

California Department of Health Care Services

**CalAIM Enhanced Care
Management
Model of Care Template
September 2023**

*For the Individuals Transitioning from Incarceration Population of
Focus*

Due October 16, 2023

Context

Overview

To demonstrate operational readiness for the Individuals Transitioning from Incarceration Population of Focus (JI POF) going live January 1, 2024, DHCS is requiring that all Managed Care Plans (MCPs) complete the Justice Involved Model of Care (JI MOC) Template.¹ This document focuses on MCP responsibilities for implementing (1) ECM for the JI POF and (2) the required infrastructure to ensure MCPs are able to successfully provide ECM to the JI POF, as close to the day of release as possible.

The MOC is organized into four sections, with data sharing requirements included throughout each section:²

1. ECM Network Development and Reporting
2. Member Enrollment into an MCP and ECM
3. Supporting Member Transition from Incarceration into Managed Care
4. Post-Release MCP Services

Each section of the JI ECM Model of Care Template includes an attestation table, which MCPs are required to complete to attest to their readiness level to implement ECM for the JI POF. As ECM for the JI POF goes live on 1/1/2024, prior to the go-live of pre-release services (phased over two years, beginning 10/1/2024), each row of the attestation table indicates whether MCPs must meet the requirement by 1/1/2024 or when pre-release services go-live. If the MCP does not have policies and procedures, processes, contracts, or other documentation in place to implement a requirement, the MCP should indicate as such and describe what technical assistance from DHCS will be needed.

Most sections additionally include narrative questions, for which MCPs must provide brief written responses. Unlike in previous MOC Template submissions, MCPs are not required to submit redlined edits to earlier submissions, nor are they required to submit updated Policies & Procedures at this time. However, DHCS expects that MCPs are incorporating all needed changes to their P&Ps in order to serve the JI POF, and MCPs must be ready to provide updated P&Ps, along with other substantiating documentation (e.g., processes, contracts) to DHCS upon request.

To complete the JI MOC Template, MCPs should refer to:

- Final CalAIM Justice Involved Initiative Policy and Operational Guide Section 13: MCP Requirements for Implementing Enhanced Care Management for the Justice Involved Population of Focus, distributed via email to MCPs.

¹ The JI POF includes both adults and youth transitioning from incarceration.

² MCPs must also ensure that required services are available the day of release, as clinically indicated, including seeking prior authorization for services such as Community Supports. DHCS is developing forthcoming policy requirements related to authorizing approval of prior authorizations in order to ensure receipt of services on or as close as possible to the day of release.

- [Policy and Operational Guide for Planning and Implementing the CalAIM Justice Involved Initiative](#) (draft version), available on the DHCS [Justice-Involved Initiative Webpage](#).³
- [ECM Policy Guide](#), available on the [DHCS ECM webpage](#). This Policy Guide contains full details on all ECM POFs, including the JI POF.

Responses to this JI MOC Template are due on **October 16, 2023**.

Additional Upcoming Submissions

DHCS released an additional question (contained in ECM JI POF Provider Contracting Exception Questions Attachment) to which MCPs may respond to indicate a need for contracting exceptions related to network overlap.⁴ Responses will be due **November 15, 2023** and on an ongoing basis as JI ECM provider networks grow and MCPs identify need for additional exceptions.

In addition, the MCP must submit a JI ECM Provider Capacity Attachment to list the MCP's expected JI ECM providers by county and provide information for each provider as specified in the Attachment. The supplementary Excel template must be submitted by November 15, 2023.⁵

Ji MOC Template Questions:

Directions: MCPs must fill out each row of the attestation tables listed below. MCPs should only mark *one* box per row; if the MCP has requested TA, the MCP should provide additional information to DHCS in the final column of the attestation table. MCPs should additionally respond to each of the JI MOC Template narrative questions. MCPs must submit their responses in a single file (PDF or Word document) to the JI MOC Template by **October 16, 2023**, to CalAIMECMILOS@dhcs.ca.gov.

Section 13 of the JI Policy and Operational Guide lays out all requirements for MCPs to implement the CalAIM Justice Involved Initiative and provides detailed explanations of each requirement. MCPs should reference this section as they develop their responses to this MOC.

