

# California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Advisory Group

*Provision of Services During Pre-Release*

*Thursday, January 27, 2022*  
*10:30 am – 12:00 pm*

# Housekeeping Guidelines

*In order to keep the Advisory Workgroup meeting focused, productive, and efficient:*



Chat function will be disabled for all public participants; Advisory Group members are asked to only use chat functions to request technical support.



All participants will be muted throughout the course of the presentation.



Advisory Workgroup members should raise their hand if they have a question or comment during the designated discussion periods, and DHCS will facilitate conversation.

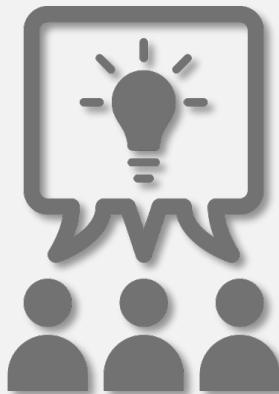


Members of the public should email questions and comments to  
[CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov).

# Advisory Group Key to Justice-Involved Initiatives Design

## ***Overarching Objective***

To solicit stakeholder input on policy and operational design of multiple justice-involved CalAIM initiatives.



## ***Workgroup Logistics***

- **When:** October 2021 – July 2023 (*slides from previous meetings available [here](#)*)
- **Where:** Sacramento (in person) or virtually
- **Who:** Advisory Group members

## ***Sub-Workgroups***

DHCS will also facilitate sub-workgroups that will meet separately on specific topic areas that emerge from the Advisory Group meetings. Sub-workgroups will be comprised of individuals with relevant expertise, including those from the Advisory Group. Design recommendations discussed in the sub-workgroups will be shared with the full Advisory Group.

Current sub-workgroups include:

- Medi-Cal Pre-Release Application Process Workgroup
- 90-Days Services Pre-Release and Reentry Workgroup

Please email  
[CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov) if you are interested in joining a sub-workgroup.

# Agenda

- » **Context Setting (10 minutes)**
  - » Update on CMS negotiations
  - » Key takeaways from previous advisory groups
- » **Domain 2.2: Pre-Release Services (20 minutes)**
  - » Finish walk-through of proposed definitions of pre-release services
- » **Domain 2.2: Service Delivery Approach (30 minutes)**
  - » Provide a high-level overview of delivery system approach
- » **Correctional Facilities' Roles and Responsibilities (15 minutes)**
  - » Discuss roles and responsibilities of correctional facilities in supporting the provision of services during pre-release period
- » **Advisory Group Members' Questions and Comments (10 minutes)**
- » **Next Steps (5 minutes)**

# Context Setting

# DHCS Continues to Negotiate with CMS on a 1115 Waiver to Provide Services in the 90 Days Prior to Release

## CMS Update

- » Negotiations between the State and CMS on the request to provide targeted services in the 90 days prior to release are ongoing and expected to continue through the first quarter of 2022.
- » CMS continues to send encouraging signals to DHCS that it is open to approving what may be the “first in the nation” demonstration to provide pre-release services.
- » DHCS will provide an update on the status of negotiations as information becomes available to share.
- » **All pre-release service parameters discussed today are subject to change.**

# Key Takeaways from Advisory Group Meetings: Processes and Timing for Identifying Individuals Who May Receive Pre-Release Services

## Identifying Eligible Individuals

- Correctional facilities and county social services departments exchange data on (1) suspension of coverage or (2) uninsured individuals who require pre-release Medi-Cal application.
- Correctional facilities will coordinate submission of Medi-Cal applications to county social services departments.
- DHCS is exploring the possibility of assigning individuals who are enrolled in Medi-Cal and determined eligible for pre-release services a pre-release services aid code to indicate in MEDS, and in respective county eligibility systems, that they are eligible to receive pre-release services.

