

# Technical Assistance Webinar: Enhanced Care Management for the Justice Involved Population of Focus

January 30, 2024

## Transcript

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 1	Speaker 1 – 00:25	... progress.
Slide 1	Alice Keane – 00:37	Hello, and welcome. My name is Alice, and I'll be in the background answering any Zoom technical questions. If you experience difficulties during this session, please type your question into the chat, which is located on the Zoom panel at the bottom of your screen. The chat panel is also available for comments and feedback. With that, I'd like to introduce Sydney Armendariz, Chief of the Justice-Involved Reentry Initiative branch.
Slide 1	Sydney Armendariz – 01:05	Thank you, Alice. Good morning, everyone, and thank you so much for joining this technical assistance session on enhanced care management for the Justice-Involved Population of Focus. Like Alice said, my name is Sydney Armendariz, I'm the Chief of the Justice-Involved Reentry Services branch, here at the Department of Healthcare Services. I'm also joined by colleagues from the QPHM team who focus on ECM for this Justice-Involved Population of Focus. Next slide, please.
Slide 2	Sydney Armendariz – 01:36	During this 90-minute session, we will provide updates on ECM for the Justice-Involved Population of Focus, including the pre-CAP process. We'll also review some Q&A that was submitted as a part of the MOC template. We'll take live question and answers via chat, or through raising hands and unmuting, and then we'll provide a look ahead of upcoming milestones for the Justice-Involved Initiative. Now I'll go ahead and turn things over to Laura Miller, who's a medical consultant with the QPHM team, for updates on ECM for the JI Population of Focus. Thank you.

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Slide 3	Laura Miller – 02:15	Great, thank you so much, Sydney, and good morning. My name is Laura Miller. I'm a primary care internal medicine doctor in quality and population health management. I'm on the ECM team. As you know, plans submitted their models of care for the Justice-Involved Population of Focus, and there were some significant challenges in the MOC submissions. We have a process called AIRs, Additional Information Required, and there was not significant improvement in the MOCs during that AIR process. What we decided to do was evaluate plans, place them in tiers, and then, also, we are in the process of developing, and almost at the point of sending, a pre-CAP letter, Corrective Action Plan, but pre-CAP, not CAP.
Slide 3	Laura Miller – 03:17	It's really a series of structured activities that will, we hope, get plans fully ready to serve this Population of Focus. We will send out the letter, then we'll have a series of technical assistance sessions after distribution. Essentially like office hours. After the office hour, TA sessions, plans will have time to submit their responses. So we broke down the analysis of the MOCs into three priority areas, Provider Network Capacity, Correction System Coordination, and Network Overlap implementation.
Slide 3	Laura Miller – 04:01	Then, from that, we placed the plans in tiers. Tier A means that a plan checked all the boxes in those three priority areas. Tier B, two of the three priority areas were fine, one was had challenges. Tier C, one of the areas was adequate, the other two were inadequate. Tier D is zero out of three, really needs lots of work. For those in tiers D, C, and B, there will be action required in the pre-CAP activities. Next slide.
Slide 4	Laura Miller – 04:46	This is, essentially, these are our benchmarks here. For provider capacity, there needs to be at least one experienced JI ECM Provider. There needs to be a sound methodology to estimate ECM capacity needs. Network sufficiency to meet those needs, and efforts undertaken to connect with established providers and/or CBOs that serve JI populations. Just to break it down, those four that I just went through, those are the benchmarks, and there will be a structured activity associated with each benchmark.