³ DHCS released the draft Policy and Operational Guide for stakeholder feedback in June 2023 and will release the finalized the Policy and Operational Guide in September 2023. "Section 13: MCP Requirements for Implementing Enhanced Care Management for the Justice Involved Population of Focus" will be included in the finalized Policy and Operational Guide.

⁴ Note that DHCS will not allow exceptions for plan-based ECM for the JI POF.

MOC Template

1. ECM Network Development and Reporting

Attestation Table: ECM Network Development

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ⁶	Requirement will not be met by deadline; TA Requested	TA Request ⁷
1. Minimum Requirements for JI ECM Providers. MCP will contract with providers that meet DHCS' minimum requirements for JI ECM providers. See Section 13.2.b for additional information on the JI ECM Provider Enrollment Glidepath. ⁸	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.
2. JI-Specific Models of Care. MCP will ensure that all JI ECM Providers with whom they contract have developed a model of care specific to the needs of the Justice Involved POF.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.
3. Identifying JI ECM Providers. The MCP has a written procedure that describes how it will collaborate with other MCPs in the county to identify qualified ECM providers with which to contract.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.

⁶ DHCS requires that MCPs be able to meet the capacity needs in their county of operation, which will be low prior to the go-live of the facilities in the MCP's county of operation. See **Section 13.2.b** for additional information on the JI ECM Provider Enrollment Glidepath.

⁷ If the MCP is requesting TA, please describe the requested TA.

⁸ DHCS will provide standard boilerplate language that each MCP can incorporate into its JI ECM provider contract/scope of work. MCPs may update the boilerplate language, and they may include an addendum to establish additional/particular provisions between the MCP and JI ECM provider.

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ⁶	Requirement will not be met by deadline; TA Requested	TA Request ⁷
<p>4. Network Sufficiency. The MCP will contract with a sufficient network of JI ECM providers to meet the projected need in the county in which it operates (see Section 13.2.b and Section 13.2.e. of the Policy and Operational Guide).</p>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.
<p>5. Care Management Continuity Across the Pre- and Post-Release Periods. The MCP will collaborate with other MCPs in the county in which it operates to achieve mandatory overlap of the JI ECM provider network in order to ensure continuity of care management across the pre- and post-release periods.</p>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.
<p>6. Provider Directory. By January 1, 2024, MCPs must update their MCP Provider Directory to contain contact information of all in-network JI ECM providers per existing provider directory requirements under ECM.⁹</p> <p>On an ongoing basis, Provider Directories must be updated in compliance with 42 CFR 438.10(h)(3), which requires that electronic provider directories must be updated no later than 30 calendar days after the MCP receives updated provider information.</p>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.

⁹ Detailed requirements for the ECM Provider Directory can be found in the JI Policy and Operational Guide. DHCS is exploring how it will update Provider Directory requirements across all POFs. MCPs will not be expected create a separate Provider Directory for JI ECM providers. Rather, the standard Provider Directory should include the information detailed in this section.

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ⁶	Requirement will not be met by deadline; TA Requested	TA Request ⁷
<p>7. Provider Directory. By April 1, 2024, MCPs must update their MCP Provider Directory to contain JI-specific contact information for JI ECM Providers, including:</p> <ul style="list-style-type: none"> - Indication that the ECM provider is a JI ECM Provider. - If JI ECM provider is enrolled as a FFS provider or contracted with correctional facilities. - If JI ECM provider will provide pre-release care management services and warm handoffs, or warm handoffs only. <p>On an ongoing basis, Provider Directories must be updated in compliance with 42 CFR 438.10(h)(3), which requires that electronic provider directories must be updated no later than 30 calendar days after the MCP receives updated provider information.</p>	□		□	□	
<p>7. Network Reporting. The MCP will report its JI ECM provider network to DHCS via the JSON file beginning in 2024.</p>	□	□		□	Click or tap here to enter text.

Narrative Questions: ECM Network Development

1. Describe how the MCP will coordinate with the other MCPs and correctional facilities in the county to:
 - i. Estimate ECM capacity needs both before and after pre-release services go live in the county (150 words or less).
 - a. If the county has already produced estimates for level of need of JI ECM providers before and after pre-release services go live in the county, please provide the estimates here.
 - ii. Develop its ECM provider network and ensure mandatory network overlap (150 words or less).
2. Describe how the MCP has prioritized contracting with ECM providers who have experience serving the justice-involved population.¹⁰ How does the MCP define “experience working with justice-involved populations”? (150 words or less).
3. DHCS recommends contracting with providers that employ individuals with lived experience in the justice system as a best practice. Describe how the MCP has prioritized contracting with providers that employ people with lived experience in the justice system (150 words or less).

