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## Strategies for Conducting Pre-Release Medi-Cal Enrollment in County Jails

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## I. Overview

This issue brief seeks to support the county jails, sheriff's offices, juvenile detention facilities, chief probation officers, and county offices that handle eligibility and enrollment as they develop their pre-release Medi-Cal application processes by sharing recommended and alternative approaches to identifying Medi-Cal eligible individuals, partnering with application assisters, submitting applications to county offices, and coordinating across Medi-Cal and county justice agencies. Recommended approaches are based on best practices identified through surveys conducted by the Department of Health Care Services (DHCS) in January and October 2021 and targeted county interviews conducted in April 2021.<sup>1</sup> DHCS also facilitated ongoing monthly Pre-Release Medi-Cal Application Sub-Workgroup meetings starting November 2021, which further informed the findings described in this brief. The survey, interviews, and Sub-Workgroup demonstrated that counties can be successful in coordinating across offices and setting up standardized pre-release Medi-Cal applications even amid a number of operational challenges, including the unpredictable nature of release dates for people leaving jail. Note that this brief will continue to be updated as DHCS further refines its recommended best practices.

## II. Introduction

California statute mandates all counties implement pre-release Medi-Cal application processes by January 1, 2023, in order to ensure all eligible individuals who are released from county jails receive timely access to Medi-Cal services.<sup>2</sup> Continuity of Medi-Cal coverage and health care for justice-involved populations is a high priority for

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<sup>1</sup>DHCS conducted a survey of 23 counties to better understand their pre-release process in January 2021. Following this survey, DHCS facilitated a set of targeted interviews with Orange County, San Diego County, San Mateo County, Santa Clara County, and Shasta County in April 2021. Another survey of all 58 counties was conducted in October 2021 to confirm the current state of pre-release enrollment processes. All county examples are based on previous information shared in surveys and interviews with the Medi-Cal Eligibility Division (MCED) and Manatt, and as such information may be outdated. We understand that there is fluidity in county jails, and processes may have adjusted; the examples listed here are meant to be illustrative, and DHCS understands they are subject to change.

<sup>2</sup> AB-720 Inmates: health care enrollment (2013-2014). Available at [http://leginfo.ca.gov/faces/billCompareClient.xhtml?bill\\_id=201320140AB720&showamends=false](http://leginfo.ca.gov/faces/billCompareClient.xhtml?bill_id=201320140AB720&showamends=false). DHCS, in conjunction with the California Department of Corrections and Rehabilitation (CDCR), issued a series of inmate pre-release policies described in All County Welfare Directors Letters (ACWDLs) [07-34](#) (1/2/2008), [14-24](#) (5/6/2014), and [14-24E](#) (6/25/2014). Additionally, DHCS and CDCR issued the following ACWDLs to describe their suspension policies: [14-26](#) (5/6/2014) and [14-26E](#) (7/11/2014). Cal. Pen. Code § 4011.11, available at <https://casetext.com/statute/california-codes/california-penal-code/part-3-of-imprisonment-and-the-death-penalty/title-4-county-jails-farms-and-camps/chapter-1-county-jails/section-401111-entity-to-assist-county-jail-inmates-with-submitting-an-application-for-a-health-insurance-affordability-program>.



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California's DHCS. The California Advancing and Innovating Medi-Cal (CalAIM) initiative includes several provisions to improve access to and quality of health care for justice-involved populations.<sup>3</sup> Under CalAIM, DHCS is implementing Enhanced Care Management (ECM) for justice-involved populations<sup>4</sup>—improving behavioral health linkages for justice-involved individuals upon release<sup>5</sup>—and seeking approval from the Centers for Medicare & Medicaid Services (CMS) through an 1115 waiver to draw down federal Medicaid financing for individuals who are incarcerated during their 90 days pre-release in order to provide in-reach care management and targeted services.<sup>6</sup> Pre-release Medi-Cal enrollment will allow individuals who are incarcerated to access this set of services. By enrolling eligible individuals in Medi-Cal, offering them services to stabilize their physical and behavioral health needs, and establishing a plan for their community-based care prior to release, California aims to build a bridge to community-based care for justice-involved individuals.

Individuals who have been incarcerated are disproportionately people of color and have considerable health care needs but are often without care and medications upon release. They are particularly at risk for poor health outcomes—justice-involved individuals experience disproportionately higher rates of physical and behavioral health diagnoses and are at higher risk for injury and death as a result of violence, overdose, and suicide than are people who have never been incarcerated.<sup>7</sup> Individuals who are incarcerated who have a behavioral health disorder are more likely than those without a

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<sup>3</sup> In 2014, DHCS operationalized a one-year suspension process for individuals who enter a corrections facility and are already enrolled in Medi-Cal.