## Screening Tools and Qualifications

- Screening process should leverage to the maximum extent possible:
  - Existing correctional facility screening processes;
  - Correctional staff (who are experienced with conducting screenings); and
  - Available data sources and other reported information.
- Screening tools should endeavor to be streamlined and accessible.
- DHCS will provide guidance on standardized access screening criteria and develop a model screening tool.

## Timing for Access Screening

- For facilities with individuals who have generally short-term stays, screening will take place as close to intake as possible.
- For facilities with longer-term-stay individuals and known release dates, screenings will commence early enough to support the 90-day pre-release initiative (e.g., 135 days prior to release date).

## **Domain 2.2: Pre-Release Services**

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# **Reminder: Pre-Release Covered Services**

## **Covered Services**



- In-reach intensive care management/care coordination
- In-reach physical and behavioral health clinical consultation services provided via telehealth or in person, as needed, including via community-based providers
- Limited laboratory/radiology
- Psychotropic medications
- Medications for addiction treatment (MAT)
- Services provided within jail/prison for post-release:
  - Supply of medications, consistent with Medi-Cal clinical policy, for use post-release into the community and/or
  - Durable medical equipment (DME) for use post-release into the community

*Covered services will be delivered and paid for through fee-for-service during the pre-release period.*

# Medication Assisted Treatment (MAT)

## *Proposed Approach*

- » **Medications for Addiction Treatment (also known as medication assisted treatment (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 OUD as authorized by Social Security Act Section 1905(a)(29).
- » **Medications for Addiction Treatment (also known as medication assisted treatment (MAT) for Alcohol Use Disorders (AUD) and Non-Opioid Substance Use Disorders)** includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs.
- » **Psychosocial services delivered in conjunction with MAT** as covered in the California Medicaid State Plan 1905(a)(29) MAT benefit, including assessment; individual/group counseling; patient education; and prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT.

## **Group Discussion:**

- MAT is currently being delivered in state prisons and jails in at least 30 counties.
- What are the challenges for implementation of MAT in the remaining jails and potential mitigation strategies?

# Additional Covered Services

## *Pre-Release Services*

- » **A psychotropic medication** is any medication used to treat mental illness. The main drug classes are sedatives/hypnotics, antidepressants, antipsychotics, mood stabilizers, and psychostimulants.
- » **Laboratory/radiology** will be provided as indicated.

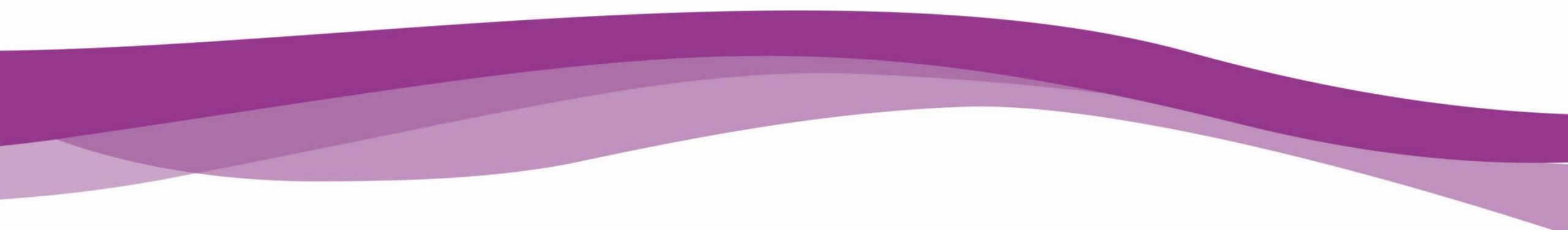
## *Services for Post-Release*

- » **Supply of Medication Services** includes prescribing and/or administering/dispensing of medication, consistent with Medi-Cal clinical policy
- » **Durable Medical Equipment** for use post-release into the community will be provided as indicated and consistent with State Plan requirements.

### **Group Discussion:**

- What are the current state best practices that can be leveraged for large-scale implementation?
- What are the potential operational challenges and mitigation strategies for implementation?

