible for inputting this data. This portal will be on the same platform correctional facilities will use for Medi-Cal billing and claiming. DHCS will provide training on use of this platform.***



# Section 8: Definitions of Pre-Release Services and Short-Term Model

Section Objective	Section Summary
<p><b>The Justice-Involved Reentry Initiative will provide a targeted set of pre-release services in the 90 days prior to release.</b></p> <p><b>This section lays out DHCS expectations that correctional facilities establish processes to screen for and deliver services to all eligible individuals, including those with short-term stays.</b></p>	<ul style="list-style-type: none"><li>✓ Definitions of covered pre-release services.</li><li>✓ Expectations related to required timelines and key activities for providing services for individuals with short-term stays at jails and youth correctional facilities. For example:<ul style="list-style-type: none"><li>– Medi-Cal eligibility screenings must occur within 48 hours</li><li>– Medi-Cal applications must be submitted within 72 hours</li><li>– Comprehensive health screenings must occur within the first 7 days of incarceration</li><li>– Scheduling of care management visit must occur within the first 7 days of incarceration</li><li>– MAT must be offered within the first 4 hours of incarceration</li></ul></li><li>✓ Guidance on the use of telehealth for delivering clinical consultations and care management services.</li></ul>



# Section 8: Care Management Model

Section Objective	Section Summary
<p><b>Care management is a critical component of the Justice-Involved Reentry Initiative intended to: support the coordination of services delivered during the pre-release period and upon reentry; ensure smooth links to services and supports; and ensure arrangements of appointments and timely access to appropriate care delivered in the community. This section lays out pre-release care management requirements and expectations.</b></p>	<ul style="list-style-type: none"><li>✓ The pre-release care management model for in-reach and embedded care managers.</li><li>✓ Assigning a care manager: (1) a pre-release care manager using the Provider Directory (if an in-reach model is used); or (2) assignment of an embedded care manager.</li><li>✓ Required services that must be delivered by all pre-release care managers, including needs assessments, care links and coordination with community-based providers and services, participation in link to services, and development of a Reentry Care Plan.</li><li>✓ Components of the Reentry Care Plan.</li><li>✓ Implementing warm handoffs between the pre-release care manager and post-release ECM provider, when different individuals provide pre- and post-release care management services.</li><li>✓ Reentry care management</li><li>✓ Medi-Cal FFS billing requirements</li></ul>

# Section 8: Physical and Mental Health and Substance Use Disorder Consultation, and Medications and Medication Administration and MAT

Section Objective	Section Summary
<p><b>As required by CMS under the Section 1115 waiver, DHCS laid out clear expectations for minimum requirements for pre-release services including: physical and mental health consultation; medications and medication administration; and Medication Assisted Treatment.</b></p>	<p><b>Physical and Mental Health Consultation</b></p> <ul style="list-style-type: none"> <li>✓ Scope of services for mental health clinical consultation services</li> <li>✓ Scope of services for physical health clinical consultation</li> <li>✓ Medi-Cal FFS billing requirements</li> </ul>
	<p><b>Medications and Medication Administration</b></p> <ul style="list-style-type: none"> <li>✓ Enrolling onsite correctional pharmacies in Medi-Cal</li> <li>✓ Partnering with community-based pharmacies or offsite pharmacies that must be enrolled or enroll in Medi-Cal</li> <li>✓ Medi-Cal Billing and Claiming processes for medications and medication administration</li> <li>✓ Medi-Cal Rx billing requirements</li> </ul>
	<p><b>Medication Assisted Treatment (MAT)</b></p> <ul style="list-style-type: none"> <li>✓ Requirements for treatment for Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) in the pre-release period</li> <li>✓ Reimbursement for medications and withdrawal management and treatment of AUD and for reentry planning/care coordination during the 90 days prior to release</li> <li>✓ Operational criteria that correctional facilities must meet in order to pass a MAT readiness assessment</li> <li>✓ Medi-Cal FFS billing requirements</li> </ul>



