

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

*Proposed Care Management Model and
Short-Term Model Discussion*

*Thursday, May 26, 2022
10:30 am – 12:30 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.

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:** Virtually
- **Who:** Advisory Group members

Planning/Sub-Workgroups

Pre-Release Application Implementation Planning Group

The objective of this Sub-Workgroup is to solicit input from jails/youth correctional facilities, county sheriffs, county eligibility offices, probation officers, and CWDA on implementation and operational strategies to stand up the pre-release Medi-Cal application process.

DHCS may establish other planning or sub-workgroups as necessary to address specific topics related to the policy design and implementation of the CalAIM Justice-involved initiative.



Agenda

» **Justice Involved Initiative Updates**

- » Update on CMS Review
- » Update on Advisory Group
- » Recap from February Advisory Group
- » Q&A

» **Proposed Care Management Model for Jails**

- » Level Setting: Enhanced Care Management
- » Level Setting: Auto-Assignment into Managed Care Plans
- » Proposed Pre- and Post-Release Justice Involved Care Management Model
- » Q&A

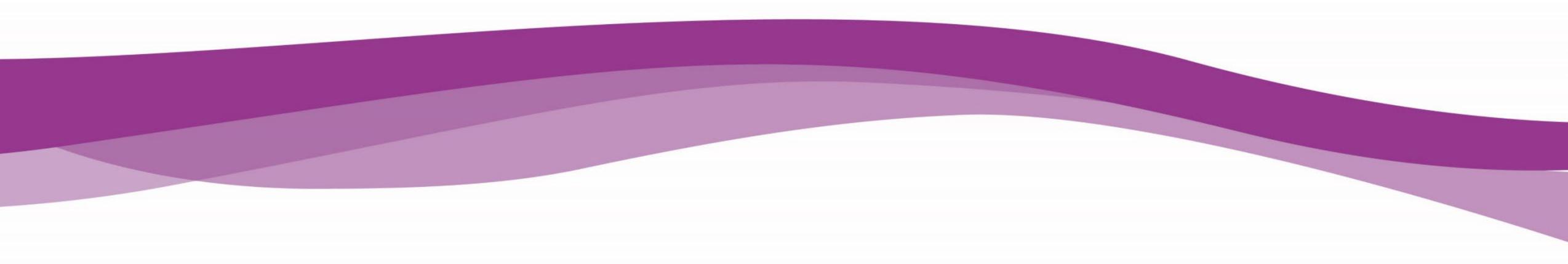
» **Short-Term Model Discussion**

- » Q&A

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

» **Next Steps**

CMS 1115 Waiver Updates and Advisory Group Re-Frame

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DHCS Continues to Negotiate the 1115 Waiver with CMS

CMS Update

- » The initiative to provide pre-release services to individuals in the 90 days prior to release is dependent on CMS approval of DHCS 1115 Waiver request.
- » Negotiations between the State and CMS is ongoing and has been since the fall of 2021.
- » CMS has informed DHCS that the approval of the state's waiver request are dependent on the following, both of which have not yet occurred:
 - Submission of an HHS Report to Congress; and
 - Release of a State Medicaid Director Letter on justice-involved 1115 Waivers.
- » 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.

Justice Involved Advisory Group To Focus on Jails/Youth Correctional Facilities

- » Over the last few months, members of the Advisory Group have requested the bi-monthly Advisory Group meetings focus on the unique circumstances of county jails and youth correctional facilities, especially as it relates to individuals who have short term stays and/or unpredictable release dates.
- » DHCS will re-frame the Advisory Group to focus on implementing pre-release services in county jails and youth correctional facilities.
- » DHCS will continue to meet with CDCR during regular meetings to discuss policy and operational planning for prisons.
- » CDCR will continue to participate in the Advisory Group to hear stakeholders' feedback on implementation considerations and to share CDCR's experiences based on current practice and implementation planning for the pre-release services.

