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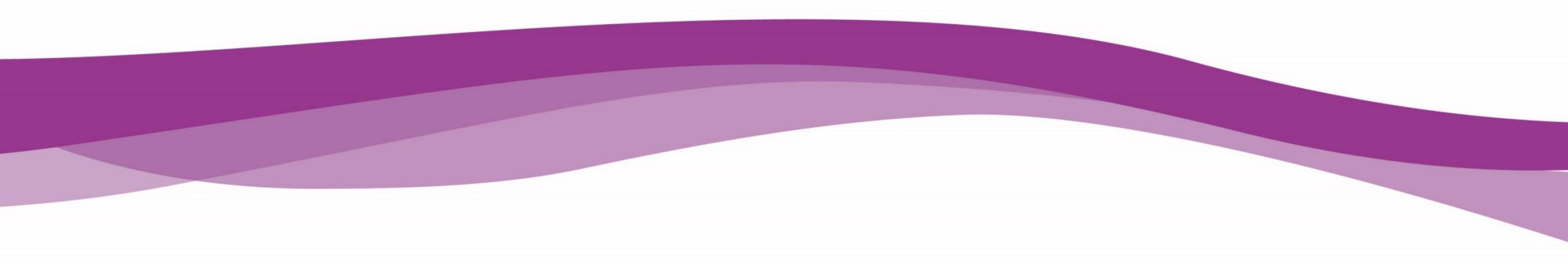
November Advisory Group Meeting

Tuesday, November 23, 9 – 11 am PT

DHCS
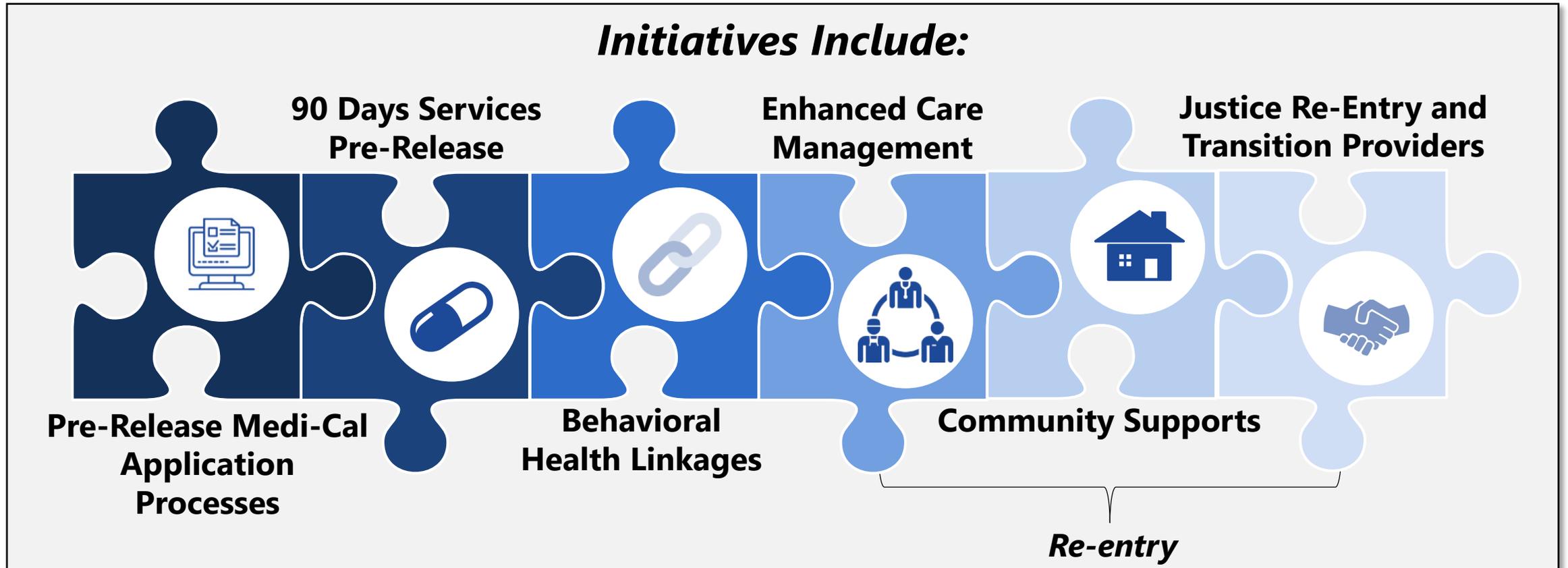
November 2021

Agenda

» **Welcome & Level Setting** *(5 minutes)*

» **Context Setting** *(5 minutes)*

» **Domain: 1.1 Medi-Cal Application/ Enrollment/ Suspension**

» *(15 minutes)*
  » High-level Discussion on Current State, Best Practices, and Future State Ideal Process Flow
  » Discussion on Operational Planning

