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

Defining Pre-Release Services Offered During 90 Days Prior to Release

January Advisory Group Meeting

Friday, January 7, 12 – 2 pm PT

DHCS

January 2022

Housekeeping Guidelines

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

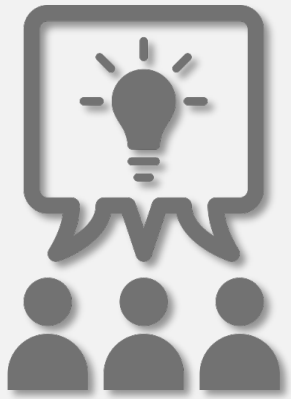
Chat function will be disabled for all public participants; Advisory Group members are asked to only use chat functions to request technical support

All participants will be muted throughout the course of the presentation

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

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

Advisory Group Key to Justice-Involved Initiatives Design



Overarching Objective

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

Workgroup Logistics

- **When:** October 2021 – July 2023 *(slides from October and November meetings)*
- **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 Reentry Workgroup

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

Agenda

- **Context Setting (10 minutes)**
  - Update on CMS Negotiations
  - Overview of Process for Delivering Pre-Release Services
  - Rationale for Provision of Services in the 90 Days Prior to Release
- **Domain 2.1: Screening for Access to Pre-Release Services (55 minutes)**
  - Walk Through Updated Access Criteria Definitions Based on Advisory Group Feedback
  - Proposed Operational Approach for Screening for Access to Covered Services
  - Discussion Questions: Screening for Access to Pre-Release Services
- **Domain 2.2: Pre-Release Services (40 minutes)**
  - Walk Through Proposed Definitions of Pre-Release Services
- **Advisory Group Members' Questions & Comments (10 minutes)**
- **Next Steps (5 minutes)**

Context Setting

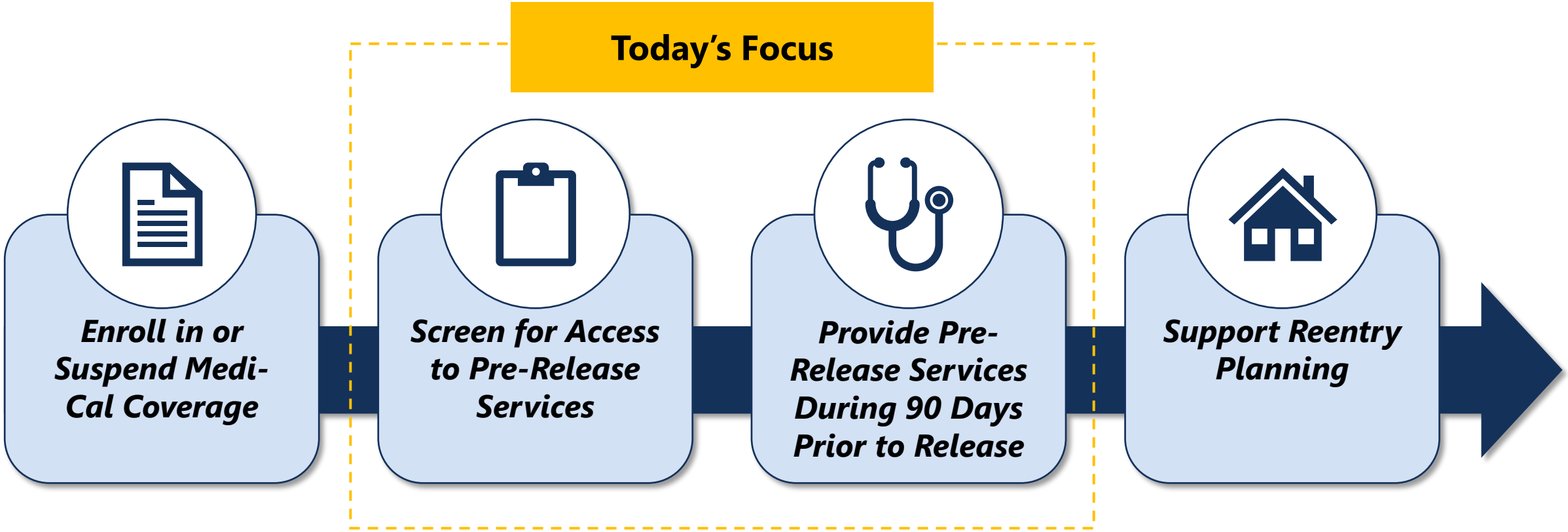
DHCS Continues to Negotiate with CMS on a 1115 Waiver to Provide Services in the 90 Days Prior to Release