<sup>4</sup> DHCS and CDCR describe their suspension policies in ACWDLS 14-26 and 14-26E. AB 720 requires counties to suspend rather than terminate Medi-Cal benefits upon incarceration for up to 12 months. "Enhanced Care Management (ECM): ECM and ILOS Implementation Timeline, ECM Populations of Focus, and ECM Overlap with other Programs & Exclusions," available at <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Key-Design-Implementation-Decisions.pdf>.

<sup>5</sup> DHCS is proposing to mandate that all county jails and juvenile facilities implement a process for facilitated referral and linkage from county release to county specialty mental health, Drug Medi-Cal, Drug Medi-Cal Organized Delivery Systems, and Medi-Cal managed care providers when the individual was receiving behavioral health services while incarcerated to allow for continuation of behavioral health treatment in the community. The CalAIM proposal is available at <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf>.

<sup>6</sup> Section 3.7 of the CalAIM 1115 Waiver Renewal Application describes the request for services for justice-involved populations 30-days pre-release. Available at <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-medi-cal-2020-pending-renewal-pa9.pdf>. The CalAIM proposal is available at <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf>.

<sup>7</sup> Binswanger, I., Stern, M., Deyo R., Heagerty, P., Cheadle, A., Elmore, J., and Koepsell, T. January 2007. "Release from Prison—A High Risk of Death for Former Inmates," *New England Journal of Medicine*, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836121/#:~:text=During%20the%20first%20%20weeks,C1%2C%2089%20to%20186>).



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disorder to have been homeless in the year prior to their incarceration, less likely to have been employed prior to their arrest, and more likely to report a history of physical or sexual abuse.<sup>8</sup> From 2009 to 2019, the proportion of incarcerated people in California jails with an active mental health case rose 63 percent; in 2019, 15,500 out of 80,000 individuals in jail custody had an active mental health case.<sup>9</sup> The California correctional health care system drug overdose death rate for incarcerated individuals is 12.6 per 100,000, more than three times the total national prison rate of 3.7.<sup>10</sup>

Across the country, people of color are more likely to be incarcerated due to the inequitable criminalization of substance use disorders and mental health issues. This is visible in California, where 28.5 percent of male prisoners are Black, as compared to 5.6 percent of the state's adult male residents. The imprisonment rate for people of color remains overrepresented in California's prison population. For Black men, the imprisonment rate is 4,236 per 100,000, and for Latino men, the imprisonment rate is 1,016 per 100,000, as compared to 314 per 100,000 for men of all other racial and ethnic backgrounds combined.<sup>11</sup>

Enrolling individuals who are leaving the county jail system into Medi-Cal coverage is a critical first step toward helping connect the justice-involved population to needed physical and behavioral health care services. Pre-release application processes in county jails will help to achieve the objective of establishing a continuum of care and ongoing support that will ultimately improve health outcomes and reduce the demand for costly and inefficient services.

### III. Medi-Cal Coverage for Individuals Leaving County Jails—Current Policy

Under a provision of federal Medicaid law known as the “inmate exclusion,” all states, including California, are prohibited from drawing down federal Medicaid funds to finance health care for any individual committed to a jail, prison, detention center, or other penal facility unless the individual is treated in a medical institution outside the jail or prison for

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<sup>8</sup> Gates, A., Artiga, S., Rudowitz, R. September 2014. “Health Coverage and Care for the Adult Justice Population,” *Kaiser Family Foundation*, available at <https://www.kff.org/uninsured/issue-brief/health-coverage-and-care-for-the-adult-criminal-justice-involved-population/>.

<sup>9</sup> 2020. “The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009–2019,” *California Health Policy Strategies*, available at [https://calhps.com/wp-content/uploads/2020/02/Jail\\_MentalHealth\\_JPSReport\\_02-03-2020.pdf](https://calhps.com/wp-content/uploads/2020/02/Jail_MentalHealth_JPSReport_02-03-2020.pdf).

<sup>10</sup> Imai, K. November 2018. “Analysis of 2017 Inmate Death Reviews in the California Correctional Healthcare System,” *California Correctional Health Care Services*, available at <https://cchcs.ca.gov/wp-content/uploads/sites/60/MS/2017-Inmate-Death-Reviews.pdf>.

<sup>11</sup> J. Hayes, J. Goss, H. Harris, Alexandra Gumbs. July 2019. “California’s Prison Population,” *Public Policy Institute of California*, available at <https://www.ppica.org/publication/californias-prison-population/#:~:text=African%20Americans%20remain%20overrepresented%20in,the%20state's%20adult%20male%20residents.>



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24 hours or more.<sup>12</sup> Medi-Cal can, however, finance the cost of services provided to eligible individuals after their release.