# Service Delivery Approach

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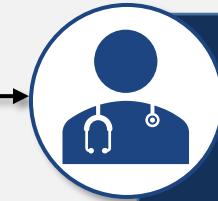
# Overview of Proposed Service Delivery Approach

The pre-release covered services will be delivered, claimed, and paid for via Medi-Cal's fee-for-service (FFS) delivery system. DHCS will allow community-based or embedded providers to enroll in Medi-Cal as an FFS provider and deliver pre-release services if they ensure continuity of services and relationships upon reentry and meet DHCS guardrails.



## Fee-for-Service (FFS)

- Eligible Medi-Cal enrolled providers can bill FFS for services provided in the pre-release period.\*
- Pre-release service providers that bill FFS may provide services once the individual returns to the community through FFS or as a contracted managed care provider.
- Behavioral health clinical consultation and warm handoffs can be provided and reimbursed via county MHPs, DMC-ODS, and DMC programs.



## Community-Based Providers

OR



## Embedded Providers (providers that already deliver services within the correctional facilities)

\* DHCS will provide parameters/requirements related to which Medi-Cal enrolled providers can bill for the pre-release covered benefit package.

# Community-Based Providers (1 of 2)



Leveraging community-based providers for in-reach services promotes continuity of care inside the correctional facility through reentry into the community.

## Continuity of Services and Relationships

***The objective of the pre-release justice-involved initiative is to stabilize individuals and provide targeted services to support reentry into the community.***

- In-reach services provided in the correctional setting by the same community-based providers that will care for the individual in the community allow the individual to establish a trusting relationship with their provider, increasing the likelihood they will engage in treatment and receive the right services in the right setting.
- To the extent possible, the same in-reach provider should deliver services both in the pre-release period and upon return to the community.
- County-based behavioral health providers will play a unique role in supporting continuity of services and pre-release reentry planning for justice-involved individuals.

# Community-Based Providers (2 of 2)



Leveraging community-based providers for in-reach services promotes continuity of care inside the correctional facility through reentry into the community.

## Identifying Community-Based Providers

**DHCS is seeking feedback and best practices to help correctional facilities identify eligible providers. For example:**

- Correctional facilities could work with counties, community-based organizations, and managed care plans (MCPs) to identify providers that specifically serve the justice-involved population; providers could include care managers, specialty behavioral health providers, ECM providers, and other community-based providers.
- Providers that serve the justice-involved population will be encouraged to participate in FFS Medi-Cal in order to provide pre-release services.
- A directory of community-based providers that specialize in serving the justice-involved population could be developed.

## Group Discussion:

- How can DHCS best identify justice-involved providers?
- What are the potential operational challenges and mitigation strategies for implementation?

# Embedded Providers



*Some correctional facilities have an existing health care workforce that could provide pre-release Medi-Cal services. Correctional facilities that leverage embedded providers within their facility must ensure continuity of relationships and services as individuals reenter the community.*



## Supporting Reentry Planning

***A key goal of the CalAIM justice-involved initiatives is to support individuals reentering the community from incarceration.***

To meet this goal, DHCS expects that embedded providers would:

- Facilitate the establishment of a trusting relationship with the community-based care manager during the pre-release period
- Meet DHCS standards and protocols to ensure warm handoffs upon reentry
- Develop and maintain strong relationships with community providers
- Share information/data with community-based providers, counties, and MCPs