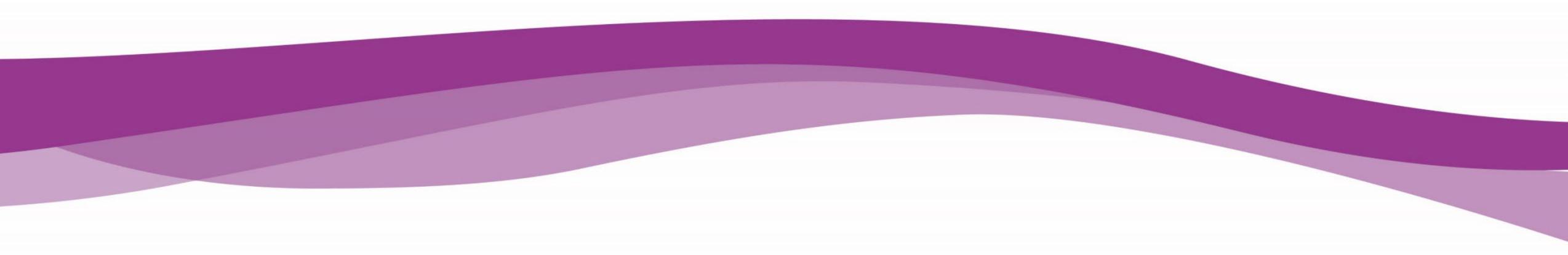
Advisory Group Feedback on Service Delivery Approach

- » DHCS is seeking Medi-Cal services in the 90 days pre-release in order to build familiarity and trust with the community health system upon release into the community.
- » In-reach care management can improve engagement and aid in reintegration in the post-release period.
- » The 90-day window builds in enough time pre-release to establish trusted relationships in the post-release period.
- » DHCS has focused on key policy decisions to make this transition as smooth as possible and to bolster the proposed care management approach.
- » There is still work to be done around the care management model as it relates to: (1) behavioral health linkages to county behavioral health agencies and MCPs; and (2) individuals incarcerated for only short-term periods.
- » DHCS looks forward to continued conversations on this topic.

During today's meeting we will dive deeper into how DHCS envisions providers and implementation partners will work together to support care management in jails.



ECM for Post-Release: Justice Involved Population of Focus

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Connecting Pre-Release Services to Enhanced Care Management for Justice Involved Population of Focus for Post Release

Through CalAIM, California is implementing Enhanced Care Management (ECM), a Medi-Cal managed care benefit that addresses clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

ECM Overview:

- » ECM is a whole-person approach to comprehensive care management that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal managed care Members.
- » ECM is interdisciplinary, high-touch, person-centered and provided primarily through in-person interactions with Members where they live, seek care or prefer to access services. The ECM lead Care Manager coordinates all care for eligible Members, including across the physical and behavioral health delivery systems and with any Community Supports.
- » ECM is available to Medi-Cal managed care Members who meet ECM “Population of Focus” definitions; Members may opt out at anytime.

Enhanced Care Management Justice Involved Population of Focus

- » Individuals who meet the CalAIM pre-release service access criteria will qualify for ECM Justice Involved Population of Focus and will be automatically eligible for ECM until a reassessment is conducted by the managed care plan (MCP), which may occur up to six months after release.
- » Individuals will be assigned an aid code during the pre-release period that will identify an individual as eligible for pre-release services; that information will be shared with MCPs to assist with identification of ECM eligibility.

ECM Core Service Components

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- Outreach and Engagement
- Comprehensive Assessment and Care Management Plan
- Enhanced Coordination of Care
- Health Promotion
- Comprehensive Transitional Care
- Member and Family Supports
- Coordination of and Referral to Community and Social Support Services

ECM Providers

Medi-Cal MCPs are partnering with community-based organizations that have specific care management expertise to serve the ECM populations of focus.

ECM Provider Requirements:

- Community based entities, with experience and expertise providing intensive, in-person care management services to individuals in one or more of the populations of focus for ECM.
- Primary responsible entity for coordinating care across multiple medical, behavioral, and social service systems.
- Must designate a Lead Care Manager for each Member receiving ECM.
- Contract with health plans and must meet specific contractual requirements and demonstrate certain capabilities related to care models, billing, and data sharing.