For individuals who enter a correction setting already enrolled in Medi-Cal, prisons and jails are directed to suspend, rather than terminate, coverage; suspending coverage changes an individual's status to "suspended." Under SB 184, beginning January 1, 2023, Medi-Cal benefits for adults must be kept in suspended status until the individual is no longer an inmate of a public institution (i.e., when the individual is released from incarceration).<sup>13</sup> Likewise, under the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act and Welfare and Institutions Code Section 14011.10 (d)(1) & (2)), for "eligible juveniles" (i.e., youth under age 21 or former foster youth under age 26), Medi-Cal suspension does not have a time limitation, and the suspension will last for the duration of their incarceration, if otherwise eligible.<sup>14</sup> However, if an individual becomes ineligible for Medi-Cal, including if a youth ages out of eligibility, Medi-Cal coverage may be terminated.<sup>15</sup>

If an individual receives inpatient services for over 24 hours while their Medi-Cal coverage is suspended, the correctional facility or county welfare department (CWD) must complete a Medi-Cal Inmate Eligibility Program (MCIEP) application. The prison or jail must notify the CWD when an individual is going to be released so that the county can lift Medi-Cal suspension through the Medi-Cal Eligibility Data System (MEDS), thereby unsuspending coverage and enabling an individual to access health care services immediately upon release.

While California may not draw down Medicaid dollars to pay for individuals when they are incarcerated (with exception only for when an individual who is incarcerated receives inpatient services at a medical facility off the grounds of the correctional facility for 24 hours or more), CMS has encouraged state Medicaid agencies to set up pre-release Medicaid application processes in order to better position individuals leaving

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<sup>12</sup> 42 C.F.R. 435.1010; and CMS, Letter to State Health Officials, "To Facilitate Successful Re-entry for Individuals Transitioning from Incarceration to Their Communities," CMS, Apr. 28, 2016. Available at <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/sho16007.pdf>.

<sup>13</sup> [SB-184](#), Chapter 47.

<sup>14</sup> For individuals under the age of 21 or former foster youth (FFY) under the age of 26, under the federal SUPPORT Act and state law (Welf. & Inst. Code Section 14011.10 (d)(1) & (2)) the state and counties are prohibited from terminating Medicaid eligibility because the individual is an inmate of a public institution.

<sup>15</sup> CMS, SMD #21-002, available at <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21002.pdf> (1/19/2021).



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jails and prisons to have access to Medi-Cal coverage immediately upon release into the community.<sup>16</sup>

As previously described, California has prioritized enhancing care for justice-involved individuals through its CalAIM initiative and its 1115 waiver, which seeks to provide services to incarcerated individuals 90-days pre-release in order to help ensure a warm handoff to community-based providers upon release. Furthermore, California statute mandates all counties implement pre-release Medi-Cal application processes by January 1, 2023, in order to ensure pre-release care.<sup>17</sup> This issue brief intends to support stakeholders' planning and implementation of pre-release Medi-Cal application processes.

#### IV. Key Elements of Effective Pre-Release Enrollment Processes

County jails are currently in various stages of planning and implementation for the pre-release Medi-Cal application processes that need to be in effect by January 1, 2023. The counties that already have well-established pre-release application processes in place have taken different yet equally effective approaches to identifying uninsured individuals eligible for Medi-Cal and standardizing their application processes. Based on a review of current county pre-release application processes, it is clear that there is not a one-size-fits-all process for the counties. Rather, it is recommended that the board of supervisors in each county, the county sheriff for county jails, and the county probation officers for youth correctional facilities work in close coordination to assess current intake, population management, and pre-release flows and identify the best way to introduce the completion of Medi-Cal applications into their larger overall processes.

When assessing how to incorporate Medi-Cal application processing in the future, county offices, sheriff's offices, and other key stakeholders who are integral to the

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<sup>16</sup> CMS, SHO #16-007, "To Facilitate Successful Re-entry for Individuals Transitioning from Incarceration to their Communities," (4/28/2016), available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf>; CMS, "The Coverage Learning Collaborative: Medicaid and Justice-Involved Populations: Strategies to Increase Coverage and Care Coordination," (8/17/2017). Available at <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/justice-involved-populations.pdf>.