» **Spotlight on California Department of Corrections and Rehabilitation (CDCR) and Los Angeles County** *(20 minutes)*

» **Discussion** *(20 minutes)*

» **Domain: 2.1: Screening for Pre-Release Services** *(25 minutes)*
  » Review Criteria for Accessing In-Reach Services
  » Review Proposed Definitions

» **Discussion** *(20 minutes)*

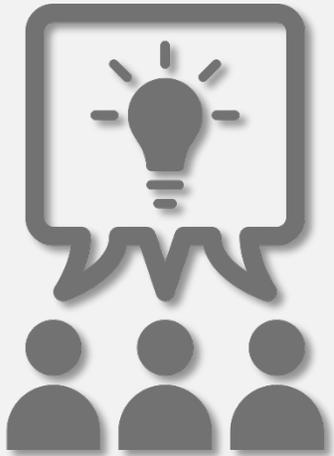» **Confirm Next Steps** *(5 minutes)*

Welcome & Level Setting

Reminder: CalAIM Initiatives to Support Justice-Involved Populations

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

Initiatives Include:

90 Days Services Pre-Release

Enhanced Care Management

Justice Re-Entry and Transition Providers

Pre-Release Medi-Cal Application Processes

Behavioral Health Linkages

Community Supports

Re-entry

Advisory Group Key to Justice-Involved Initiatives Design

Overarching Objective

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

Workgroup Logistics

- **When:** October 2021 – July 2023 *(slides from the October meeting can be found [here])*
- **Where:** Sacramento (in-person) or virtually
- **Who:** 40 – 50 Advisory Group members

Sub-Workgroups

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

Current sub-workgroups include:

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

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

CalAIM Justice-Involved Advisory Workgroup Charter

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

Objectives	**The Advisory Workgroup will:** ✓ Offer regular input on key policy and implementation issues to support the launch and ongoing success of CalAIM ✓ Review and provide feedback on select decisions and documents before broad distribution ✓ Evaluate select high-priority issues spanning all CalAIM initiatives
Expectations	**Advisory Workgroup members have been selected for their expertise, and will be expected to:** ✓ Consistently attend and actively participate in meetings ✓ Review materials in advance of each meeting and provide input when requested ✓ Keep statements respectful, constructive, relevant to the agenda topic, and brief ✓ Be solutions-oriented, offering alternatives or suggested revisions where possible ✓ Represent their cross-sector perspective, but not advocate on behalf of their sector
Meeting Preparation	**DHCS will help Advisory Workgroup members prepare for meetings by:** ✓ Circulating agendas, minutes and pre-decisional materials for review in advance of meetings ✓ Conducting outreach to Advisory Workgroup before/after meetings to solicit additional input ✓ Post materials on the CalAIM Justice-Involved Advisory Group webpage after meetings *Note:* Members are invited to take materials back to their organizations, but are asked to refrain from wider dissemination of material beyond your immediate organizations prior to finalization by DHCS