**Embedded Medi-Cal providers would be required to:**

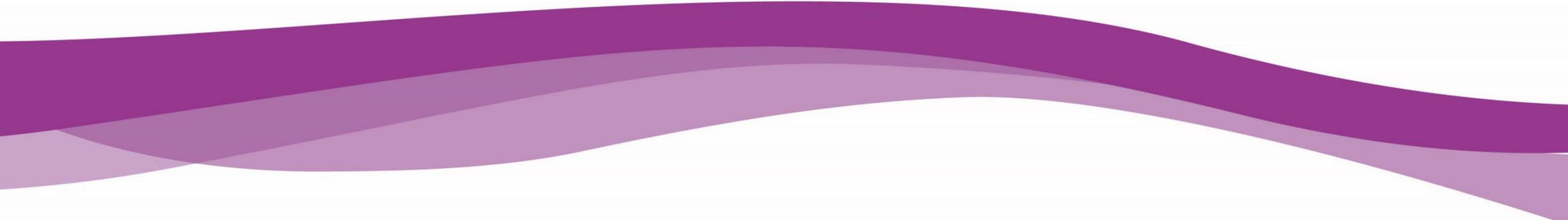
- Enroll as Medi-Cal providers
- Follow all Medi-Cal provider claims processes
- Meet a DHCS readiness review (part of a larger readiness review in which all correctional facilities will participate), demonstrating their plan for ensuring continuity of services upon reentry

# Discussion

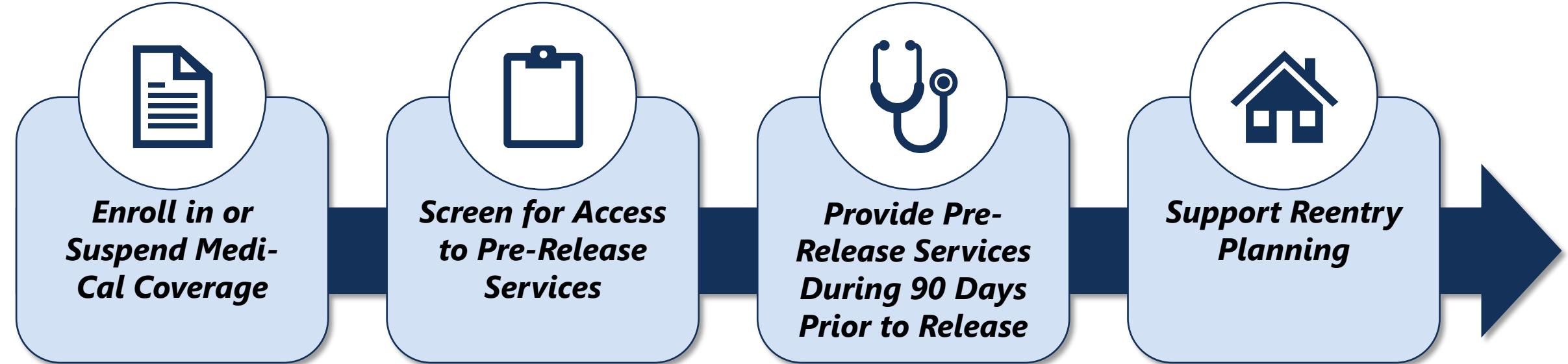
## **Group Discussion:**

- What parameters/requirements related to justice-involved Medi-Cal-enrolled providers would you like to see established for embedded providers? For community-based providers?
- What are the potential operational challenges and mitigation strategies for implementing this delivery system approach?
- How are county jails currently implementing telehealth? What are some best practices or challenges and mitigation strategies?
- Additional questions or comments?

# **Correctional Facilities' Roles and Responsibilities**

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# Overview of Process for Delivering Pre-Release Services



**Today's Focus**

**Roles of Correctional Facilities**

# Enroll in or Suspend Medi-Cal Coverage



At intake, or within 1 week of intake, individuals will need to be screened for and enrolled in Medi-Cal.

## **Roles and Responsibilities for Correctional Facilities**

- Assist with Medi-Cal application process including:
  - For individuals already enrolled in Medi-Cal, sharing information with county social services departments regarding the need to suspend coverage.
  - For individuals who appear to be uninsured:
    - Facilitating the completion of Medi-Cal applications on behalf of identified individuals (or coordinating with a 3rd party contractor to complete applications);
    - Ensuring the transmission of the application and cover letter to the county social services departments; and
    - Troubleshooting with the county social services departments to ensure successful enrollment.