Examples of the types of ECM providers Medi-Cal health plans may choose to contract with, include but are not limited to:

- County agencies;
- Federally qualified health centers;
- Primary care providers;
- Behavioral health entities;
- Community and rural health clinics;
- Community mental health centers;
- Organizations serving individuals experiencing homelessness or justice-involved individuals.

ECM Coordination Requirements with County Behavioral Health Providers

DHCS has laid out clear expectations with respect to coordination between ECM and county behavioral health providers

Managed care plans (MCPs) requirements include:

- Contract with county behavioral health providers to serve as ECM providers.
- Prioritize county behavioral health staff or behavioral health providers to serve in the ECM provider role, provided they agree and are able to coordinate all services needed by a population of focus, not just their behavioral health services.
- Assign member to a behavioral health provider as the ECM provider if a Member receives services from a Specialty Mental Health Plan for SED, SUD, and/or SMI and the Member's behavioral health provider is a contracted ECM provider (unless the Member has expressed a different preference or the MCP identifies a more appropriate ECM provider given the Member's individual needs and health conditions).
- Allow members receiving SMHS targeted case management or Full Service Partnership services to be eligible for and receive ECM services. (MCPs are required to ensure non-duplication of services.)

Source: Department of Health Care Services, "CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions," available at <https://www.dhcs.ca.gov/Documents/MCQMD/MCP-ECM-and-ILOS-Contract-Template-Provisions-05282021.pdf>



Level Setting: Auto-Assignment Into Managed Care Plans

Services provided in the pre-release period will be delivered fee-for-service. Upon release, most individuals will be enrolled into a managed care plan.

An essential component to ensuring a smooth re-entry into the community when an individual leaves a correctional setting is to build trusting relationships with care managers during the pre-release period.

To ensure a smooth re-entry, continuity of care management relationships, and access to providers, DHCS intends to:

- » Auto-assign Medi-Cal enrolled individuals into a MCP in their county of residence listed on their Medi-Cal application.
 - Upon release, individuals will receive a welcome package where they can change plans, as needed.
- » Effectuate MCP coverage at least the first day of the following month; DHCS is also exploring the potential for effectuating coverage even sooner, if possible.

DHCS plans to track and identify individuals who are found to be eligible for pre-release services while they are incarcerated. This will allow for fee-for-service reimbursement for only the approved set of pre-release services during the pre-release period. It will also help MCPs know that an individual is eligible for ECM.



Seamless Care Management Transitions Are Critical to the Success of the JI Initiative

Individuals are at 12x higher risk for death than the general population in the first 2 weeks after release.

Discussions with the Advisory Group, county jails, and CDCR affirm that intensive care management during the pre- and post-release periods are equally important to mitigate this risk. Based on stakeholder feedback:

- **Today, some jail detainees do not receive reentry care coordination, largely due to barriers associated with short-term stays. Of those who are able to receive reentry care coordination, many are “lost” to follow-up and ongoing care management after release.**
- **Building trusted relationships and connecting individuals to services quickly are essential** and can be most effectively accomplished when the individual and care manager(s) are able to meet an individual prior to release and continue to engage with the individual post-release.
- **During previous Advisory Group discussions, many jails indicated that they would like to use their own jail staff/health care vendor care managers who do not provide community-based services to provide pre-release care management (aka “embedded care managers”).** By definition, the embedded care management models create a break in the continuity of care management in the post-release period. A plan for a smooth community-based care management transition will be critical to ensure successful reentry.

Care Management Pre-Release Period

Care management will be provided on a fee-for-service basis during the pre-release period and through managed care in the post-release period.

Community-Based Care Management Provider Approach in the Pre-Release Period:

- Some correctional facilities will rely on a community-based Medi-Cal provider to deliver pre-release care management services (paid via fee-for-service), who will also serve as the post-release ECM provider in the county of release.
- Correctional facilities will have access to a **provider directory of justice-involved ECM providers** that they can use to identify MCP-enrolled community-based providers that can provide pre- and post-release services. These providers will bill fee-for-service during the pre-release period.