# Section 8: Supply of Medications and Durable Medical Equipment Upon Release

Section Objective	Section Summary
<b>As required by CMS under the Section 1115 waiver, DHCS laid out clear expectations for services to be provided in-hand upon release including: (1) supply of medications; and (2) durable medical equipment (DME)</b>	<b>Supply of Medications</b> <ul style="list-style-type: none"><li>✓ Providing a full supply of medications in hand upon release to individuals, with prescriptions for refills in place, as clinically appropriate.</li><li>✓ Using a Medi-Cal enrolled pharmacy and complying with existing Medi-Cal requirements.</li><li>✓ Complying with Medi-Cal’s prior authorization/utilization management requirements.</li><li>✓ Providing Naloxone upon release and clinically appropriate supply of MAT with follow-up</li><li>✓ Medi-Cal Rx billing requirements</li></ul>
	<b>DME</b> <ul style="list-style-type: none"><li>✓ Identifying need and provisioning DME in hand upon release.</li><li>✓ Providing prescriptions for DME upon release.</li><li>✓ Coordinating with community-based providers to ensure residential DME will be in place when needed after an individual is released.</li></ul>

# Section 9: Provider and Pharmacy Enrollment & Section 10: Billing and Claiming

Section Objective	Section Summary
<p><b>Pre-release services will be delivered, claimed, and paid for via Medi-Cal fee-for-service. All providers seeking to get reimbursed for delivery of pre-release services must enroll as a Medi-Cal provider.</b></p> <p><b>All claims will be submitted through normal processes using Medi-Cal Rx for pharmacy services and CA-MMIS for all other services.</b></p> <p><b>These two sections lays out provider enrollment and billing and claiming expectations.</b></p>	<p><b>Provider and Pharmacy Enrollment</b></p> <ul style="list-style-type: none"><li>✓ Delivery, claiming, and payment for pre-release covered services via Medi-Cal’s FFS delivery system, including creating operational pathways for correctional facilities to bill for Medi-Cal covered services.</li><li>✓ Requiring community-based providers to enroll in Medi-Cal via PAVE under existing provider types.</li><li>✓ Requiring correctional facilities to enroll a as a Medi-Cal exempt-from-licensure clinic.</li></ul>
	<p><b>Billing and Claiming</b></p> <ul style="list-style-type: none"><li>✓ Implementing billing/claiming processes</li><li>✓ Proposed requirements for billing care management bundles for justice-involved pre-release services</li></ul>



# Section 11: Reentry Planning: ECM Eligibility, Warm Handoffs and Auto-Assignment into a Managed Care Plan

Section Objective	Section Summary
<b>Ensuring a smooth reentry is as important as providing pre-release services. DHCS lays out definitions and expectations related to who will be eligible for Enhanced Care Management post release, requirements related to warm handoffs, and enrollment into managed care plans</b>	<ul style="list-style-type: none"><li>✓ Eligibility criteria for the JI ECM population of focus for adults and youth (aligns with 90-day pre-release service eligibility).</li><li>✓ Implementing warm handoffs between the pre-release care manager and post-release ECM provider, when different individuals provide pre- and post-release care management services.</li><li>✓ Auto-Assignment into managed care plans and retroactive enrollment in MCPs to the first day of the month in which an individual is released.</li></ul>



# Section 11: Reentry Planning: Behavioral Health Links

*(referred to as Behavioral Health Linkages in the draft Guide)*

Section Objective	Section Summary
<p><b>Pre-release services will be delivered, claimed, and paid for via Medi-Cal fee-for-service. All providers seeking to get reimbursed for delivery of pre-release services must enroll as a Medi-Cal provider.</b></p> <p><b>All claims will be submitted through normal processes using Medi-Cal Rx for pharmacy services and CA-MMIS for all other services.</b></p> <p><b>These two sections lays out provider enrollment and billing and claiming expectations.</b></p>	<p><b>Provider and Pharmacy Enrollment</b></p> <ul style="list-style-type: none"><li>✓ Delivery, claiming, and payment for pre-release covered services via Medi-Cal’s FFS delivery system, including creating operational pathways for correctional facilities to bill for Medi-Cal covered services.</li><li>✓ Requiring community-based providers to enroll in Medi-Cal via PAVE under existing provider types.</li><li>✓ Requiring correctional facilities to enroll a as a Medi-Cal exempt-from-licensure clinic.</li></ul>
	<p><b>Billing and Claiming</b></p> <ul style="list-style-type: none"><li>✓ Implementing billing/claiming processes</li><li>✓ Proposed requirements for billing care management bundles for justice-involved pre-release services</li></ul>