CMS Update

- The Centers for Medicare and Medicaid (CMS) approved California's 1115 Demonstration request on December 29, 2021.
- Negotiations between the State and CMS on the request to provide targeted services in the 90 days prior to release are ongoing and are expected to continue through the first quarter of 2022.
- CMS continues to send encouraging signals to DHCS that it is open to approving what may be the "first in nation" demonstration to provide pre-release services.
- 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.**

Source: 11-W-00193/9, "California CalAIM Demonstration", December 29, 2021, available at: https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1115-Waiver-Approval-Letter-STCs-12-29-21.pdf

Overview of Process for Delivering Pre-Release Services



Rationale for Provision of Services in the 90 Days Prior to Release

The intent of the 90-day pre-release window is to give DHCS and corrections facilities enough time to enroll individuals in Medi-Cal, screen for access criteria for the pre-release services, assign a care manager, meaningfully engage with the individual, and set up 30-day prescriptions and DME for release.

Building Trusted Relationships

The 90-day period allows a care manager to visit multiple times with the individual while they are incarcerated.

This ensures enough time to:

- Develop a transition plan
- Coordinate care
- Support stabilization upon re-entry
- Build familiarity and trust in a way that ensures continuity once an individual reenters the community

Pre-Release Management and Stabilization

The 90-day period allows for:

- Better management of ambulatory care sensitive conditions (e.g., diabetes, heart failure, and hypertension) which could reduce post-release acute care utilization
- Stabilization of treatment regimens (e.g., injectable long-acting anti-psychotics and medications for addiction treatment) that could reduce decompensation and overdoses post-release

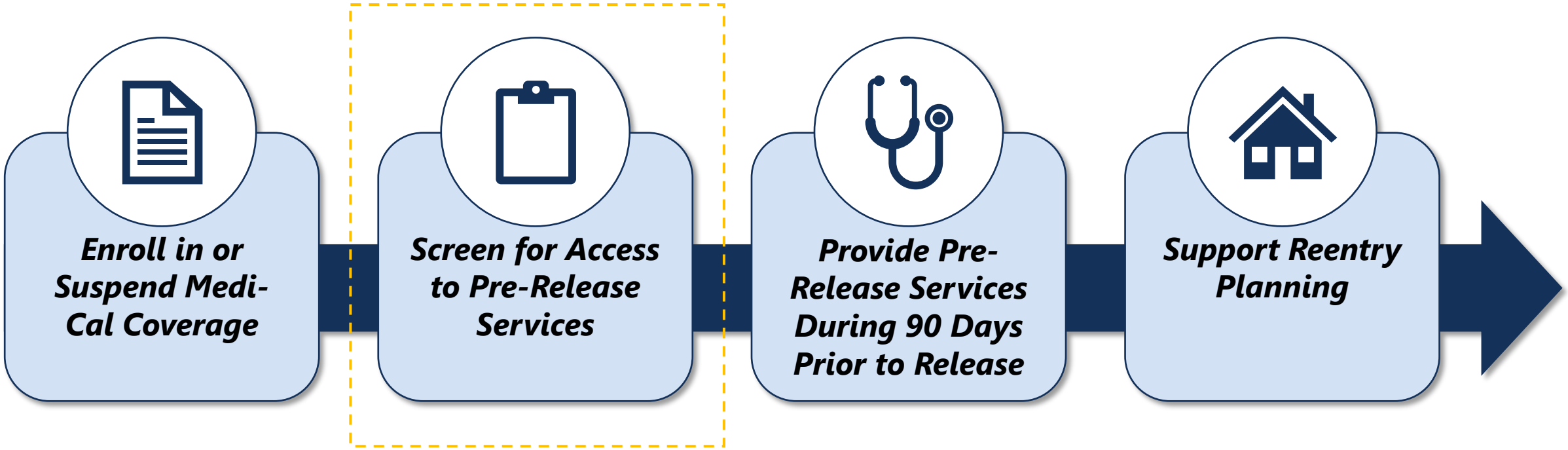
Connecting to Services Post-Release

The 90-day period allows for:

- Sufficient time to coordinate seamless hand-offs to community-based physical and behavioral health treatment, and supportive social services upon re-entry.
- Adequate time for the coordination and provision of durable medical equipment (oxygen, wheelchairs, wound care supplies) for post-release
- Adequate time for data sharing with managed care plans to enable seamless hand-offs