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

Housekeeping Guidelines

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

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

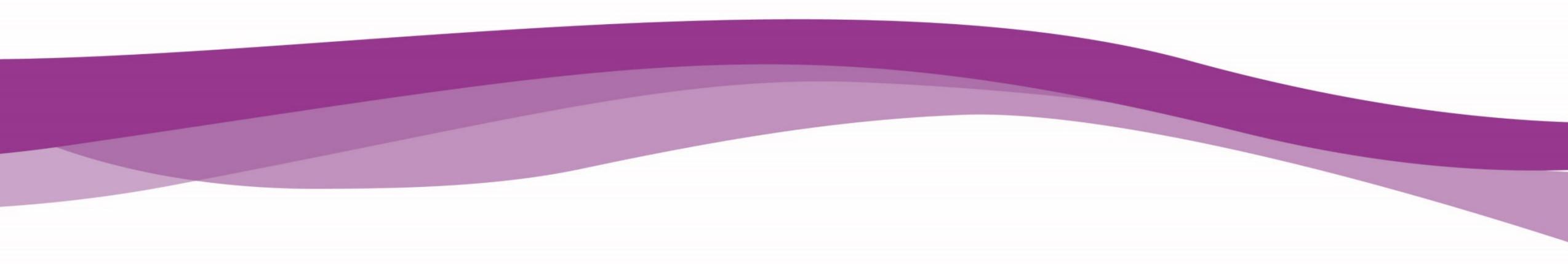All participants will be muted throughout the course of the presentation

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

Members of the public should email questions and comments to CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

Context Setting

Policy Context Guiding Today's Discussion

Policy Context

- DHCS is seeking federal approval through an 1115 waiver to provide Medi-Cal services to eligible individuals who are incarcerated during the 90 days prior to their release.
- California statute mandates counties implement a pre-release Medi-Cal application process and facilitate continued behavioral health care for jail and juvenile inmates by January 1, 2023.

In order to effectuate 90-Days Pre-Release Services, individuals must be enrolled in Medi-Cal and screened for meeting criteria for pre-release services.

For Discussion Today:

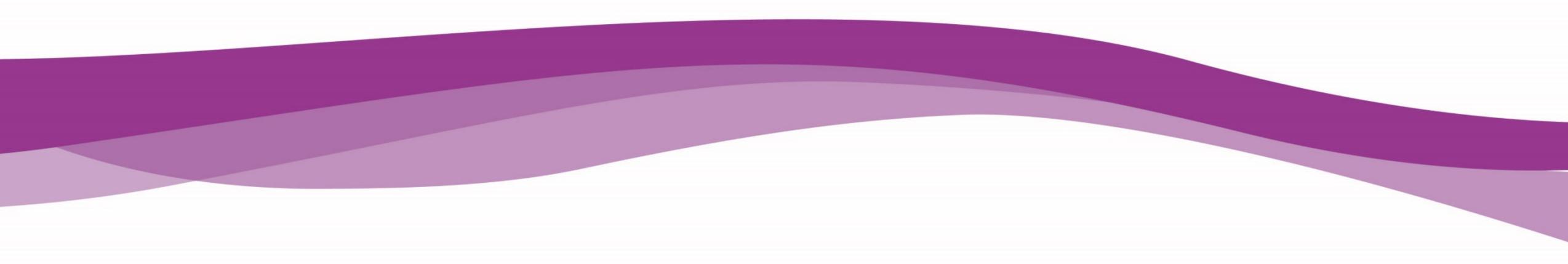| Part 1: Medi-Cal Enrollment	Part 2: Screening for Pre-Release Services
▪ **Counties must establish standard pre-release application process in order to ensure eligible individuals can access the pre-release services** • County jails and youth correctional facilities are in various stages of planning and implementation of pre-release Medi-Cal application processes • DHCS created a best practices issue brief that counties may leverage to design a pre-release Medi-Cal application process that suits their needs	▪ **Correctional facilities will determine if Medi-Cal eligible individuals meet criteria to receive select Medi-Cal services in the 90 days prior to release** • The determination for meeting criteria for pre-release services must occur in a timely manner to ensure that benefits can be accessed prior to release • A best practice for screening takes place during intake or as soon as possible after intake • Criteria for accessing in-reach services will need to be clearly defined

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

CMS Update

» Negotiations on the state's 1115 waiver with the Centers for Medicare and Medicaid (CMS) on the request to provide targeted services in the 90 days prior to release are ongoing.

» DHCS will provide an update on the status of negotiations as information becomes available to share.

» **All pre-release service parameters discussed today are subject to change.**

All design is tentative and subject to CMS approval.

Domain 1.1: Medi-Cal Enrollment/Suspension

Pre-Release Medi-Cal Application Processes

California statute mandates all counties implement pre-release application processes in county jails and youth correctional facilities by January 1, 2023. Establishing pre-release Medi-Cal application processes is part of the State's vision to enhance the Medi-Cal health care delivery system for justice-involved populations.