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Slide 4	Laura Miller – 05:33	For instance, this using sound methodology, some plans were challenged in doing this, we really walked through exactly what needs to be done to prove a sound methodology for estimating the capacity needs. For the Correction System Coordination, the second area, we want to see operational processes in place to engage and coordinate with correctional facilities, including county jails and youth correctional facilities. We need to see standard operating procedures for the MCP JI Liaison communications. For the last piece, Network Overlap, we need to see evidence of collaboration, and regular communication with the other MCPs in each county with more than one MCP.
Slide 4	Laura Miller – 06:27	Again, plans will essentially receive a letter that tells them how they did in each of the three areas, as well as the... What is it? 9, 8, 7 areas on the side. There will be structured activities for each of those seven areas. Again, we will have TA sessions, to really go over this, before plans are required to submit. The TA sessions, we feel, are really important. We want it to be a conversation, not punitive, but really making sure that everybody, all plans, are up to speed to really provide quality care. I think that is the end of my slides. I believe we are holding questions till the end, so super happy to do that. Questions at the end. Next slide. Yeah, I'm going to pass it over to Sydney. Thank you so much.
Slide 5	Sydney Armendariz – 07:45	Thank you. Now I believe I'm introducing my colleague, Megan Shandel, who is one of my unit managers in my branch. I will go ahead and pass it over to Megan.
Slide 6	Megan Shandel – 08:02	Hello, everyone. My name is Megan Shandel. I'm the Policy and Program Support Unit chief, working under Sydney, focusing a lot on our reentry activities, and working closely with our QPHM team and Laura. Today we're just going to go through the questions that were submitted as part of the model of care submission process. I believe we have 21 questions to touch on today. They're grouped into six different topics.
Slide 7	Megan Shandel – 08:30	Question number one, "When will the JI indicator be available on the 834 file?" The JI indicator will be live by October 2024, the first month in which correctional facilities may go live with pre-release services.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 8	Megan Shandel – 08:47	Question 2, "Will the 834 file indicate which individuals are eligible for pre-release services, or which individuals are receiving pre-release services?" MCPs will be able to see a JI indicator on the 834 file for all individuals who are deemed eligible for pre-release services.
Slide 9	Megan Shandel – 09:06	"Prior to the go-live of pre-release services, what data sharing expectations are there for MCPs and correctional facilities?" Prior to the go-live of pre-release services, DHCS encourages collaboration between managed care plans and correctional facilities, including referral pathways to ECM and information/data sharing to effectuate connections to ECM in the post-release period. All data and information sharing must take place in accordance with applicable state and federal privacy laws, and with the consent of the individual. MCPs may engage with incarcerated individuals prior to the go-live of pre-release services in their county of operation.
Slide 10	Megan Shandel – 09:51	"How will the MCPs be alerted to an individual's assigned pre-release care manager?" The MCP JI Liaison is responsible for assigning the pre-release care manager and, if different, post-release ECM provider for all individuals assigned to that MCP. If the MCP JI Liaison did not participate in provider assignment, the correctional facility is responsible for communicating provider assignment to the MCP and including the pre-release care manager information in the Reentry Care Plan. Correctional facilities may delegate communication of care manager assignment and responsibility for sharing the Reentry Care Plan with the MCP to the pre-release care manager.

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Slide 11	Megan Shandel – 10:41	Number 5. "What information should be included in data sharing agreements between DHCS and correctional facilities? Will DHCS release additional guidance on data sharing between managed care plans and correctional facilities?" DHCS expects that managed care plans and correctional facilities in their county of operation established data sharing agreements that enables the entities to meet all data sharing requirements articulated in the Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative. DHCS does not plan to release a model data sharing agreement between managed care plans and correctional facilities.
Slide 11	Megan Shandel – 11:20	MCPs may reference the CalAIM Data Sharing Authorization Guidance, updated in October 2023, for guidance on cross-sector data exchange and compliance with federal and state data privacy, and data sharing consent laws and regulations, and other data rules. DHCS is considering opportunities for regional TA to support data sharing between correctional facilities and MCPs in the coming months.
Slide 12	Megan Shandel – 11:47	Number 6. "How should correctional facilities inform the managed care plan of an individual's release date?" DHCS has set forth a requirement for correctional facilities to have an established process to provide electronic notification of an individual's release date to implementing partners, including the managed care plan, pre-release care manager, and post-release ECM provider. To be approved to go-live with pre-release services, correctional facilities must describe their process for notification in the Correctional Facility Readiness Assessment.
Slide 12	Megan Shandel – 12:20	The release date should additionally be included in the individual's Reentry Care Plan if time permits. I just want to note that DHCR branch, specifically, is in the process of finalizing and reviewing these readiness assessments, for both the county correctional facilities and the county behavioral health agencies, and those will be released shortly.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 13	Megan Shandel – 12:45	Number 7. "What are the technical requirements and specifications for the JSON file, and what is the cadence for JSON file submission?" The technical requirement specifications to the JSON file is explained in detail in the ECM/CS/CCM Technical Document. This can be accessed from the DHCS Documentation Center. There are links provided on this slide. This slide deck will be available after this presentation for you guys. Then JSON file submissions are due every 10th of the month.
Slide 14	Megan Shandel – 13:20	Number 8. "What are the expectations for managed care plans to manage capacity of and provide oversight for in-reach pre-release care managers during the pre-release period?" DHCS will lead oversight of pre-release service delivery and quality. DHCS does not expect managed care plans to provide oversight of quality of pre-release care management rendered by in-reach providers. DHCS expects managed care plans to ensure that all JI ECM Providers meet the expectations outlined in Section 13 of the Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative. Managed care plans must additionally ensure that their JI ECM Provider network meets capacity needs for in-reach providers in their county of operation, which must be ascertained on a county-by-county basis.
Slide 15	Megan Shandel – 14:08	"Will DHCS implement mitigation strategies if a correctional facility does not share a Reentry Care Plan with the individual's assigned managed care plan?" Sharing the Reentry Care Plan with managed care plans is an expectation of correctional facilities as part of the Justice-Involved Initiative. DHCS will ensure that correctional facilities meet standards of the Justice-Involved Initiative through ongoing monitoring, and we will provide more information on plans for ongoing monitoring in the coming months.