¹⁰ Examples of what experience serving the JI POF include experience working with correctional facilities (prisons, jails, YCFs), experience working with probation and parole, experience serving populations with disproportionate levels of contact with the justice system, and employment of individuals with lived experience in the justice system, including community health workers (CHWs). Please note the prior list is intended as a list of illustrative examples. MCPs should determine what they deem as “sufficient experience” and should think creatively about how to engage providers with JI-specific experience. As a best practice, DHCS encourages engaging and partnering with existing providers.

2. Member Enrollment into an MCP and ECM

Attestation Table: Member Enrollment into an MCP and ECM

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ¹¹	Requirement will not be met by deadline; TA Requested	TA Request ¹²
1. Auto-Assignment. DHCS will auto-assign Medi-Cal enrolled individuals into an MCP in the county of residence indicated in MEDS at the time of release, based on prior MCP or family member assignment. The MCP will be prepared to accept and serve new members. ¹³	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
2. New Member Materials. The MCP will send its standard member materials to each new member's residence.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
3. ECM Referral Pathways for Members Who Do Not Receive Pre-Release Services. The MCP will have referral pathways in place to enroll individuals who did not receive pre-release services but are eligible for ECM under the JI POF. MCPs must:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.
a. Accept member self-referral.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.

¹¹ DHCS requires that MCPs be able to meet the capacity needs in their county of operation, which will be low prior to the go-live of the facilities in the MCP's county of operation See **Section 13.2.b** for additional information on the JI ECM Provider Enrollment Glidepath.

¹² If the MCP is requesting TA, please describe the requested TA.

¹³ DHCS will execute auto-assignment. The MCP does not need to take action to initiate/execute auto-assignment. See Section 3 of this JI ECM Model of Care Template for details on MCP requirements for serving members immediately post-release.

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ¹¹	Requirement will not be met by deadline; TA Requested	TA Request ¹²
b. Accept referrals from member’s family member, community-based organization serving the member, probation/parole, or provider.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.
c. Establish a partnership with prison, jails, and youth correctional facilities, including developing a data sharing agreement between the correctional facility and/or correctional health services and the MCP and ECM provider before pre-release services go live (<i>optional, but recommended; see Section 13.1.c for expectations regarding MCP Coordination with correctional facilities</i>). ¹⁴	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.
d. Accept referrals from prisons, jails, and youth correctional facilities for members that do not receive pre-release services.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.
e. Establish partnerships with community-based organizations (CBOs), probation and parole offices, and community-based physical and behavioral health providers to facilitate partner organizations’ referral of members to the MCP for ECM (<i>optional, but recommended</i>).	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.

¹⁴ See **Section 13.1.c** for expectations for MCP coordination with correctional facilities.

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ¹¹	Requirement will not be met by deadline; TA Requested	TA Request ¹²
f. Accept referrals from partner organizations.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Click or tap here to enter text.
4. Continuity of Care and Referral Pathways for Members Who Receive Pre-Release Services. MCP will have referral pathways in place to enroll individuals who received pre-release services, including a strategy to ensure ECM starts on the day of release by the same ECM provider that participated in pre-release services or the warm handoff during the pre-release period.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
5. Presumptive Authorization. MCPs will have presumptive/retroactive authorization processes in place for ECM for all members who received pre-release services, so that ECM services can start on the date of release. ¹⁵	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
6. ECM Provider Assignment. MCP must make their MCP JI Liaison known and available to correctional facilities, in order to support ECM assignment. MCPs must ensure the MCP JI	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

¹⁵ MCPs will re-authorize/deny ECM during the ECM reassessment no sooner than six months after enrollment.