Rationale

» Pre-release application process will help to ensure Medi-Cal coverage upon re-entry into the community in order to facilitate access to needed Medi-Cal covered services and care

Sources: AB-133 Health; Chapter 143; AB-720 Inmates: Health Care Enrollment; ACWDLS 14-26; ACWDLS 14-26E; CalAIM Proposal

Domain 1.1: Medi-Cal Enrollment/Suspension

Policy

Upon incarceration, all individuals will be: (1) screened for and (if eligible but not enrolled) enrolled in Medi-Cal, and (2) have their coverage suspended, to the extent appropriate.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

➤ What are the best practices and model processes for implementation within jails and youth correctional facilities and coordinating with county social services offices related to: (1) identifying uninsured who are potentially eligible; (2) assisting with the completion of a Medi-Cal application, (3) submitting an application to county social services department; and (4) establishing partnerships for implementation.

Operational Requirements

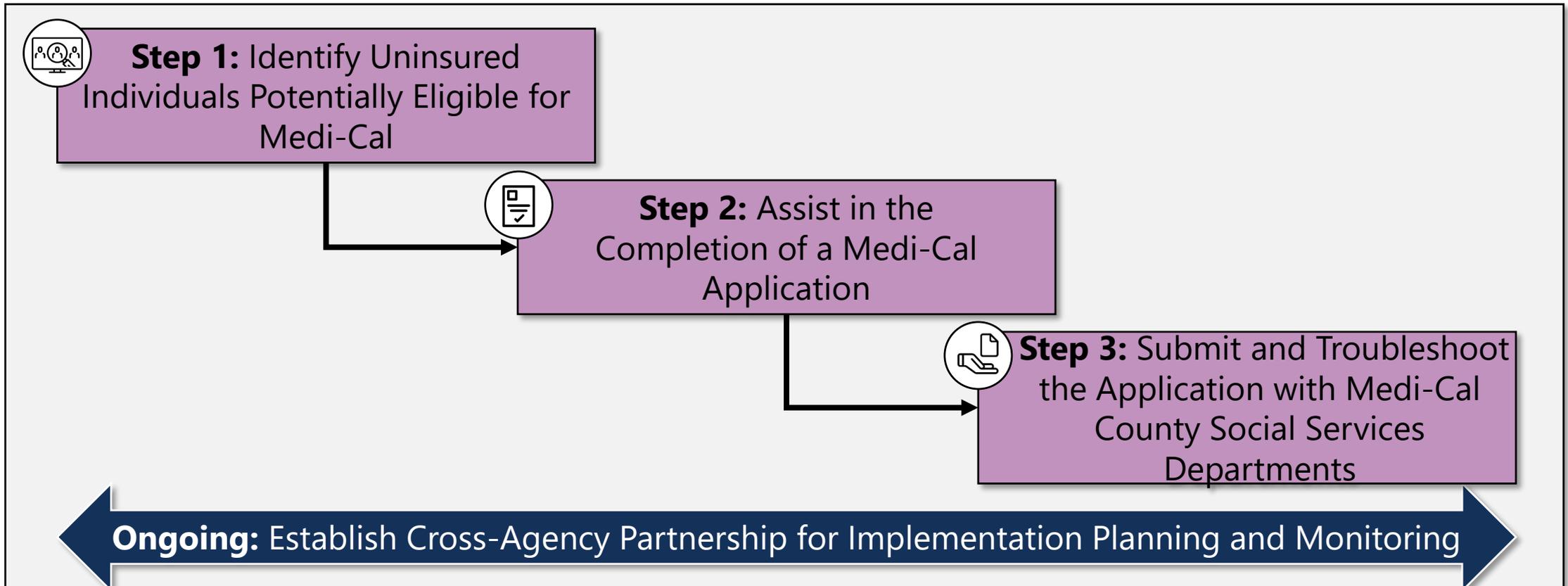| IT Systems & Data Requirements for:	Financial Requirements:	Legal Authorities:
❑ Recording, updating, and storing data ❑ Exchanging data between correctional facilities and social services offices	❑ PATH funding program to support jails and youth correctional facility capacity building and initial implementation	Federal: ❑ PATH STCs

DHCS Design Requirements To Be Developed

✓ Decisions memo on design requirements
✓ Model process flow and requirements for Medi-Cal eligibility screening/suspension/ unsuspension

✓ Standard processes and IT system requirements
✓ Best practices for Medi-Cal enrollment/suspension and coordination with county social services offices (e.g., issue brief and side deck materials)

Pre-Release Medi-Cal Enrollment Process

Over the past year, DHCS conducted two surveys across all counties and interviewed targeted best practice counties that have implemented pre-release services in order to identify the following key steps to successfully implement pre-release Medi-Cal application processes.