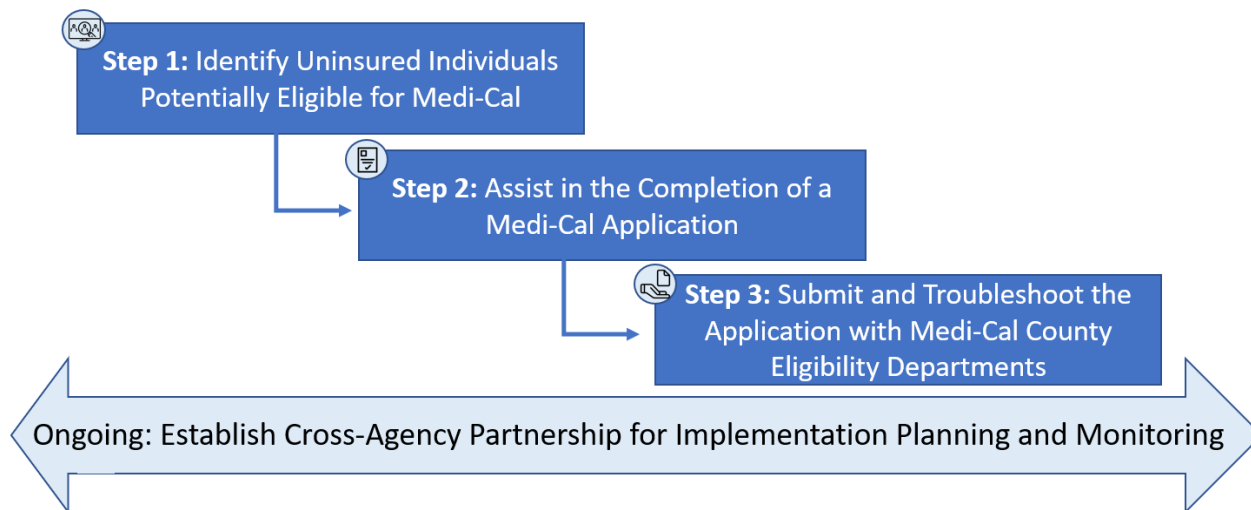
<sup>17</sup> AB-720 Inmates: health care enrollment. Available at [http://leginfo.ca.gov/faces/billCompareClient.xhtml?bill\\_id=201320140AB720&showamends=false](http://leginfo.ca.gov/faces/billCompareClient.xhtml?bill_id=201320140AB720&showamends=false). DHCS, in conjunction with CDCR, issued a series of inmate pre-release policies described in ACWDLs [07-34](#) (1/2/2008), [14-24](#) (5/6/2014), and [14-24E](#) (6/25/2014). Additionally, DHCS and CDCR issued ACWDLs [14-26](#) and [14-26E](#) to describe their suspension policies. Cal. Pen. Code § 4011.11, available at <https://casetext.com/statute/california-codes/california-penal-code/part-3-of-imprisonment-and-the-death-penalty/title-4-county-jails-farms-and-camps/chapter-1-county-jails/section-401111-entire-to-assist-county-jail-inmates-with-submitting-an-application-for-a-health-insurance-affordability-program>.



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eligibility and enrollment process should consider the following key steps to successful pre-release enrollment:



### Step 1. Identifying Individuals Potentially Eligible for Medi-Cal

The first step in an effective pre-release application process is screening individuals for health insurance coverage and identifying individuals who are potentially eligible for Medi-Cal.<sup>18</sup> The best practice is to identify uninsured individuals as part of, or soon after, intake into the jail by asking questions about insurance status. **Identifying and enrolling Medi-Cal-eligible individuals as a part of or near intake ensures that they are enrolled in Medi-Cal by the time they become eligible for 90-day pre-release Medi-Cal services.** DHCS understands that there may be circumstances in which the county is unable to identify individuals who are eligible for Medi-Cal at the time of intake. This brief also includes an alternative approach, which could be implemented if identification is not possible at or near intake.

#### Recommended Approach

- **Identifying Individuals as Part of or Near Intake Process.** Some counties, such as Los Angeles, San Diego, and San Mateo, ask a few health insurance-related questions as part of their jail intake process flow in order to identify individuals who are uninsured and potentially eligible for Medi-Cal. Based on information collected at intake, county jails would then establish a standardized

<sup>18</sup> Counties and correctional facilities should also establish a process to suspend coverage for individuals who are already enrolled in Medi-Cal upon incarceration.



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process for completing a Medi-Cal application, either as a part of the intake process or at a later time prior to the individual's release.

### Examples

The following are example identification questions that could be asked as part of the intake process:

- Are you currently enrolled in Medi-Cal? *[Yes or No]*
- If yes, in which county do you have Medi-Cal? *[insert county]*
- If you don't have Medi-Cal coverage currently, would you like to sign up before your release from jail? *[Yes or No]*
- If you would like to sign up for Medi-Cal, which county will you live in after your release from jail? This will help us enroll you in Medi-Cal in the county where you will be living and can access health care services when you reenter the community.
- Please provide the address for where you would like your Medi-Cal Benefits Identification Card (BIC) and notices to be sent. *[insert address]*<sup>19</sup>
- Signature allowing authorized representative to complete application.<sup>20</sup>

### Alternative Approach if Identification at Intake Is Not Possible

- **Identifying Individuals as Part of Pre-Release Planning.** In many counties, the justice-involved entity will generate a list of individuals who are incarcerated and are scheduled for release to coordinate the Medi-Cal application completion process as part of release planning. For example, in San Diego County, the Sheriff's Office will generate a list of individuals who are potentially Medi-Cal eligible 60–90 days prior to their release from incarceration and will forward that list to the County Office; the County Office will then leverage this list to begin the application completion process with the individual. In Sacramento County, a county welfare worker will go to the jail and will reach out to individuals 60 days prior to their target release date and ask them if they would like to apply for Medi-Cal. Based on the response received, they will set up a time with an application assister to complete the Medi-Cal application.