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VISUAL	SPEAKER – TIME	AUDIO
Slide 16	Megan Shandel – 14:40	Number 10. "When will DHCS release standard terms and conditions, i.e. boilerplate, contract language for managed care plans to leverage in JI ECM Provider contracting?" DHCS will release standard terms and conditions contract language for managed care plans to leverage in JI ECM Provider contracting in this quarter. I will note that that is coming sooner in the quarter rather than later. It's in its final stages of review.
Slide 17	Megan Shandel – 15:14	Question number 11. "What are the expectations for managed care plans to support care coordination prior to an individual's release to the community?" If the managed care plan is known, correctional facilities must engage with the MCP's JI Liaison to assign an in-reach pre-release care manager and/or post-release ECM provider as early as 90 days prior to release. Some correctional facilities may engage the post-release care manager during the pre-release period to support connections to community-based services. During the pre-release period, the MCP JI Liaison is expected to support any post-release planning that will utilize MCP-based services, including, but not limited to, community sports, primary care provider assignment, non-specialty mental health providers, and non-emergency medical transportation. Managed care plans support for coordination activities must be available during the 90-day pre-release period to support the correctional facility and/or care manager in setting up post-release services for an individual.
Slide 18	Megan Shandel – 16:20	Number 12. "Should required post-release physical behavioral health and social services be scheduled in the pre-release period, so the individual will have appointments in place upon release?" Yes, DHCS expects appointments for post-release physical behavioral health and social services to be scheduled in the pre-release period, according to the needs of the individual.

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Slide 19	Megan Shandel – 16:43	Number 13. "When must managed care plans send new member materials to a JI individual who is enrolled in a hold status during their period of incarceration?" New member materials should be sent upon release, when an individual's managed care plan enrollment is effectuated and the hold status is removed from the 834 file. DHCS expects managed care plans to send the new member materials within seven days of the effectuation of enrollment and removal of the hold status. MCPs are not expected to send new member materials while an individual is incarcerated.
Slide 20	Megan Shandel – 17:24	14. "Are MCPs expected to arrange non-emergency transportation pickup at correctional facilities upon an individual's release, or individuals enrolled in the MCP?" For all individuals enrolled in the MCP, the MCP must ensure that the individual can access non-emergency medical transportation as needed. This includes the day of release if the MCP enrollment is effectuated. Once the individual has been released into the community, and MCP enrollment is effectuated, MCPs must follow requirements NEMT laid out in APL 22-008.
Slide 21	Megan Shandel – 18:09	15. "Does presumptive and/or retroactive authorization for ECM for all members who receive pre-release services apply to all individuals who receive pre-release services, or all individuals deemed eligible for pre-release services?" Presumptive or retroactive authorization applies to members who were deemed eligible for pre-release services and have the JI code applied. MCPs should presumptively or retroactively authorize ECM for all individuals who are deemed eligible for pre-release services. [inaudible 00:18:45] MCPs will be able to identify these individuals through the JI indicator on the 834 file. The MCP may additionally authorize ECM under the JI Population of Focus for qualifying individuals who were incarcerated but not deemed eligible during their period of incarceration.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 22	Megan Shandel – 19:06	16. "Can DHCS confirm the length of initial authorization for ECM under the Justice-Involved Population of Focus?" DHCS is updating the length of initial presumptive or retroactive authorization for ECM under the Justice-Involved Population of Focus to 12 months, to align with the other ECM Populations of Focus. You'll see this policy decision memorialized in the next update to the Policy and Operational Guide.
Slide 23	Megan Shandel – 19:37	17. "Upon an individual's released to the community, should managed care plans use outreach codes when initiating contact, or should managed care plans automatically assume enrollment in ECM and use the standard ECM HCPCS codes?" We're currently finalizing guidance on the use of outreach and ECM codes for the Justice-Involved Population of Focus. Once that has been finalized, we'll provide an update to the managed care plans.
Slide 24	Megan Shandel – 20:02	Number 18. "For individuals who receive pre-release services, will the start date for the ECM benefit be the first date that the ECM HCPCS codes are used?" Similar to other ECM Populations of Focus, the ECM benefit start date is defined as the date of the first billed claim when ECM services were rendered, once an individual is enrolled in ECM. Just noting that ECM is presumptively or retroactively authorized for all individuals being eligible for pre-release services, and DHCS expects MCPs to begin to provide services, including ECM, as soon as the individual reenters the community and MCP enrollment is active.
Slide 25	Megan Shandel – 20:49	19. "What is the MCP and post-release ECM provider role in making appointments for non-specialty mental health services prior to release? What is the MCP and post-release ECM provider role in connecting individuals to specialty mental health services and county-based services?" For individuals deemed eligible for non-specialty mental health services delivered through the MCP, DHCS expects that the pre-release care manager or post-release ECM provider schedules post-release appointments for needed services.