Step 1: Identify Uninsured Individuals Potentially Eligible for Medi-Cal

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

Step 3: Submit and Troubleshoot the Application with Medi-Cal County Social Services Departments

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

There is no "one-size-fits-all" approach for pre-release Medi-Cal enrollment. DHCS intends to share best practices on implementing pre-release Medi-Cal applications through this Sub Workgroup to foster peer-to-peer learning and support implementation.

Best Practices: Pre-Release Medi-Cal Enrollment (Steps 1 & 2)

DHCS is facilitating a Medi-Cal Pre-Release Sub Workgroup to share these best practices and support planning and implementation in the counties with county jails and youth correctional facilities that do not yet have processes in place.

Step 1: Identify Uninsured Individuals Potentially Eligible for Medi-Cal

- Identify uninsured, potentially Medi-Cal eligible individuals at intake
- Allow authorized representative to provide signature to complete the application

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

- Train Medi-Cal application assisters on eligibility and enrollment rules
- Provide security clearance and safety assurance to support entities that don't have experience working in correctional settings
- Identify private space, to the extent possible, for eligibility interviews

Best Practices: Pre-Release Medi-Cal Enrollment (Step 3)

Step 3: Submit and Troubleshoot the Application with Medi-Cal County Social Services Departments
- Complete Medi-Cal application as part of intake process,* if county is unable to submit as part of intake the application will need to be submitted in a timely manner to ensure that benefits can be access prior to release   - Submit Medi-Cal application by mail or online   - Include a coversheet with necessary information to process the application   - Ensure application assister has resources to help troubleshoot   - Mail permanent benefits identification card (BIC) to jail when possible. If this is not possible, county should provide a temporary BIC and mail the permanent BIC to individual's post-release address or allow for pick up

*Medi-Cal coverage suspension may be required.

Key Takeaways: Pre-Release Application Sub-Workgroup Meeting

DHCS held its first Pre-Release Application Sub-Workgroup Meeting on November 16, 2021 which was attended by representatives from all 58 counties, California Department of Corrections (CDCR), and other stakeholders.

Topics Covered

» Charge of Pre-Release Application Sub-Workgroup

» Overview of CalAIM Justice-Involved Initiatives

» Review of the Medi-Cal Pre-Release Application Process Best Practices

The Pre-Release Application Sub-Workgroup will meet again on December 16th from 1:00 – 3:00 pm PST. The meeting will focus on best practices for pre-release Medi-Cal enrollment in county jails and youth correctional facilities.

Please email CalAIMJusticeAdvisoryGroup@dhcs.ca.gov if you would like to be included in upcoming sub-workgroup meetings.

Operational Planning Questions to Be Addressed in Med-Cal Application Processes Sub Workgroup

» What are the best practice strategies for implementing pre-release Medi-Cal application processes?

» What are the barriers (e.g., security clearance, IT/internet infrastructure, etc.) that could get in the way of implementing a pre-release application process in jails and youth correctional facilities and what are the mitigation strategies that successful counties have implemented?

» What are best practices for motivating this population to enroll in Medi-Cal, and how can these best practices be applied to the implementation of the pre-release enrollment mandate to ensure effectiveness?

» Who will be the key players at jails/youth correctional facilities that will need to be involved in the planning and implementation of this process?