<sup>19</sup> Two counties, San Diego and San Mateo, currently ask this question as part of their intake process.

<sup>20</sup> Based on a best practice in San Mateo County, this helps with the completion of applications for individuals who have early or unplanned release dates.





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County jails can coordinate with their county office to identify individuals who are already enrolled in Medi-Cal in order to maximize the use of the lists generated by the justice-involved entity and preserve staff resources. The counties could then narrow the focus of their Medi-Cal pre-release enrollment processes only to individuals who are uninsured.

**Note that if this process does not take place 120–135 days pre-release, this approach may not allow for the individual to maximize 90-day pre-release service. DHCS, therefore, strongly urges counties to implement the above-recommended approach when possible.** In order for individuals who are incarcerated to access 90-day pre-release services, they must be determined eligible for Medi-Cal in advance of services becoming available (i.e., greater than 90 days before release or as soon as possible when stay is less than 90 days). This alternative approach will be useful to identify individuals who fall out of the application process at intake.

## Step 2: Assist in the Completion of a Medi-Cal Application

The next critical step in facilitating a Medi-Cal application pre-release process is identifying the entity that will be responsible for completing the application with the beneficiary and shepherding it to the county office for eligibility determination. Counties have a wide range of options with respect to which entity it chooses to partner, including leveraging county jail staff, working with county office eligibility workers, or contracting with community-based organizations or physical or behavioral health care staff already working with incarcerated individuals.

### Examples

The following are examples of the varied approaches county jails have taken with respect to their Medi-Cal application partnerships:

- San Mateo County contracts with a patient service assistant (PSA), a third-party contractor, to enroll eligible individuals. The PSA works within the county jail system, allowing them to have easy access to jail facilities, security clearance, and safety assurances. San Mateo County screens for Medi-Cal during booking, allowing the PSA to begin the enrollment process during intake, which enables the County Office to complete the application and effectuate coverage in the event there is an early release.
- The County Office in Orange County contracts with Project Kinship, a community-based organization. Project Kinship leverages the CDCR



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list to coordinate visits of individuals with release dates in 45 days or less to complete the Medi-Cal application.

- The Sheriff's Office in San Diego contracts with a third-party vendor to complete pre-release applications. The contractors are health care professionals who have been trained on pre-release application processes and have jail security clearance, allowing them to easily see individuals in a classroom-like setting two times a week.
- Santa Clara County is able to enroll eligible individuals through close collaboration between the County Office and Sheriff's Office. The Sheriff's Office provides a roster of individuals pre-release to the County Office. The County Office identifies individuals who are not enrolled in Medi-Cal and provides this list to rehabilitation officers within the Sheriff's Office to complete the Medi-Cal applications. The rehabilitation officers then send the completed Medi-Cal applications to eligibility workers dedicated to justice-involved enrollment staffed within the County Office for processing.
- In Los Angeles, staff from the Los Angeles Sheriff's Department are trained to complete and submit Medi-Cal applications.

Regardless of whom the county works with to complete the Medi-Cal application, there are a couple of key features to a successful Medi-Cal pre-release application partnership.

### Recommended Approaches

- **Initial and Ongoing Training.** Counties may want to ensure that whoever is completing the Medi-Cal application, especially if it is someone who is not a county office eligibility worker, is trained on Medi-Cal eligibility and enrollment rules. A well-trained workforce that understands how to submit a completed Medi-Cal application with all the necessary eligibility information will result in a higher likelihood that the application will be processed without requiring additional information from the applicant. Working in partnership with the sheriff's office, county office eligibility departments should identify which entities are submitting the Medi-Cal applications and establish a training approach which, at a minimum, should include new staff onboarding and regular training updates. Staff onboarding should include an overview of the application process, information they will need to gather to successfully complete an application, and steps to take for common issues that may come up, such as an uncertain mailing address or multiple known aliases. For example, Santa Clara's County Office provides ongoing staff training and management to eligibility workers and works with the Sheriff's Office to provide targeted training to the rehabilitation officers to



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ensure everyone involved in eligibility and enrollment fully understands the pre-release application process. A smoother eligibility determination process will translate into more immediate access to health care services upon release.