Domain 2.1: Screening for Access to Pre-Release Services

Overview of Process for Delivering Pre-Release Services



Reminder: Pre-Release Services-Target Populations

Medi-Cal-eligible individuals will be able to receive targeted Medi-Cal pre-release services 90 days prior to release 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 or CHIP Eligibility Group**, and
- ✓ Meet **one** of the following health care need criteria:
  - Mental Illness
  - Substance Use Disorder (SUD)
  - Chronic Condition/Significant Clinical Condition
  - Intellectual or Developmental Disability (I/DD)
  - Traumatic Brain Injury
  - HIV/AIDS
  - Pregnant or 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:

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

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum

Mental Illness and Substance Use Disorder

Criteria	Updated Definition
Mental Illness	**Mental Illness:** A person with a "Mental Illness" is a person who is currently receiving mental health services or medications **OR** meets both of the following criteria: i. The beneficiary has one or both of the following: 1. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities. **AND/OR** 2. A reasonable probability of significant deterioration in an important area of life functioning. **AND** ii. The beneficiary's condition as described in paragraph (i) is due to either of the following: 1. 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** 2. A suspected mental disorder that has not yet been diagnosed.
Substance Use Disorder	**SUD:** A person with a "Substance Use Disorder" shall either: i. Meet 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. ii. Have a suspected SUD diagnosis that is currently being assessed through either NIDA-modified ASSIST or ASAM criteria.

UPDATED: Chronic/Significant Clinical Condition *(1 of 2)*

Criteria	Proposed Definition ***(Updated based on Advisory Group feedback)***
Chronic Condition / Significant Clinical Condition	A person with a "Chronic Condition" or a "Significant Clinical Condition" shall have ongoing and frequent medical needs that can include, but are not limited to, one of the following diagnoses: ▪ Active asthma, on medication ▪ Active cancer, receiving treatment or treatment indicated ▪ Active COVID-19 or Long COVID-19, receiving treatment or treatment indicated ▪ Active hepatitis A, B, C, D, or E ▪ Advanced liver disease ▪ Advanced renal (kidney) disease ▪ Alzheimer's disease/ dementia ▪ Arthritis that impacts the function of activities of daily living ▪ Autoimmune disease ▪ Chronic musculoskeletal disorders that impact functionality of activities of daily living, receiving treatment or treatment indicated ▪ Chronic neurological disorder, receiving treatment or treatment indicated ▪ Congestive heart failure ▪ Connective tissue disease, receiving treatment or treatment indicated ▪ COPD ▪ Coronary artery disease ▪ Currently prescribed opiates or benzodiazepines ▪ Currently undergoing a course of treatment for any other diagnosis that will require medication management of three or more medications or one complex medication therapy after reentry ▪ Cystic fibrosis and other metabolic development disorders ▪ Epilepsy or seizures, receiving treatment or treatment indicated ▪ Foot, hand, arm, or leg amputee ▪ Glaucoma ▪ Hip/Pelvic fracture [...]

UPDATED: Chronic/Significant Clinical Condition *(2 of 2)*

Criteria	Proposed Definition ***(Updated based on Advisory Group feedback)***	
Chronic Condition / Significant Clinical Condition	▪ HIV/AIDS ▪ Hyperlipidemia, receiving treatment or treatment indicated ▪ Hypertension, receiving treatment or treatment indicated ▪ Incontinence, receiving treatment or treatment indicated ▪ Migraine or chronic headache ▪ Moderate to severe atrial fibrillation/arrhythmia, receiving treatment or treatment indicated ▪ Multiple sclerosis and traverse myelitis ▪ Muscular dystrophy ▪ Obesity, receiving treatment or treatment indicated ▪ Peripheral vascular disease ▪ Pressure or chronic ulcers ▪ Previous stroke or transient ischemic attack (TIA)	▪ Respiratory conditions, such as severe bronchitis, receiving treatment or treatment indicated ▪ Severe viral or bacterial infections, receiving treatment or treatment indicated ▪ Sickle cell disease or other hematological disorders requiring treatment ▪ Significant hearing or visual impairment ▪ Spina Bifida or other congenital anomalies of the nervous system ▪ Spinal cord injury ▪ Tuberculosis, receiving treatment or treatment indicated ▪ Type 1 or 2 diabetes, receiving treatment ▪ Valley fever (coccidioidomycosis), receiving treatment or treatment indicated

I/DD, 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 and that is expected to continue indefinitely and present a substantial disability. Qualifying conditions include intellectual disability, cerebral palsy, 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", or other condition, where the condition has caused significant cognitive, behavioral, and/or functional impairment.
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	Pregnant or Postpartum: A person who is "Pregnant or Postpartum" shall be either currently pregnant or within 12 months post-partum.