# Section 13: Managed Care Plan Responsibilities

Section Objective	Section Summary
<b>Managed care plans and ECM providers will play a key role as individuals transition from pre-release services into the community upon release. This section describes expectations related to post-release managed care plan enrollment and ECM provider services.</b>	<ul style="list-style-type: none"><li>✓ Minimum requirements for JI ECM Providers, including enrollment in Medi-Cal FFS</li><li>✓ Developing a JI ECM Provider Network and requirements for network overlap across plans in the same county</li><li>✓ Auto-Assignment into Managed Care Plans and retroactive enrollment in MCPs to the first day of the month in which an individual is released</li><li>✓ Ensuring care management continuity across the pre-and post-release periods, including:<ul style="list-style-type: none"><li>○ Defining the responsibilities of the MCP Point of Contact to support ECM assignment</li><li>○ Outlining requirements for the Reentry Care Plan, which becomes the post-release ECM Care Management Plan</li></ul></li></ul>

# Next Steps



# Next Steps

- » Written stakeholder feedback is due on **Friday, July 7.**
- » Feedback should be sent to the Justice Involved Advisory Group inbox ([CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov)).
- » DHCS will be available to provide technical assistance to all implementation partners

# Appendix



# Eligibility Criteria for Pre-Release Services

Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback (See Appendix).

### Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

### CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



### Criteria for Pre-Release Medi-Cal Services

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

- ✓ Be part of a **Medicaid or 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
  - HIV/AIDS
  - Pregnant or Postpartum

**Note:** *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.*

# Covered Pre-Release Services

The pre-release services authorized under the Justice-Involved Reentry Initiative include the following services currently covered under DHCS's Medicaid and CHIP State Plans. Pre-Release services may be provided by correctional facilities, their contracted providers, or community-based in-reach providers.

- » Reentry case management services;
- » Physical and mental 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 (MAT),\* for all Food and Drug Administration-approved medications, including coverage for counseling; and
- » Services provided by community health workers with lived experience.



*(service definitions can be found in the appendix)*

In addition to the pre-release services specified above, qualifying members 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.

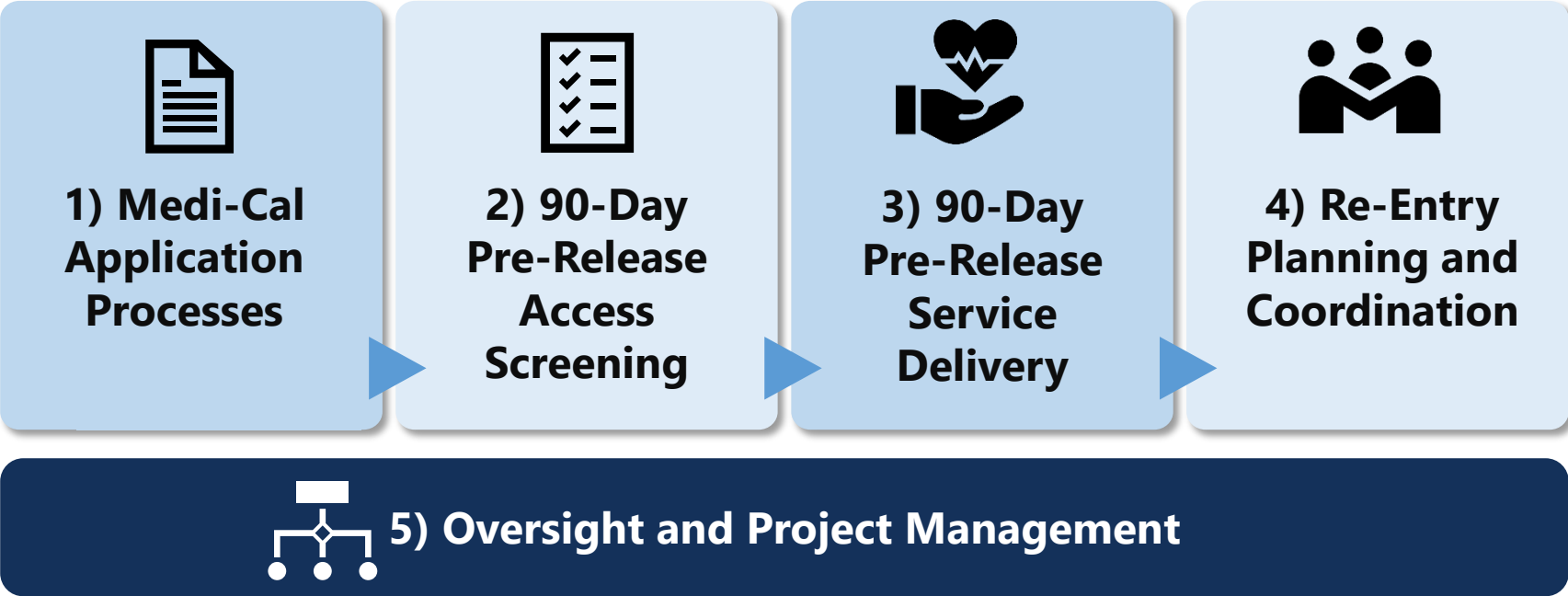
\* MAT Services may be provided by correctional facilities that are not DMC-certified providers, as otherwise required under the State Plan for the provision of the MAT benefit.