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ¹¹	Requirement will not be met by deadline; TA Requested	TA Request ¹²
Liaison has sufficient knowledge of ECM providers. ¹⁶¹⁷					

¹⁶ Correctional facilities will be responsible for ensuring that individuals who receive pre-release services are assigned a pre-release care manager. Roles and responsibilities for provider assignment at facilities leveraging either an in-reach or embedded care management model are outlined in Tables 11 and 12 in **Section 13.3.e**. DHCS recommends that MCPs and correctional facilities collaborate to establish processes in their local county and possibly border counties. However, since individuals can be released from correctional facilities that are not in their county of residence, MCPs must be able to accept referrals from outside of their county and assist with referrals as needed and described in the Policy and Operational Guide.

¹⁷ Additional information on the MCP JI Liaison may be found in **Section 13.4.b** of the JI Policy and Operational Guide.

3. Supporting Member Transition from Incarceration into Managed Care

Attestation Table: Supporting Member Transition from Incarceration into Managed Care

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ¹⁸	Requirement will not be met by deadline; TA Requested	TA Request ¹⁹
<p>1. Identify Individuals Who Receive Pre-Release Services. DHCS will share member assignment data when the member’s pre-release service aid code is activated. The MCP will identify members who will require coordination in the pre-release period.</p>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<p>2. MCP Justice Involved Initiative Liaison. The MCP will publicly post contact information for an MCP JI Liaison. The MCP JI Liaison must be an individual or a team (i.e., not a hotline) who will be available to support correctional facilities, pre-release care management providers, and/or ECM providers as needed.²⁰ The MCP JI Liaison must be available during regular business hours and must respond to after-hours communication within one business day.</p>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

¹⁸ DHCS requires that MCPs be able to meet the capacity needs in their county of operation, which will be low prior to the go-live of the facilities in the MCP’s county of operation. See **Section 13.2.b** for additional information on the JI ECM Provider Enrollment Glidepath.

¹⁹ If the MCP is requesting TA, please describe the requested TA.

²⁰ The MCP JI Liaison should be prepared to provide information on topics including but not limited to MCP policy pertaining to the JI POF, prior authorization, and PCP assignment.

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ¹⁸	Requirement will not be met by deadline; TA Requested	TA Request ¹⁹
3. Creation of Person-Centered Reentry Care Plan. The MCP will support the creation of the Reentry Care Plan for individuals who will be enrolled in the MCP, as requested by the pre-release care management provider and/or their team or the ECM provider (if different). ²¹ MCP will implement the following key expectations supporting the development of the reentry care plan:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
a. Receive Member Data. MCP will receive member data from the correctional facility to support care for the individual in the post-release period.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
b. Warm Handoff. MCP will ensure the post-release ECM provider participates in a warm handoff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
i. Pre-Release Warm Handoff. MCP will make every effort to ensure the warm handoff occurs in the pre-release period.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
ii. Post-Release Warm Handoff. If it is not possible to conduct the warm handoff in the pre-release period, the warm handoff must occur in the post-release period within one week of release. The MCP must ensure that the post-release ECM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

²¹ MCP participation could include but is not limited to, facilitation of PCP assignment, providing information on in-network providers, scheduling non-specialty mental health service follow-up, and providing other information on MCP plan benefits.

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ¹⁸	Requirement will not be met by deadline; TA Requested	TA Request ¹⁹
<p>provider receives the reentry care plan and relevant health information for the individual, which must be shared by the correctional facility within one business day of release.</p>					
<p>c. Receipt of Person-Centered Care Plan. The MCP will have processes in place to receive the Reentry Care Plan transmitted as part of the warm handoff or by the correctional facility or their delegate upon an unexpected release.</p>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p>
<p>d. Behavioral Health Links. The MCP will facilitate referrals to community-based behavioral health services for any behavioral health needs that do not qualify for county-based services (e.g., non-specialty mental health services, MAT, tobacco cessation); facilitate referrals to county-based behavioral health services, when appropriate; coordinate with the pre-release care manager and/or post-release ECM provider to ensure transportation is arranged to any needed appointments or admissions to treatment facilities; and ensure the ECM provider follows up with members post-release to ensure connection to identified behavioral health services. The MCP will also be prepared to do the following:</p>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<p>Click or tap here to enter text.</p>