# Screen for Access to Pre-Release Services



**135 days prior to release, individuals will need to be screened for access to pre-release services and Medi-Cal enrollment will need to be confirmed.**

## **Roles and Responsibilities for Correctional Facilities**

- Compile and maintain a list of individuals who will be released in less than 135 days and who are either enrolled in Medi-Cal and need their coverage suspension adjusted to cover pre-release services or need to be enrolled in Medi-Cal, if not already.
- Assist in screening for access criteria by:
  - Compiling available information, to the extent possible, to assess current services/medications an individual is receiving; and
  - Facilitating additional screening with clinical staff, as needed.
- Obtain signed consent forms.

# Provide Pre-Release Services During 90 Days Prior to Release



**120 to 90 days prior to release, individuals will need to be informed of targeted Medi-Cal services and assigned a care coordinator/manager.**

## **Roles and Responsibilities for Correctional Facilities**

- Coordinate with community-based care coordinators/managers to schedule time for them to come in person (or via telehealth) to the correctional facility to conduct the care needs assessment and develop discharge care plan.
- Support and facilitate in-person or telehealth appointments (i.e., securing space, security for in-person providers, telehealth setup) and work with care coordinator/manager to support and facilitate needed clinical consultation.
- Coordinate and supervise provision of MAT and psychotropic medications.

# Support Reentry Planning



**In the 90 days prior to release, individuals will be provided covered pre-release services as needed and transition supports for reentry.**

## **Roles and Responsibilities for Correctional Facilities**

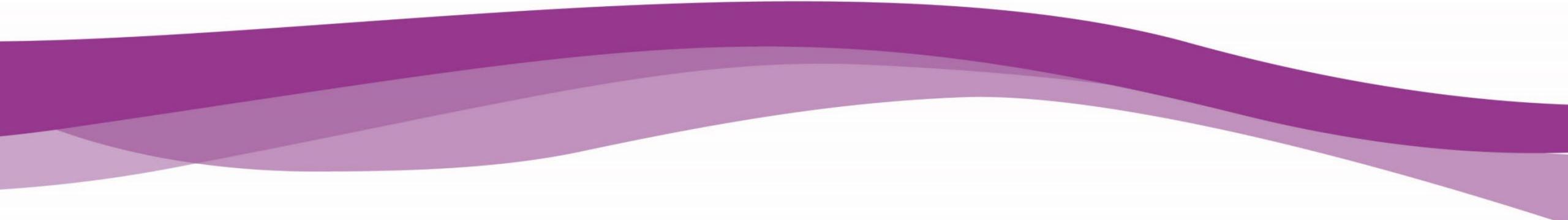
- Coordinate with case records and parole on changes in release dates, including accelerated releases and community transition program-related releases
- Coordinate with pre-release care manager on medication and DME to be provided upon release, as appropriate
- Inform county social services department of release to ensure full Medi-Cal coverage is activated, and notify reentry providers and MCPs of release, if applicable

# Providing Access and Transforming Health Supports (PATH) Funding

As part of the 1115 Waiver, DHCS is seeking expenditure authority for PATH funding advance coordination and delivery of quality care and to improve health outcomes for justice-involved individuals.

- A key aspect of PATH funding is that it would **support capacity building for effective pre-release services for justice-involved populations and enable coordination with justice agencies and county behavioral health agencies.**
- PATH will be available to prisons, jails, youth correctional facilities, behavioral health agencies, and other justice-involved stakeholders, as identified by DHCS.