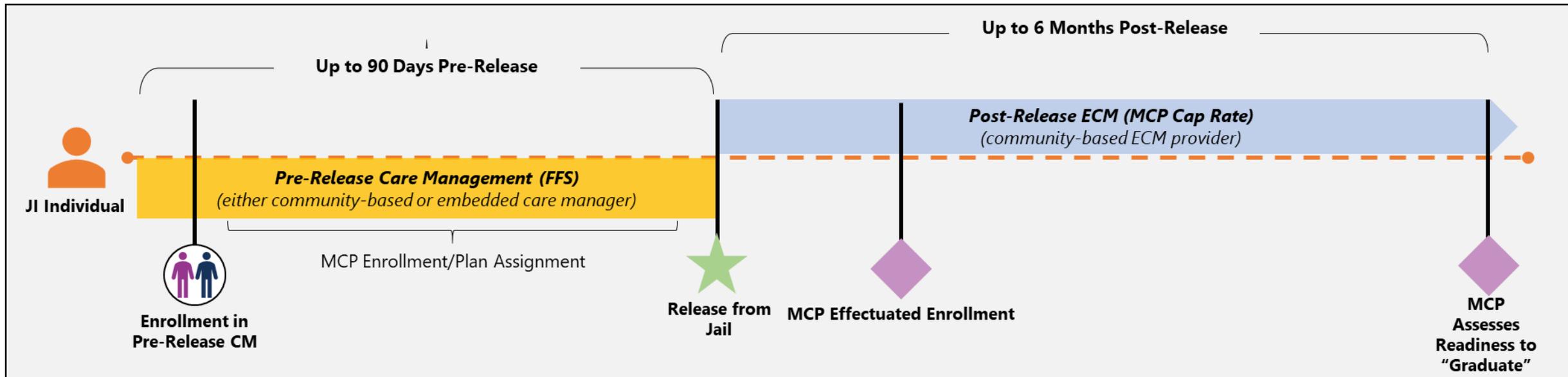
Embedded Care Management Provider Approach in the Pre-Release Period:

- Other correctional facilities will use embedded care managers to deliver pre-release care management services. Services may be billed to Medi-Cal under fee-for-service if the care manager is enrolled as a Medi-Cal provider.
- For correctional facilities that choose this option, DHCS could impose additional requirements for embedded care managers to promote continuity and mitigate gaps in care (*see discussion question slide*)

Care Management Transitions and Post-Release Period

Post-Release

- As soon as MCP enrollment is effectuated (likely at or shortly after release), ECM becomes available immediately through the individual's MCP, and ECM Provider receives payment from the MCP for ECM services.
- Pre-release care managers may bill FFS for care management services during the post-release period to bridge any gap in MCP/ECM enrollment post-release.
- MCP may reassess individual six months (or earlier) after release to determine if ECM should continue or if other types of care management are appropriate.



*BH Warm Hand-Off and BH Care Management is not addressed/described in this slide.
More details are forthcoming*

Expectations for All Pre-Release Care Managers

Expectations for All Pre-Release Care Managers:

- Care Management involves coordinating the continuity and integrity of clinical care, including physical and mental health, SUD, dental care, and prescription medications. A client's care manager must be experienced with the client's condition(s), including psychiatric conditions.
- Pre-release care manager bills FFS in up to 90-day period prior to release
- For individuals needing county Drug Medi-Cal, Drug Medi-Cal Organized Delivery System, or Specialty Mental Health Services upon re-entry, the pre-release care manager (community or embedded) must coordinate with the county behavioral health plan, including but not limited to facilitating a behavioral health warm handoff to the county prior to release.
 - The county behavioral health plans or contracted providers may provide covered pre-release services to support successful reentry (e.g., MAT; behavioral health clinical consultation, such as assessments, care coordination, therapy, counseling, peer support services).
- During the pre-release period, Medi-Cal managed care-eligible individuals will be auto-enrolled in an MCP and any Medi-Cal member who is eligible for pre-release services and consents to services, will be auto-enrolled in ECM.