Proposed Operational Approach for Screening for Access to Covered Services

- **Leveraging the current definitions, working in partnership with the Advisory Group, DHCS will establish a standardized screening tool that will be used by correctional staff in prisons, jails, and youth correctional facilities to identify individuals who will have access to the services pre-release.**
- **Based on interviews with CDCR, county jails, and youth correctional facilities, screenings for behavioral and physical health care needs are currently conducted as part of the correctional facility intake process:**
  - For individuals with longer-term stays and set release dates (e.g., individuals in state prisons and AB 109 populations in county jails), screening for access to services could start as early as 120 days prior to release in order to enable 90 days pre-release services.
  - For individuals with shorter-term stays and unpredictable release dates (e.g., individuals in county jails prior to adjudication), screening for access to pre-release services should occur upon intake, or as close to intake as possible.

DHCS understands that setting up Medi-Cal enrollment and pre-release service screenings for individuals with short stays and/or unpredictable release dates will be challenging. If individuals are already enrolled in Medi-Cal and meet access criteria, at a minimum, they can receive a 30-day supply of medication upon release.

Discussion Questions: Screening for Access to Pre-Release Services

- What should DHCS be mindful of as it develops a standardized screening tool, especially in light of the long list of clinical conditions?
- What are the recommended clinical credentials for the people performing the screening?
- What consents are currently needed for screening for and delivery of services in the period prior to release? For adults? For youth?
- What processes do correctional facilities use now with respect to screening that can be leveraged?
- What other operational issues need to be addressed with setting up a standardized screening process?
- What strategies have worked with conducting screenings upon/after intake for individuals in jails who experience extremely short stays?
- How can facilities leverage information already collected as part of regular correctional processes (e.g., information in electronic medical records)?
- How can facilities transfer screening information to external partners (e.g., managed care plans, community-based providers)?

Speaker Spotlight: CDCR to discuss current screening approach

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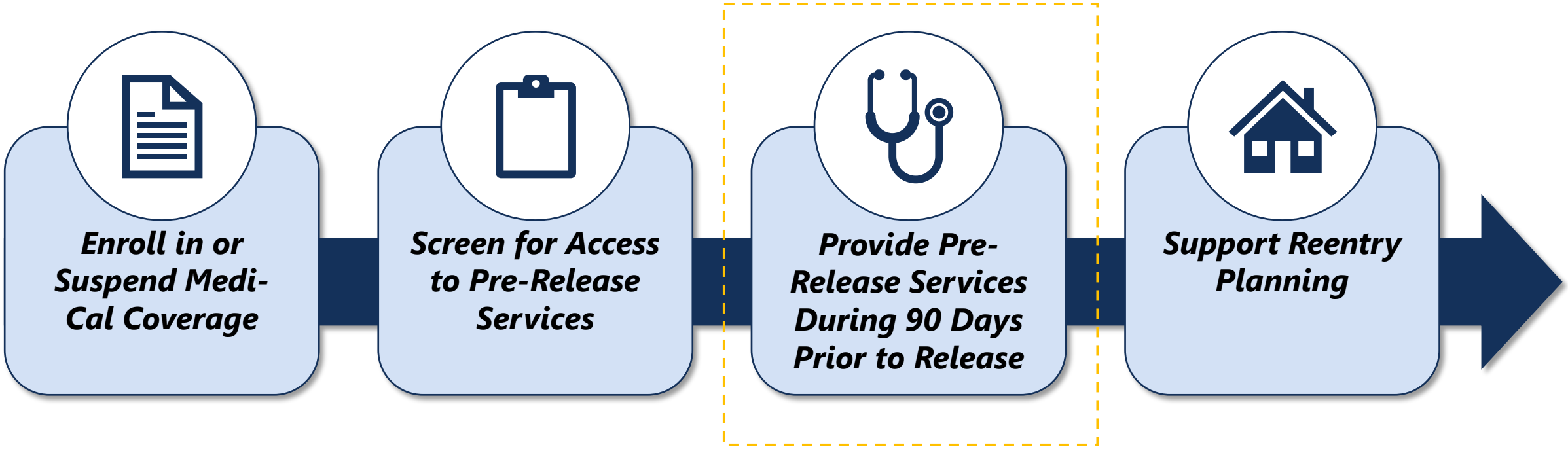
Group Discussion

Domain 2.2: Pre-Release Services

Overview of Process for Delivering Pre-Release Services



Overview: Pre-Release 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
  - Durable medical equipment (DME) for use post-release into the community

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

Covered services will be delivered and paid for through fee-for-service during the pre-release period.