# **Advisory Group Members' Questions and Comments**

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# Next Steps

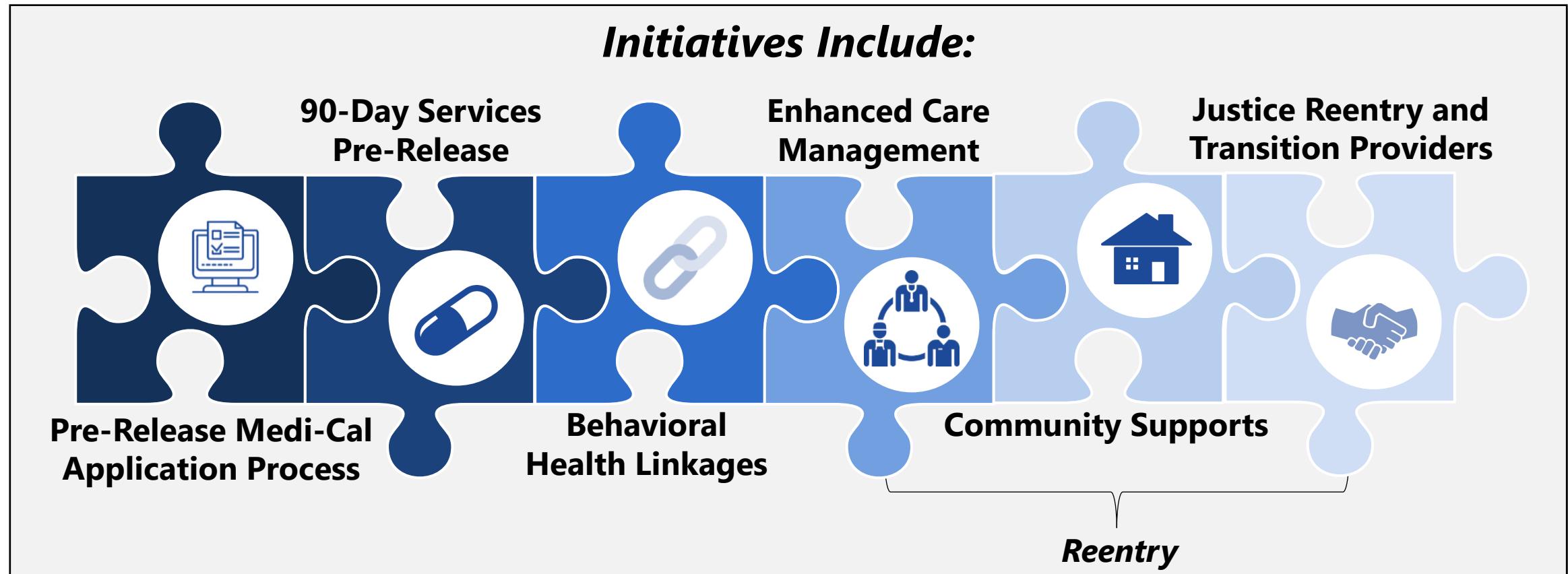
# Thank you

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# Appendix

# Reminder: CalAIM Initiatives to Support Justice-Involved Populations

CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry.



# Key Planning Domains and Program Design Requirements for Justice-Involved Initiatives

DHCS will work with stakeholders through a Justice-Involved Advisory Group to resolve open policy questions, address operational issues, and identify necessary IT systems changes and financing to support these justice-involved initiatives across numerous domains.

## Domain 1: Medi-Cal Pre-Release Application Process

### 1.1 Medi-Cal Application/ Enrollment/ Suspension

## Domain 2: 90-Day Services Pre-Release and Reentry

### 2.1 Screening for Enrollment in Pre-Release Services

### 2.2 Pre-Release Services Delivery Model

### 2.3 Provider Network and Payment

### 2.4 Prescription Drug Coverage

### 2.5 Reentry Planning

## Domain 3: Governance, Oversight, and Management

### 3.1 Governance Oversight and Monitoring

### 3.2 1115 Waiver Evaluation Oversight

*DHCS will engage stakeholders throughout the policy design process across domains, including the design of reentry planning policies.*