Spotlight on California Department of Corrections and Rehabilitation (CDCR) and Los Angeles County

Speaker Spotlights

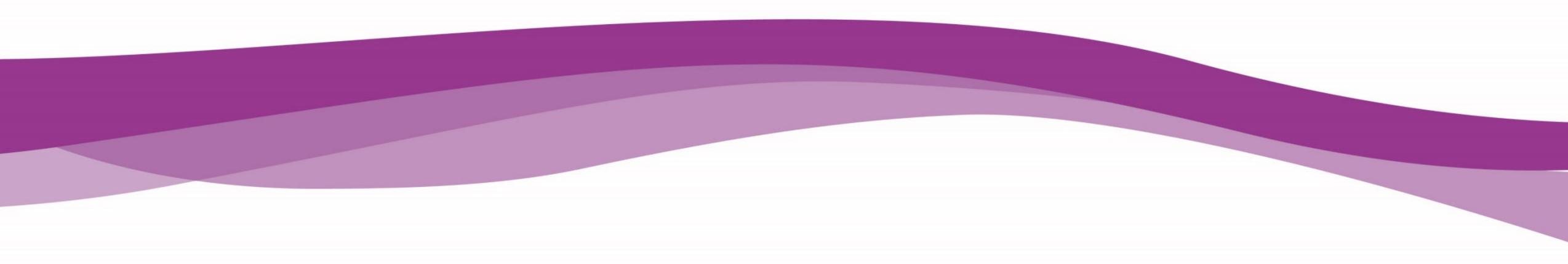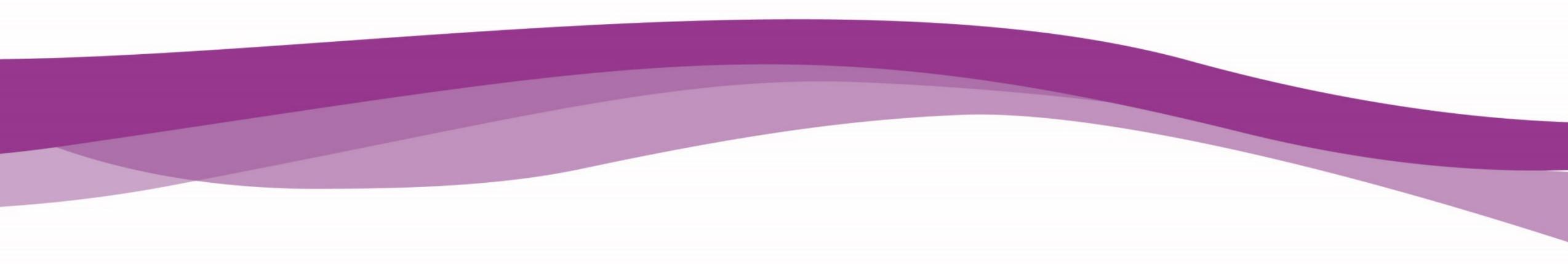| CDCR	Los Angeles County
Robert Storms *TCMP Program Chief Deputy Administrator* **Vicki Duenas** *State Pre-Release Program* **Amber Kelley** *ISUDT Enhanced Pre-Release and Transition Services* **Barbara Barney-Knox** *CDCR Nursing Services Branch*	**Sherri Cheatham** *Chief, Medi-Cal & In-Home Supportive Services Program Division* *LA County Department of Public Social Services*

Discussion

Domain 2.1 Screening for Pre-Release Services

Pre-Release Services: Target Populations

Select Medi-Cal-eligible individuals will be able to receive Medi-Cal coverage and pre-release services 90 days prior to from county jails, state prisons, and youth correctional facilities.

Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

✓ Be part of a **Medicaid Eligibility Group**, <u>and</u>

✓ Meet **one** of the following health care need criteria:
  – Chronic Mental Illness / Mental Illness Diagnosis
  – Substance use disorder (SUD)
  – Chronic Disease (e.g., hepatitis C, diabetes)
  – Intellectual or developmental disability
  – Traumatic brain injury
  – HIV
  – Pregnancy and postpartum

Note: All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need

Medi-Cal Eligible Individuals

- Adults
- Parents
- Youth under 19
- Pregnant people
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

Reminder: Pre-Release Covered Services *(to be covered in-depth during our next meeting)*

Covered Services

- In-reach intensive care management/care coordination
- In-reach physical and behavioral health clinical consultation services provided via telehealth or in-person, as needed, including via community-based providers
- Limited laboratory/X-rays
- Psychotropic medications
- Medications for addiction treatment (MAT)
- Services provided within jail/prison for post-release:
  - 30 days of medications, including up to 30 days of MAT (depending on timing of follow-up visit), for use post-release into the community* and/or
  - Durable medical equipment (DME) for use post-release into the community

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

Note: Covered services will be provided in compliance with any COVID protocols that are in place.