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Slide 25	Megan Shandel – 21:24	If an individual is deemed eligible for specialty mental health services, the county behavioral health department and correctional facility are responsible for establishing post-release appointments for the individual. As ECM providers must provide systemic coordination of services across the physical and behavioral health delivery systems, it is expected that the pre-release care manager, and/or post-release ECM provider, work with the behavioral health providers, including specialty mental health services and DMC-DMC-ODS providers to ensure timely connection to care.
Slide 26	Megan Shandel – 22:02	20. "For individuals identified as needing non-specialty mental health services, is the MCP responsible for facilitating in-reach clinical consultations with clinical providers prior to release? What requirements for BH Links must the MCP meet for individuals in need of non-specialty mental health services?" The pre-release care manager and the correctional facility must support and facilitate clinical consultations, as needed, for individuals who qualify for non-specialty mental health services. Roles and responsibilities for the behavioral health warm linkages are outlined in Table 17 of the JI Policy and Operational Guide. In general, for those who have non-specialty mental health service needs, a handoff to the ECM provider is considered adequate for behavioral health link.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 27	Megan Shandel – 22:53	Last one, I believe. "For which individuals will a post-release ECM provider participate in a warm handoff as part of Behavioral Health Links?" The pre-release care manager, or post-release ECM provider, is expected to receive behavioral health links for individuals who have mental health and/or substance use needs and do not qualify for county-based services. For individuals who qualify for county-based services, the behavioral health link should occur between the correctional facility professional and county-based professional who will continue to provide services in the community. The post-release ECM provider is expected to participate in warm handoffs on an as-needed basis. The ECM provider will be expected to coordinate care across delivery systems, as with all other ECM populations of focus.
Slide 29	Sydney Armendariz – 23:45	Now, like I mentioned in the beginning of our presentation, we'll continue to offer TA to managed care plans, and their implementing partners over the coming months, to support JI ECM Provider Network Development, and to prepare for pre-release services go-live. A few upcoming milestones that I'd like to highlight are the publication of the JICM standard terms and Conditions in the next coming weeks. Also, the publication of the Readiness Assessment template, that correctional facilities and county behavioral health agencies must complete, in order to receive approval to go-live with pre-release services and behavioral health links. Then we also have plans for All-Comer Webinars focused on JI throughout this year, and so we'll share more details to follow. Next slide, please.
Slide 30	Sydney Armendariz – 24:44	Again, thank you so much for your time, and for sharing your questions and your feedback. We really do appreciate it, and we have some contact information on this slide. Again, please feel free to visit our website. Our policy guide is on this website as well. Then, please, send any questions, feedback, or comments, or anything like that, to <a href="mailto:calaimjusticeadvisorygroup@dhcs.ca.gov">calaimjusticeadvisorygroup@dhcs.ca.gov</a> . That email address is listed on this slide as well. Thank you so much, everyone, and enjoy the rest of your day.