# Ensuring Provision of Pre-Release Services

Correctional agencies and facilities are statutorily mandated to comply with the CalAIM pre-release service requirements per California Welfare and Institutions Code §14184.800 and in accordance with correctional facilities' obligations to provide medically necessary care to justice-involved individuals. Additionally, as a condition of the 1115 Reentry Demonstration, all prisons, jails and youth correctional facilities will be required to demonstrate readiness to participate in the justice-involved initiative prior to going live with pre-release services.

DHCS will launch a readiness assessment process that will focus on five key areas needed to operationalize 90-day pre-release services:



*Note: A readiness assessment will also be established for county social service departments to ensure eligibility and enrollment processes facilitate pre-release services and for county behavioral health agencies to ensure processes for Behavioral Health Links are in place.*

# Mental Illness and Substance Use Disorder

Qualifying Criteria	Definition
Mental Illness	<p>A person with a “Mental Illness” is a person who is currently receiving mental health services or medications OR meets both of the following criteria:</p> <ul style="list-style-type: none"><li>i. The member has one or both of the following:<ul style="list-style-type: none"><li>a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities; AND/OR</li><li>b. A reasonable probability of significant deterioration in an important area of life functioning; AND</li></ul></li><li>ii. The member’s condition as described in paragraph (i) is due to either of the following:<ul style="list-style-type: none"><li>a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems; OR</li><li>b. A suspected mental disorder that has not yet been diagnosed.</li></ul></li></ul>

# Mental Illness and Substance Use Disorder (cont'd)

Qualifying Criteria	Definition
Substance Use Disorder	<p>A person with a “Substance Use Disorder” shall either:</p> <ul style="list-style-type: none"><li>i. Meets SUD criteria, according to the criteria of the current editions of the Diagnostic and/or Statistical Manual of Mental Disorders and/or the International Statistical Classification of Diseases and Related Health Problems; OR</li><li>ii. Has a suspected SUD diagnosis that is currently being assessed through either National Institute of Drug Abuse (NIDA)-modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), American Society of Addiction Medicine (ASAM) criteria, or other state-approved screening tool.</li></ul>

# Chronic Condition/Significant Non-Chronic Clinical Condition

## (1 of 4)

Qualifying Criteria	Definition
<b>Chronic Condition/ Significant Non-Chronic Clinical Condition</b>	<p>A person with a “Chronic Condition” or a “Significant Non-Chronic Clinical Condition” shall have ongoing and frequent medical needs that require treatment and can include one of the following diagnoses, as indicated by the individual, and may be receiving treatment for the condition, as indicated:</p> <ul style="list-style-type: none"><li>» Active cancer;</li><li>» Active COVID-19 or Long COVID-19;</li><li>» Active hepatitis A, B, C, D, or E;</li><li>» Advanced liver disease;</li><li>» Advanced renal (kidney) disease;</li><li>» Dementia, including but not limited to Alzheimer’s disease;</li><li>» Autoimmune disease, including but not limited to rheumatoid arthritis, Lupus, inflammatory bowel disease, and/or multiple sclerosis;</li><li>» Chronic musculoskeletal disorders that impact functionality of activities of daily living, including but not limited to arthritis and muscular dystrophy;</li><li>» Chronic neurological disorder;</li></ul>