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ¹⁸	Requirement will not be met by deadline; TA Requested	TA Request ¹⁹
<p>i. Ensure the post-release ECM provider participates in behavioral health transition meetings, warm handoffs, and follow-up planning, and ensure that warm handoffs include follow-up planning, including confirming transportation.</p>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<p>ii. Assist with appointment scheduling for behavioral health services.</p>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<p>e. Scheduling Community-Based Services. The MCP will ensure that the ECM provider supports scheduling for required post-release physical, behavioral health, and social services.</p>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<p>4. Community Supports. The MCP will ensure that the ECM provider connects individual with needed Community Supports (e.g., recuperative care), including coordinating prior authorization and scheduling services for the day of release, if the MCP provides Community Supports.</p>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<p>5. Non-Emergency Medical Transportation (NEMT). The MCP will ensure that the ECM provider sets up NEMT for post-release services for the individual when they reenter the</p>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ¹⁸	Requirement will not be met by deadline; TA Requested	TA Request ¹⁹
community, including on the day of release, as clinically indicated. ²²					

²² This should also include setting up transportation to a treatment facility on the day of release, if needed.

Narrative Questions: Supporting Member Transition from Incarceration into Managed Care

1. Provide the following details for the individuals who will serve as the MCPs Justice-Involved Initiative Liaison:
 - a. Name
 - b. Title
 - c. Department
 - d. Phone
 - e. Email
2. MCPs must closely coordinate with correctional facilities to execute the responsibilities described in the Attestation Table above. Does the MCP currently have formal agreements (e.g., MOUs, data sharing agreements) or informal and regular engagement (e.g., standing meetings) with the correctional facilities in the counties in which it operates and/or with the California Department of Corrections (CDCR)?²³ Please describe. If the MCP does not have relationships with county correctional facilities or CDCR, describe how the plan intends to form these relationships. (300 words or less)
3. MCPs must have a MCP JI Liaison who is knowledgeable about MCP services, including but not limited to the JI ECM provider network, PCP assignment, behavioral health and other specialty network providers, Community Supports, and NEMT. Describe the role of the MCP JI Liaison individual or team, including their department and how they will coordinate with correctional facilities and pre-release care management providers. Describe how the MCP will ensure availability during business hours and a one business day response time for after-hours communications. (150 words or less)
4. Describe how the MCP will ensure that pre-release care managers and ECM providers can connect members in the JI POF with Community Supports, including how the MCP will support ECM providers to ensure that the Community Supports are available immediately upon release. (200 words or less)
 - a. If the MCP provides housing-related Community Supports, please describe how the MCP will ensure that the MCP will support ECM providers in coordinating with housing-related Community Supports providers to meet the needs of individuals transitioning from the community who are experiencing homelessness or are at risk of homelessness.

²³ DHCS will have a bidirectional requirement for MOUs between MCPs and correctional facilities in their counties of operation. A timeline for implementing this requirement will be released once a model MOU has been released by DHCS. MCPs do not need to execute contracts with CFs. If the MCP receives an individual from a correctional facility located in a different county, they do not need to have a MOU with the facility but should have communication and implement a case agreement.

3. Post-Release MCP Services

Attestation Table: Post-Release ECM Services

MCP Requirement	Requirement currently met by MCP	Requirement will be met by 1/1/24	Requirement will be met by go-live of pre-release services ²⁴	Requirement will not be met by deadline; TA Requested	TA Request ²⁵
5. Post-Release ECM Services. The MCP will provide ECM services starting on the day of release, or as close to release as possible, consistent with ECM Policy.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
6. First ECM Provider Meeting. The MCP will ensure that the ECM provider meets the individual within one to two days of release, with the best practice being that the ECM provider meets the individual upon release.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
7. ECM Follow-Up. The MCP will ensure a second follow up appointment occurs within one week of release. ²⁶	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
8. Reentry Care Plan. The MCP will ensure that the ECM provider leverages the reentry care plan that was developed in the pre-release period as the post-release Care Management Plan.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

²⁴ DHCS requires that MCPs be able to meet the capacity needs in their county of operation, which will be low prior to the go-live of the facilities in the MCP's county of operation. **Section 13.2.b** for additional information on the JI ECM Provider Enrollment Glidepath.

²⁵ If the MCP is requesting TA, please describe the requested TA.

²⁶ [SMDL 23-003](#) suggests that case managers should initiate contact within two days post-release and conduct a second appointment that occurs within one week of release to ensure continuity of care and seamless transition and to monitor progress and care plan implementation.