Domain 2.1: Screening for Pre-Release Services

Policy

Incarcerated individuals will be screened for meeting criteria for the 90-day pre-release services.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

➢ Establish DHCS implementation principles
➢ Determine criteria for whether individuals may receive pre-release services
➢ Develop consent policy for adult population and minors (if needed)
➢ Develop policy for providing limited benefit package during pre-release period
➢ Identify whether notice and appeals requirements apply

Operational Requirements

IT Systems & Data Requirements:

❑ Screening tool/data repository for eligibility data
❑ Electronic referral system
❑ Pre-release service eligibility data exchange
❑ Aid codes for individuals eligible for pre-release services

Financial Requirements:

❑ PATH funding program to support jail, youth correction, state prison capacity building and initial implementation

Legal Authorities:
Federal:

❑ STCs on PATH funding and eligibility, 1115 waiver operational protocol

DHCS Design Requirements To Be Developed

✓ Decisions memo on design requirements including: process flows, eligibility standards, eligibility screening tool, staffing requirements, subcontractor contractual standards, training standards, and facility/space/security requirements

✓ Standard processes and IT system requirements

Working Definitions: Chronic Mental Illness / Mental Health Diagnosis

Criteria	Proposed Definition

Chronic Mental Illness / Mental Health Diagnosis	A person with a "Chronic Mental Illness" or "Mental Health Diagnosis" is a person **who is currently receiving mental health services or medications**, OR meets both of the following criteria:
	
	1. The beneficiary has one or both of the following:
	    a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities. AND/OR
	    b. A reasonable probability of significant deterioration in an important area of life functioning.
	    AND
	2. The beneficiary's condition as described in paragraph (1) is due to either of the following:
	    a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems,
	    OR
	    b. A suspected mental disorder that has not yet been diagnosed.

Does this align with current screening criteria done in facilities? In WPC pilots?

Any feedback on this definition?

Specialty mental health definition leverages DHCS Behavioral Health Information Notice

Working Definitions: SUD

Criteria	Proposed Definition
Substance Use Disorder	A person with a "Substance Use Disorder" shall have either: 1. Met SUD criteria, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems. 2. A suspected SUD diagnoses that is currently being assessed through either NIDA modified assist or ASAM criteria.

Does this align with current screening criteria done in facilities? In WPC pilots?

Any feedback on this definition?

SUD definition leverages CDCR ISUDT process for identifying SUD

Working Definitions: Chronic Disease

Criteria	Proposed Definition
Chronic Disease	A person with a "Chronic Disease" can include, but not be limited to, one of the following diagnoses: • Chronic obstructive pulmonary disease • Arrythmia • Diabetes • Chronic or congestive heart failure • Coronary artery disease • Chronic liver disease • Chronic renal (kidney) disease • Dementia • Cancer • Respiratory conditions, such as severe bronchitis • Hepatitis B or C • HIV/AIDS

Does this align with current screening criteria done in facilities? In WPC pilots?

Any feedback on this definition?

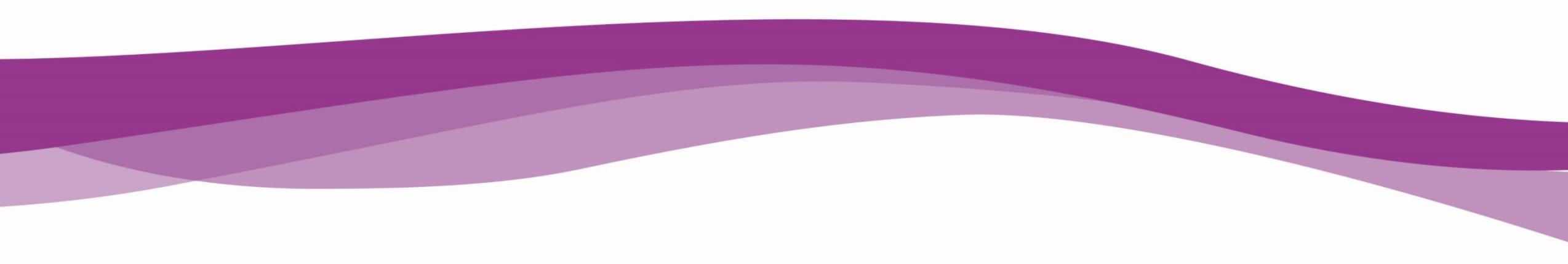*Definition leverages Health Home definition of chronic disease and common diagnoses of incarcerated individuals*