# Chronic Condition/Significant Non-Chronic Clinical Condition

## (2 of 4)

Qualifying Criteria	Definition
Chronic Condition/ Significant Non-Chronic Clinical Condition	<ul style="list-style-type: none"><li>» Chronic neurological disorder;</li><li>» Severe chronic pain;</li><li>» Congestive heart failure;</li><li>» Connective tissue disease;</li><li>» Coronary artery disease;</li><li>» Currently prescribed opiates or benzodiazepines;</li><li>» Currently undergoing a course of treatment for any other diagnosis that will require medication management of three or more medications or one or more complex medications that requires monitoring (e.g. anticoagulation) therapy after reentry;</li><li>» Cystic fibrosis and other metabolic development disorders;</li><li>» Epilepsy or seizures;</li><li>» Foot, hand, arm, or leg amputee</li></ul>

# Chronic Condition/Significant Non-Chronic Clinical Condition

## (3 of 4)

Qualifying Criteria	Definition
Chronic Condition/ Significant Non-Chronic Clinical Condition	<ul style="list-style-type: none"><li>» Hip/Pelvic fracture;</li><li>» HIV/AIDS;</li><li>» Hyperlipidemia</li><li>» Hypertension</li><li>» Incontinence</li><li>» Severe migraine or chronic headache</li><li>» Moderate to severe atrial fibrillation/arrhythmia</li><li>» Moderate to severe mobility or neurosensory impairment (including, but not limited to spinal cord injury, multiple sclerosis, transverse myelitis, spinal canal stenosis, peripheral neuropathy);</li><li>» Obesity</li><li>» Peripheral vascular disease;</li><li>» Pressure injury or chronic ulcers (vascular, neuropathic, moisture-related);</li></ul>

# Chronic Condition/Significant Non-Chronic Clinical Condition

## (4 of 4)

Qualifying Criteria	Definition
Chronic Condition/ Significant Non-Chronic Clinical Condition	<ul style="list-style-type: none"><li>» Previous stroke or transient ischemic attack (TIA);</li><li>» Receiving gender affirming care;</li><li>» Active respiratory conditions, such as severe bronchitis, COPD, asthma or emphysema</li><li>» Severe viral, bacterial, or fungal infections</li><li>» Sickle cell disease or other hematological disorders;</li><li>» Significant hearing or visual impairment;</li><li>» Spina Bifida or other congenital anomalies of the nervous system;</li><li>» Tuberculosis; or</li><li>» Type 1 or 2 diabetes.</li></ul>

# I/DD, TBI, HIV, Pregnancy

Qualifying Criteria	Definition
<b>Intellectual or Developmental Disability</b>	A person with an “Intellectual or Developmental Disability” is a person who has a disability that begins before the individual reaches age 18 and that is expected to continue indefinitely and present a substantial disability. Qualifying conditions include intellectual disability, cerebral palsy, autism, Down syndrome, and other disabling conditions as defined in <a href="#">Section 4512 of the California Welfare and Institutions Code</a> .
<b>Traumatic Brain Injury</b>	A person with a “Traumatic Brain Injury” means a person with a traumatic brain injury or other condition, where the condition has caused significant cognitive, behavioral, and/or functional impairment.
<b>HIV/AIDS</b>	A person with “HIV/AIDS” means a person who has tested positive for either human immunodeficiency virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) at any point in their life.
<b>Pregnant or Postpartum</b>	A person who is “Pregnant or Postpartum” is a person who is either currently pregnant or within the 12-month period following the end of the pregnancy.



# Definitions of Covered Services

Covered Service	Definition
<b>Case Management</b>	<p>Case management will be provided in the period up to 90 days immediately prior to the expected date of release and is intended to facilitate reentry planning into the community in order to: (1) support the coordination of services delivered during the pre-release period and upon reentry; (2) ensure smooth links to social services and supports; and (3) and ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community. Services shall include:</p> <ul style="list-style-type: none"><li>» Conducting a health risk assessment, as appropriate;</li><li>» Assessing the needs of the individual in order to inform development, with the member, of a discharge/reentry person-centered care plan, with input from the clinician providing consultation services and correctional facility's reentry planning team;</li><li>» While the person-centered care plan is created in the pre-release period and is part of the case management pre-release service to assess and address physical and mental health needs and HRSN identified, the scope of the plan extends beyond release;</li><li>» Obtaining informed consent when needed to furnish services and/or to share information with other entities to improve coordination of care;</li><li>» Providing warm links with designated managed care plan care managers (including potentially a care management provider, for which all individuals eligible for pre-release services will be eligible) which includes sharing discharge/reentry care plans with managed care plans upon reentry;</li></ul>