Minimum Requirements for Warm Handoffs

When the pre- and post-release care managers differ, a warm handoff should occur prior to release to begin establishing a trusted relationship with the new care manager and ensure seamless service delivery and coordination.

Minimum Requirements

Prior to the client's release, the pre-release care manager must do the following:

- ✓ Share the transitional care plan with the post-release care manager and client's assigned managed care plan.
- ✓ Schedule and conduct a pre-release care management meeting with the client that includes participation from the pre- and post-release care managers. The purpose of the meeting is to:
 - Begin establishing a trusted relationship between the client and the post-release care manager.
 - Review the transitional care plan with the client and address questions.
 - Identify any outstanding service needs and other supports needed to support a successful re-entry to the community (e.g., transportation, housing).

Note: This meeting can occur in-person or virtually. If it is not possible to include the client in the meeting, then the pre- and post-release care managers must meet to coordinate the transition. For clients with known release dates, DHCS recommends this transitions happen at least 14 days prior to release.

Discussion Questions

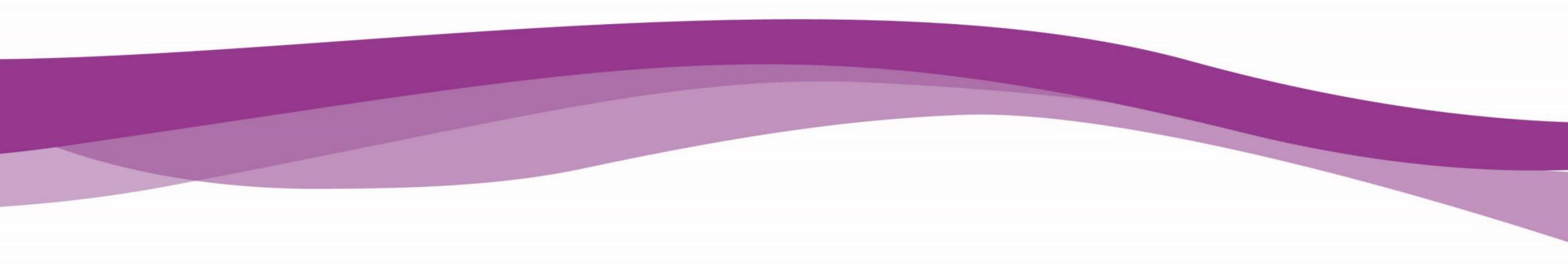
DHCS is exploring the following potential additional requirements for embedded care management providers to ensure a seamless transition to the community.

- » As a condition of allowing embedded care management, DHCS may require care managers to:
 - Conduct at least one visit (in-person or virtual) with the community-based post release care manager, if known, pre- or post- release to establish the relationship and effectuate a transition. The community-based care manager will be the ECM provider.
 - Receive ECM training to ensure continuity in approach to service provision

DHCS is also exploring the potential role for peer supports/community health workers to provide additional bridge support during the post-release period.

- » Can Advisory Group members who have experience with peer supports/community health workers supporting re-entry share their name in the chat or reach out to CalAIMJusticeAdvisoryGroup@dhcs.ca.gov?
- » *Note: Community Health Workers will not be authorized under a State Plan **until** July 1, 2022*

Short-Term Model Discussion

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Reminder: Pre-Release Covered Services

Covered Services



- In-reach care management
- In-reach physical and behavioral health clinical consultation services provided via telehealth or in person, as needed, including via community-based providers
- Laboratory/radiology
- Medications, consistent with the full scope of covered outpatient drugs under Medi-Cal State Plan
- 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

**Because medications used for addiction include those that create high risk of overdose or diversion, the quantity of these medications depends on the timing of the arranged follow-up visit, the particular risk for the patient, and the clinical judgment of the prescriber.*

Overview of Short-Term Stays

Based on Advisory Group feedback and 1:1 interviews, DHCS has the following understanding of short-term stay process flows.