Working Definitions: IDD, TBI, HIV, Pregnancy

Criteria	Proposed Definition
Intellectual or Developmental Disability	A person with an "Intellectual or Developmental Disability" shall have a disability that begins before the individual's 18th birthday that is expected to continue indefinitely and present a substantial disability. Qualifying conditions include intellectual disability, cerebral palsy, epilepsy, autism, Down syndrome and other disabling conditions as defined in *Section 4512* of the *California Welfare and Institutions Code*.
Traumatic Brain Injury	A person with a "Traumatic Brain Injury" shall have one of the following: • A fracture of the skull • Multiple fractures involving the skull or face • Concussion • Cerebral laceration and contusions • Subarachnoid, subdural, and extradural hemorrhage after injury • Other/unspecified intracranial hemorrhage after injury • Intracranial injury of other unspecified nature with open intracranial wound • Injury to optic chiasm, pathways, and visual cortex • Head injury
HIV/ AIDS	A person with "HIV" shall have tested positive for either human immunodeficiency virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) at any point in their life
Pregnant or postpartum	Pregnancy or post-partum: A person who is "Pregnant or Post-Partum" shall be either currently pregnant or within 12 months post-partum.

Discussion Questions

» What are the best practice strategies for linking enrollment/suspension in Medi-Cal and screening for behavioral health and chronic conditions?

» What should DHCS be mindful of as it develops its standardized screening tool ~~and~~ for identifying individuals eligible for services?

» Are the standardized mental health screening and transition tools (under development per CalAIM) appropriate for use in prisons and jails?

» What are the recommended clinical credential for the people giving the screening?

» What consents are currently needed for delivering services in the period prior to release? For adults? For youth?

» What strategies have worked with conducting screenings upon intake for individuals with jails who experience extremely short stays?

» What are the potential challenges to implementing pre-release Medi-Cal applications and ~~eligibility~~ service screenings upon intake and what are the mitigation strategies?

Next Steps

Next Meeting: We Will Review the Proposed Covered Services

Covered Services

- In-reach intensive care management/care coordination
- In-reach physical and behavioral health clinical consultation services provided via telehealth or in-person, as needed, including via community-based providers
- Limited laboratory/X-rays
- Psychotropic medications
- Medications for addiction treatment (MAT)
- Services provided within jail/prison for post-release:
  - 30 days of medications, including up to 30 days of MAT (depending on timing of follow-up visit), for use post-release into the community* and/or
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*Note: *Because medications used for addiction include those that create high risk of overdose or diversion, the quantity of these medications depends on the timing of the arranged follow-up visit, the particular risk for the patient and the clinical judgment of the prescriber.*

Note: Covered services will be provided in compliance with any COVID protocols that are in place.

Next Steps and Looking Ahead

» Advisory Group Members to share pressing issues, feedback and comments

» Upcoming Meetings:

- *Scheduling in Progress due to Holidays, looking to first week of January*:
  - Domain 2.2 Pre-Release Services Delivery Model
  - Domain 2.3 Provider Network
- January 27:
  - 2.5 Re-Entry Planning
- February 24:
  - Domain 2.4 Prescription Drug Coverage

Thank you

Please send questions and comments to

CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

Appendix

Key Planning Domains and Program Design Requirements for Justice-Involved Initiative

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

Domain 1: Medi-Cal Pre-Release Application Process

1.1 Medi-Cal Application/ Enrollment/ Suspension

Domain 2: 90-Day Services Pre-Release and Re-Entry

| 2.1 Screening for Enrollment in Pre-Release Services | 2.2 Pre-Release Services Delivery Model | 2.3 Provider Network and Payment | 2.4 Prescription Drug Coverage | 2.5 Re-Entry Planning |

Domain 3: Governance, Oversight and Management

3.1 Governance Oversight and Monitoring → **3.2 1115 Waiver Evaluation Oversight**

DHCS will engage stakeholders throughout the policy design process across domains – including design of re-entry planning policies.