- **Security Assurances.** County jails should commit to providing security clearances and safety assurances to support entities who do not otherwise have experience working in jail settings, such as community-based organizations or county office eligibility workers. Establishing security protocols for application assisters will help to stabilize the application assister workforce willing to partner with the county jails, especially for county office eligibility workers who will be volunteering to conduct the pre-release applications on-site. This is less of an issue for application assisters who already have access to jail settings, including jail staff or behavioral health contracted staff who regularly work with justice-involved populations when incarcerated and already have the necessary security clearances and safety assurances.
- **Private Interview Settings.** In addition to establishing safety protocols, jails should identify a separate space that ensures the individual's privacy when providing Medi-Cal eligibility information, including dates of birth and Social Security numbers. Currently, some counties use a classroom-like setting where they can help as many as eight individuals at a time with the Medi-Cal applications, or some counties utilize Skype or another video IT platform to hold virtual meetings for individuals who request pre-release application assistance. However, counties have expressed the need for eligibility workers to have access to confidential areas when completing the Medi-Cal applications to ensure applications can be completed in private areas with appropriate security. County jails have specific rooms for confidential attorney visits that could be leveraged for this purpose.

### **Step 3: Submit and Troubleshoot the Application with Medi-Cal County Eligibility Departments**

#### **Step 3A: Application Submission Modality**

Application assisters vary in their approach to filling out and submitting the Medi-Cal application on behalf of the individual during the pre-release period. Per federal regulation, Medi-Cal applications must be accepted via multiple modalities, including by mail, online, by telephone, or in person.

Note that it is critical that individuals are enrolled in Medi-Cal in the county in which they will live upon release in order to ensure the arrangement and provision of needed health care services in a timely manner. DHCS recognizes the time it takes for the state to



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process an intercounty transfer (ICT). However, an ICT should not preclude any provider from providing behavioral health services to a Medi-Cal beneficiary and filing a claim for that beneficiary. In order to allow ample time for county social services department (SSDs) to work with individuals who will require an ICT process, individuals should be asked during their Medi-Cal screening/application process where they plan to live post-release (if known). The correctional facility should submit their Medi-Cal application to the county SSD they will return to, even if it is not the county in which the correctional facility is located.

### Recommended Approaches

- **Online.** Some counties have set up processes that enable online application submissions. For example, Los Angeles County uses the online portal [Your Benefits Now](#), and Orange and San Diego Counties submit applications via the [MyBenefitsCalWIN](#) portal. These portals may be used by other counties (i.e., they are not unique to Los Angeles, Orange, and San Diego Counties). Many counties submit Medi-Cal applications via email. While online applications are likely to be processed faster than applications delivered via mail or in person, the process requires technological cooperation from the county sheriff's office, including permission for the application assistants to use designated computers on-site or to bring laptops or tablets into the facility with access to Wi-Fi capacity.

### Alternative Approach if Online Submission Is Not Possible

- **By Mail.** Some counties rely on mailing, hand-delivering, or faxing paper applications. For example, Shasta and Sutter counties will either fax or hand-deliver paper applications to county offices. This approach is not advisable as it is slower than online or email submission, but it is permissible if counties are unable to submit an online application.

### Step 3B: Timing of Application Submission

The best practice is to submit the Medi-Cal application during or near the intake process. **It is critical that the Medi-Cal application be submitted at least 135 days prior to release—if the release date is known—in order to enable the provision of limited Medi-Cal benefits in the 90 days prior to release.** DHCS understands that there may be circumstances in which the county is unable to enroll individuals in Medi-Cal (i.e., complete and submit the application) at the time of intake. This brief also includes an alternative approach, which could be implemented if enrollment is not possible at or near intake.



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## Recommended Approach

- **As Part of Intake.** If a county jail asks health insurance screening questions upon booking, it could also set up Medi-Cal application processes as part of the overall intake process.<sup>21</sup> Coordinating the submission of Medi-Cal applications as part of the intake process helps mitigate the challenge of individuals who do not get a chance to complete their application because they were released from a county jail sooner than planned. For example, in San Mateo, county jails screen individuals for Medi-Cal eligibility via intake questions during booking. The PSA will identify anyone who may need Medi-Cal based on these responses and initiate the Medi-Cal applications as early as the day of booking, in some instances. San Mateo is able to mitigate the challenge many counties face of applications falling through the cracks due to unplanned early release dates by starting the Medi-Cal application process at intake and ensuring all necessary signatures are gathered to allow applications to still be processed even if the eligible individuals are released early.