- Every jail has its own intake process to identify immediate health needs, including understanding if someone is a danger to self or others, has an infectious condition, acute psychiatric distress, and/or withdrawal.
- According to the Board of State and Community Corrections ([BSCC](#)) the average length of stay for non-sentenced individuals is 17.31 days.
- However, a large percentage of this population will be in and out of jails within 48 hours.
- In addition, many jails have existing workflows that occur within 14 days of detainment that include an in-depth health assessment.
- To account for the varying degree of short-term stays many jails have developed process flows that differentiate between those who will be in and out, those with shorter stays, and those who will stay longer for the pre-sentenced population to help streamline workflows.
- After sentencing, with a known/predicted release date, care and coordination are more similar to longer stays in prisons.

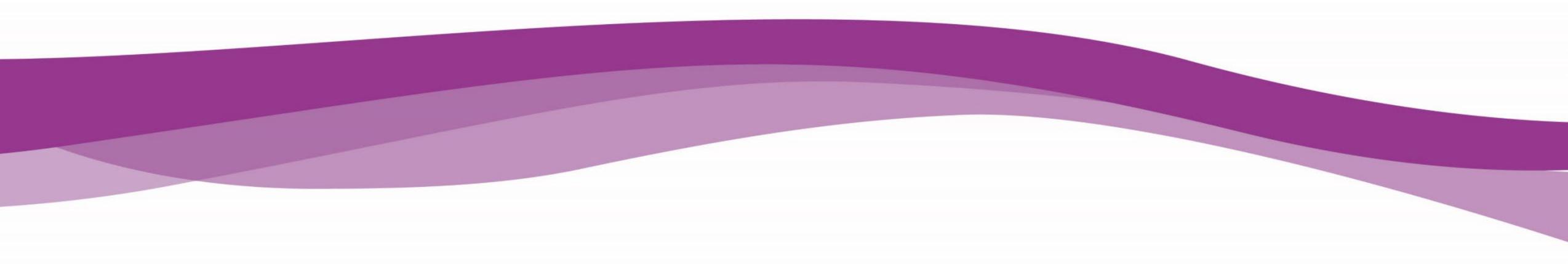
Discussion Questions

- Is it realistic to add a pre-release Medi-Cal services access screening at or near intake in order to capture individuals who will be released and for whom we want to provide medications?
- What priority pre-release services could be provided during the pre-release period for short-term stayers?
 - How long would the length of stay have to be to reasonably get a discharge plan done (e.g., 5 days)?
 - What about a community care manager handoff meeting (e.g., 10 days)?
- What specialized pathways should DHCS consider for high-utilizers?
- If an individual is enrolled in Medi-Cal upon incarceration, what should we be mindful of with respect to when suspension should be effectuated, especially for short-term stayers?

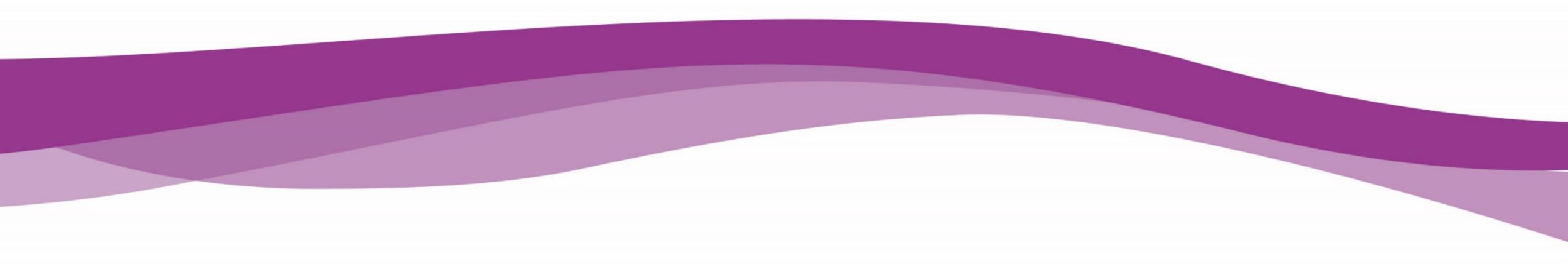
We are interested in hearing back from you on our short-term model. If you would like to provide feedback on our model, share best practices, or proposed process flows, please put your name in the chat or email

CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

Advisory Group Members' Questions and Comments

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Next Steps

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Next Steps and Looking Ahead

- » **Advisory Group members to share pressing issues, feedback, and comments**

- » **Upcoming meetings:**
 - July 28, 10:30 – 12:30 pm PT (*virtual*)
 - September 22, 10:30 – 12:30 pm PT (*virtual*)

Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Launch immediately**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Thank you

Please send questions and comments to
CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

Appendix

CalAIM Justice-Involved Advisory Workgroup Charter

Workgroup meetings will provide a mechanism for direct communication and problem solving with DHCS and initiative implementers. Members are asked to bring a collaborative, pragmatic, and solution-oriented mindset.

Objectives

The Advisory Workgroup will:

- ✓ Offer regular input on key policy and implementation issues to support the launch and ongoing success of CalAIM
- ✓ Review and provide feedback on select decisions and documents before broad distribution
- ✓ Evaluate select high-priority issues spanning all CalAIM initiatives

Expectations

Advisory Workgroup members have been selected for their expertise, and will be expected to:

- ✓ Consistently attend and actively participate in meetings
- ✓ Review materials in advance of each meeting and provide input when requested
- ✓ Keep statements respectful, constructive, relevant to the agenda topic, and brief
- ✓ Be solutions-oriented, offering alternatives or suggested revisions where possible
- ✓ Represent their cross-sector perspective, but not advocate on behalf of their sector

Meeting Preparation

DHCS will help Advisory Workgroup members prepare for meetings by:

- ✓ Circulating agendas, minutes, and pre-decisional materials for review in advance of meetings
- ✓ Conducting outreach to the Advisory Work before/after meetings to solicit additional input
- ✓ Post materials on the CalAIM Justice-Involved Advisory Group webpage after meetings

Note: Members are invited to take materials back to your organizations, but are asked to refrain from wider dissemination of material beyond your immediate organizations prior to finalization by DHCS

Decisions on CalAIM design and implementation are made at the sole discretion of DHCS.

What is Care Management?

Care managers should build trusted relationships with clients and ensure continuity in engagement and relationships, where possible, throughout the pre- and post-release periods.

90-Day Pre-Release Care Management (Minimum Standards)

- Conduct a health needs assessment
- Coordinate in-reach consultations prior to the client's release
- Develop a transitional care plan with the client
- Coordinate with key care partners to prepare for release, including sharing information and care plan across correctional facility providers, post-release providers, MCP, and post-release care manager (if applicable)
- Coordinate with county behavioral health plans and DMC, DMC-ODS, SMHS providers to ensure alignment
- Make referrals and appointments to community-based clinical and social services post-release
- Ensure client has appropriate medications (i.e., MAT, psychotropics, chronic condition stabilizing medications) upon release and DME

Transition

Post Release Care Management Activities

- Conduct outreach and engage clients
- Update client assessment and care plan with any newly identified needs
- Coordinate services necessary to implement the care plan
- Provide health promotion services to encourage and support clients to engage in healthy behaviors
- Support clients and their support networks during discharge from hospital or institutional setting
- Ensure clients and support networks are knowledgeable about client's conditions
- Coordinate referrals and transportation to community and social services

Transitional Care Plan

Working Set of Minimum DHCS Requirements for Transitional Care Plan

- ✓ **Post-release planning**
 - Plans for post-release medications, including ensuring that the medications chosen during the pre-release period are those that are covered by Medi-Cal post-release
 - Plans for Durable Medical Equipment

- ✓ **Coordination and scheduling of required reentry services, including:**
 - MAT and psychotropic medications
 - Primary care provider identified and follow-up appointment scheduled at appropriate time post-release
 - Required specialty, mental health, substance use, dental, and MCP community supports appointments
 - Community service referrals
 - SDOH referrals, (e.g., nutrition, housing, transportation)

- ✓ **Coordination of reentry logistics**
 - Plan for engagement of identified supports for the client (e.g., probation/parole officer, family, others)
 - List of individuals/organizations that will receive the finalized transitional care plan prior to release
 - Documentation of any additional consents needed to share information for seamless care.