# Definitions of Covered Services (cont'd)

Covered Service	Definition
<b>Case Management</b>	<ul style="list-style-type: none"><li>» Ensuring that necessary appointments with physical and mental health care providers, including, as relevant to care needs, with specialty County Behavioral Health coordinators and managed care providers are arranged;</li><li>» Making warm links to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, transportation, childcare, child development, and mutual aid support groups;</li><li>» Provide a warm hand-off as appropriate to post-release case managers who will provide services under the Medicaid state plan or other waiver or demonstration authority;</li><li>» Ensuring that, as allowed under federal and state laws and through consent with the member, data are shared with managed care plans, and, as relevant to physical and mental health/SMI/SUD providers to enable timely and seamless hand-offs;</li><li>» Conducting follow-up with community-based providers to ensure engagement was made with individual and community-based providers as soon as possible and no later than 30 days from release; and</li><li>» Conducting follow up with the individual to ensure engagement with community-based providers, mental health services, and other aspects of discharge/reentry planning, as necessary, no later than 30 days from release.</li></ul>

# Definitions of Covered Services

Covered Service	Definition
<b>Physical and Mental Health Clinical Consultation Services</b>	<p>Physical and mental health clinical consultation services include targeted preventive, physical and mental health clinical consultation services related to the qualifying conditions.</p> <p>Clinical consultation services are intended to support the creation of a comprehensive, robust and successful reentry plan, including: conducting diagnosis, stabilization and treatment in preparation for release (including recommendations or orders for needed labs, radiology, and/or medications); providing recommendations or orders for needed medications and durable medical equipment (DME) that will be needed upon release; and consulting with the pre-release care manager to help inform the pre-release care plan. Clinical consultation services are also intended to provide opportunities for members to meet and form relationships with the community-based providers who will be caring for them upon release, including mental health providers and enable information sharing and collaborative clinical care between pre-release providers and the providers who will be caring for the member after release, including Behavioral Health Links.</p>

# Definitions of Covered Services (cont'd)

Covered Service	Definition
Physical and Mental Health Clinical Consultation Services	<p>Services may include, but are not limited to:</p> <ul style="list-style-type: none"><li>» Addressing service gaps that may exist in correctional care facilities;</li><li>» Diagnosing and stabilizing individuals while incarcerated, preparing them for release;</li><li>» Providing treatment, as appropriate, in order to ensure control of qualifying conditions prior to release (e.g., to suggest medication changes or to prescribe appropriate DME for post-release);</li><li>» Supporting reentry into the community; and</li><li>» Providing mental health clinical consultation which includes services covered in the State Plan rehabilitation benefit but is not limited to, clinical assessment, patient education, therapy, counseling, SUD Care Coordination (depending on county of residence), Peer Support services (depending on county of residence), and Specialty Mental Health Services Targeted Case Management covered in the Medi-Cal State Plan</li></ul>

# Definitions of Covered Services

Covered Service	Definition
<b>Laboratory and Radiology Services</b>	Laboratory and Radiology services will be provided consistent with the State Plan.
<b>Medications and Medication Administration</b>	Medications and medication administration will be provided consistent with the State Plan.
<b>Medication-Assisted Treatment</b>	<ul style="list-style-type: none"><li>» MAT for Opioid Use Disorders (OUD) includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29)</li><li>» MAT for Alcohol Use Disorders (AUD) and Non-Opioid Substance Use Disorders includes all FDA-approved drugs and services to treat AUD and other SUDs.</li><li>» Psychosocial services delivered in conjunction with MAT for OUD as covered in the State Plan 1905(a)(29) MAT benefit, and MAT for AUD and Non-Opioid Substance Use Disorders as covered in the State Plan 1905(a)(13) rehabilitation benefit, including assessment; individual/group counseling; patient education; prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT.</li></ul> <p>Services may be provided by correctional facilities that are not DMC-certified providers as otherwise required under the State Plan for the provision of the MAT benefit.</p>

# Definitions of Covered Services

Covered Service	Definition
Community Health Worker Services	Community Health Worker Services will be provided consistent with the Community Health Worker State Plan.
Services Provided Upon Release	Services provided upon release include: <ul style="list-style-type: none"><li>» Covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with approved Medicaid State Plan).</li><li>» DME consistent with Medi-Cal State Plan requirements.</li></ul>