## Alternative Approach if Submitting the Medi-Cal Application at or Near Intake Is Not Possible

- **Prior to Release.** Currently, counties vary in their timelines for when to start the Medi-Cal application process prior to release. All counties with the current pre-release Medi-Cal application process will need to reevaluate their timelines to ensure applications are submitted at least 135 days prior to release to enable the provision of limited Medi-Cal benefits in the 90 days prior to release. Counties' current pre-release time frames include:
  - Kings, Los Angeles, and Fresno counties process applications a minimum of 45 days prior to release.
  - Butte, Sacramento, San Diego, and Sutter counties will submit applications 60 days prior to release; Sutter County will review applications within 60 days of the release date and escalate any applications that are not finalized within two weeks of release.
  - San Joaquin County will submit applications 60–90 days pre-release.
  - San Francisco County will start the pre-release application process within 90 days of release.

**Note that if the Medi-Cal application is not submitted 120–135 days pre-release, this approach may not allow for the individual to maximize 90-day pre-**

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<sup>21</sup> Counties must also implement a suspension/unsuspension process for individuals who are enrolled in Medi-Cal upon incarceration or who are enrolled near intake.



**release services. DHCS therefore strongly urges counties to implement the above-recommended approach when possible.** In order for individuals who are incarcerated to access 90-day pre-release services, they must be enrolled in Medi-Cal in advance of services becoming available (i.e., greater than 90 days before release or as soon as possible when the inmate's stay is less than 90 days). This alternative approach will be useful to enroll individuals who fall out of the application process at intake.

### **Step 3C: Identifying Pre-Release Applications**

Some jails include a cover letter when submitting pre-release applications to the county office to identify the application as a pre-release application and ensure the county welfare office processes the application correctly. The cover letter provides all necessary information to process pre-release applications and provides an address to send the Medi-Cal BIC. For example, San Diego County and San Mateo County use a cover letter to identify pre-release applications and have cited this as a best practice for ensuring necessary information is completed during the application process, information is correctly entered during the enrollment process, and the Medi-Cal BICs are sent to the correct address (*see Appendix for example cover letter*).

#### **Recommended Approach**

- Identify pre-release applications that come from county jails with a cover letter that provides all necessary information to process the application, including the mailing address for the benefits card.

### **Step 3D: Troubleshooting Applications**

As discussed earlier, successful application processes require close cooperation among the county office, the sheriff's office, and the entities completing the pre-release Medi-Cal application, if different. Additionally, individuals must be willing to participate in the pre-release process in order to apply for Medi-Cal.

#### **Recommended Approach**

Application assisters should have clear points of contact within county office eligibility departments (with names, emails, and phone numbers of staff and supervisors) in order to assist with troubleshooting application questions and sending follow-up requested information. For example, in Orange County, the third-party contractor completing Medi-Cal applications joins quarterly meetings hosted by the County Health Executives Association of California (CHEAC), along with staff from the County Office, Sheriff's Office, public defenders, Access CalWIN, probation department, Access California, and other relevant stakeholders to discuss program



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updates, outreach, barriers, and opportunities to collaborate to improve Medi-Cal pre-release enrollment. Additionally, the Medi-Cal application assisters communicate with the County Office in real time (via email or phone) with any issues that come up in their day-to-day work to troubleshoot applications.

Some county offices have a specialized center or staff that is focused on processing and troubleshooting applications for pre-release or other justice-involved populations. For example, in San Mateo County, the County Office has one designated worker who is responsible for processing all state prison and county jail applications; the County Office's single point of accountability manages eligibility and enrollment determinations and follow-up services for justice-involved populations. Additionally, Santa Clara County has a specialized center and staff that are focused on county jail pre-release applications or applications for justice-involved populations who have already been released into the community.

### **Step 3E: Providing a BIC**

DHCS will issue a plastic BIC to each Medi-Cal recipient once their coverage begins; ACWDL guidance encourages counties to ensure individuals who are incarcerated have paper BIC or permanent BIC available upon release. Some counties, like Riverside, San Diego, and Santa Clara, try to have a paper BIC available upon release. Most counties, however, mail the plastic BIC to the individual's address on file and, when appropriate, to their authorized representative. In order to make sure all individuals are able to receive their BIC, some counties, such as Orange County, will use a regional office as a mailing address for individuals experiencing homelessness to be able to pick up their BIC in person.

#### **Recommended Approach**

When possible, counties should mail the permanent BIC to the individual at the jail so that they have the permanent BIC upon release. When this is not possible due to unplanned release, counties should provide a temporary BIC and mail the permanent BIC to their post-release address or allow for future pickup if the individual does not have a mailing address.

#### **Ongoing: Establish Cross-Agency Partnership for Implementation Planning and Monitoring**

One of the most critical components to setting up a successful pre-release Medi-Cal application process is a close working partnership between the sheriff's office and the county office. Behind the successful partnership is the commitment—at the highest leadership levels—that together, solutions would be developed to address operational challenges. Based on the experiences of counties with successful pre-release Medi-Cal



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Department of Health Care Services



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application processes, counties established regular communication channels between the eligibility team and sheriff's offices, either through a task force or working group that met on a regular basis to develop processes and for ongoing monitoring. For example, in Santa Clara County, the Office of Reentry was the single point of accountability, setting the meeting agenda, tracking the next steps, and providing monitoring data to help troubleshoot issues. This task force met once a month and had key decision makers from all necessary departments in attendance—Office of the County Executive, Sheriff's Office, CDCR, Santa Clara Valley Health and Hospital System, Social Service Agency, and Office of Reentry Services—in order to secure buy-in and oversee ongoing implementation. Some counties, such as Orange, San Mateo, and Santa Clara, also established a memorandum of understanding to clearly delineate roles and responsibilities and expectations across the Sheriff's Office and County Office eligibility departments.

Ultimately, the sheriff's office will need to have buy-in to the process and understand the benefits to their department in order to successfully implement pre-release Medi-Cal applications. Counties that have sheriff support and open lines of communication among departments to easily share information and troubleshoot problems are the ones that have been able to successfully implement pre-release enrollment processes in their county jail.

## V. Conclusion

Counties can and will be successful in setting up standardized pre-release Medi-Cal applications as long as county offices and sheriff's offices work collaboratively to plan, implement, and monitor the pre-release Medi-Cal application processes. As outlined in this issue brief, there are multiple successful strategies to identify eligible individuals, complete applications pre-release, and ensure coverage upon release. Counties will need to pick the approach that works best for their unique operational infrastructure. DHCS will be facilitating working sessions and peer-to-peer learning sessions to help support counties as they stand up their Medi-Cal pre-release application processes.





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VI. Appendix

San Mateo Pre-Release Application Cover Letter



**Correctional Health Services**

San Mateo County Health System

**AB 720 PROGRAM**

**COVER LETTER**

Maguire Correctional Facility  
Maple Street Correctional Center

Inmate's Name: \_\_\_\_\_ Jail ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: F \_\_\_\_\_ M \_\_\_\_\_

Date of admission to Jail: \_\_\_\_\_ Schedule release date: \_\_\_\_\_

Type of Request: AB 720 \_\_\_\_\_ Active Medi-Cal?: \_\_\_\_\_ What County: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail or email application determination and BIC cards to the following Appointed Representation

Authorized Representative: \_\_\_\_\_

Alessandra Varela PSA II  
Correctional Health  
300 Bradford Street, 5<sup>th</sup> Floor, Redwood City, CA 94063  
Ph: 650.363.4766  
E-mail: [avarela@smcgov.org](mailto:avarela@smcgov.org)

AR Supervisor: Leilani Chua  
email: [lchua@smcgov.org](mailto:lchua@smcgov.org)

Assembly Bill 720 requires the county sheriff, or his or her designee, to assist all individuals sentenced to county jail or who are not sentenced to county jail but are detained in county jail, who are otherwise eligible for federal/Medicaid benefits to enroll in the Medi-Cal program available in that county 60-30 days before he or she is scheduled to be released.





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**MOTHER:**

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**GUARDIAN:**

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**9. REFERRING PARTY (facility contact):**

**NAME:** \_\_\_\_\_

**FACILITY:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**FAX #:** \_\_\_\_\_

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### Cover Letter from CDCR for State Inmate Pre-Release:

STATE OF CALIFORNIA – DEPARTMENT OF CORRECTIONS AND REHABILITATION

GAVIN NEWSOM, GOVERNOR

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#### TRANSITIONAL CASE MANAGEMENT PROGRAM

PO Box 942883  
Sacramento, CA 94283-0001



June 1, 2021

Click or tap here to enter text.

In accordance with the Memorandum of Understanding between the California Department of Corrections and Rehabilitation (CDCR) and the California Department of Health Care Services (DHCS) attached is an Application for Health Insurance for processing.

Please mail application determinations and BIC Cards to the following Appointed Representative (AR):

Click or tap here to enter text.

Click or tap here to enter text.

**Transitional Case Management Program**

Click or tap here to enter text.

INMATE NAME: Click or tap here to enter text.

INMATE CDCR NUMBER: Click or tap here to enter text.

DATE OF BIRTH: Click or tap here to enter text.

RELEASE DATE: Click or tap here to enter text.

COUNTY OF RELEASE: Click or tap here to enter text.

Questions regarding the Application for Health Insurance for the above-mentioned inmate may be directed to the contracted authorized representative at Click or tap here to enter text. and/or Click or tap here to enter text.. The authorized representative's fax number is Click or tap here to enter text..

Thank you for your assistance.