Care Management

Proposed Approach

In collaboration with the correctional facilities, the objective of providing care management in the pre-release period will be to **facilitate re-entry planning** into the community in order to (1) support the coordination of services, including physical health, behavioral health care, dental care, and primary care; and (2) ensure smooth linkages to social services and supports. Care management components in the pre-release period may include, but are not be limited to:

- Conducting a health risk assessment, as necessary
- Developing a discharge/re-entry care plan, with input from the correctional facility
- Providing warm linkages with designated care managers and ECM providers of managed care plans, which includes sharing discharge/reentry care plans with managed care plans upon re-entry
- Coordinating with specialty county behavioral health coordinators
- Making referrals and linkages to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, transportation, childcare, child development, and mutual aid support groups
- Ensuring data are shared with managed care plans to enable seamless hand-offs
- Ensuring there is meaningful follow-up upon re-entry into the community to ensure connection to physical, behavioral, and social services

Speaker Spotlight: Transitions Clinic Network and CDCR Probation to discuss current pre-release care management and re-entry planning work

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Group Discussion

Clinical Consultation *(1 of 2)*

Proposed Approach

The objective of providing **targeted physical and behavioral health clinical consultation services** via telehealth or in person, as needed, is to assist in:

- Addressing service gaps that may exist in correctional care facilities
- Diagnosing and stabilizing individuals while incarcerated
- Supporting re-entry into the community

- Behavioral health clinical consultation may include, but is not limited to, assessment, SUD care coordination (depending on county of residence and when not duplicative with in-reach care coordination), SMHS TCM (same caveat), patient education, targeted therapy/counseling, and Peer Support services (depending on county of residence).

Consulting Provider Role	Care Manager Role	Correctional Facility Role
▪ Assist with evaluation and diagnosis in order to support the provision of medication in the pre- and post-release periods. ▪ Inform the care manager's health risk assessment and discharge/re-entry plan, as needed. ▪ Support the development of the treatment plan for post-release. ▪ Prescribe medications.	▪ Play a "quarterback" role in identifying the need for clinical consultation and sharing clinical consultation information with the correctional facility.	▪ In coordination with the care manager, play a coordinating role in facilitating clinical consultation (e.g., setting up appointments, ensuring private consultation spaces, and enabling telehealth) ▪ Follow-up with clinical consultation recommendations.

Clinical Consultation *(2 of 2)*

Group Discussion:

- What are the operational considerations related to allowing the clinical consulting provider to prescribe medications and provide direct care?
- What best practices related to clinical consultation and/or behavioral health consultation in prisons and jails can be leveraged for large-scale implementation?
- What are the challenges for implementation and potential mitigation strategies?

Medication Assisted Treatment (MAT)

Proposed Approach

- **Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD)** includes all medications approved under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under Section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by Social Security Act Section 1905(a)(29)
- **Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Alcohol Use Disorders (AUD) and Non-Opioid Substance Use Disorders** includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs.
- **Psychosocial services delivered in conjunction with MAT** as covered in the California Medicaid State Plan 1905(a)(29) MAT benefit, including assessment; individual/group counseling; patient education; and prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT.

Group Discussion:

- MAT is currently being delivered in state prisons and jails in at least 30 counties.
- What are the challenges for implementation of MAT in the remaining jails and potential mitigation strategies?

Additional Covered Services

Pre-Release Services

- **A psychotropic medication** is any medication used to treat mental illness. The main drug classes are sedatives/hypnotics, antidepressants, antipsychotics, mood stabilizers, and psychostimulants.
- **Laboratory/X-rays** will be provided as indicated.

Services for Post-Release

- **30-Day Supply of Medication Services** includes prescription or administration of medication, including up to 30 days of MAT (depending on timing of follow-up visit), for use post-release into the community,* or the assessment of the side effects or results of the medication.
- **Durable Medical Equipment** for use post-release into the community will be provided as indicated and consistent with State Plan requirements.

**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.*

Group Discussion:

- What are the current state best practices that can be leveraged for large-scale implementation?
- What are the potential operational challenges and mitigation strategies for implementation?

Advisory Group Members' Questions & Comments

Next Steps

Next Steps and Looking Ahead

- Advisory Group Members to share pressing issues, feedback, and comments
- Upcoming meetings and tentative topics:
  - January 27:
    - Pre-release service definitions (continue discussion, as needed)
    - Delivery of services during pre-release period
  - February 24:
    - Bridging connections to Medicaid managed care plans upon re-entry
    - Re-entry planning including ensuring behavioral health linkages and referrals to clinical and social services
  - March 24:
    - Addressing unique issues related to prescription drug coverage

Thank you

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

Appendix

CalAIM Justice-Involved Advisory Workgroup Charter

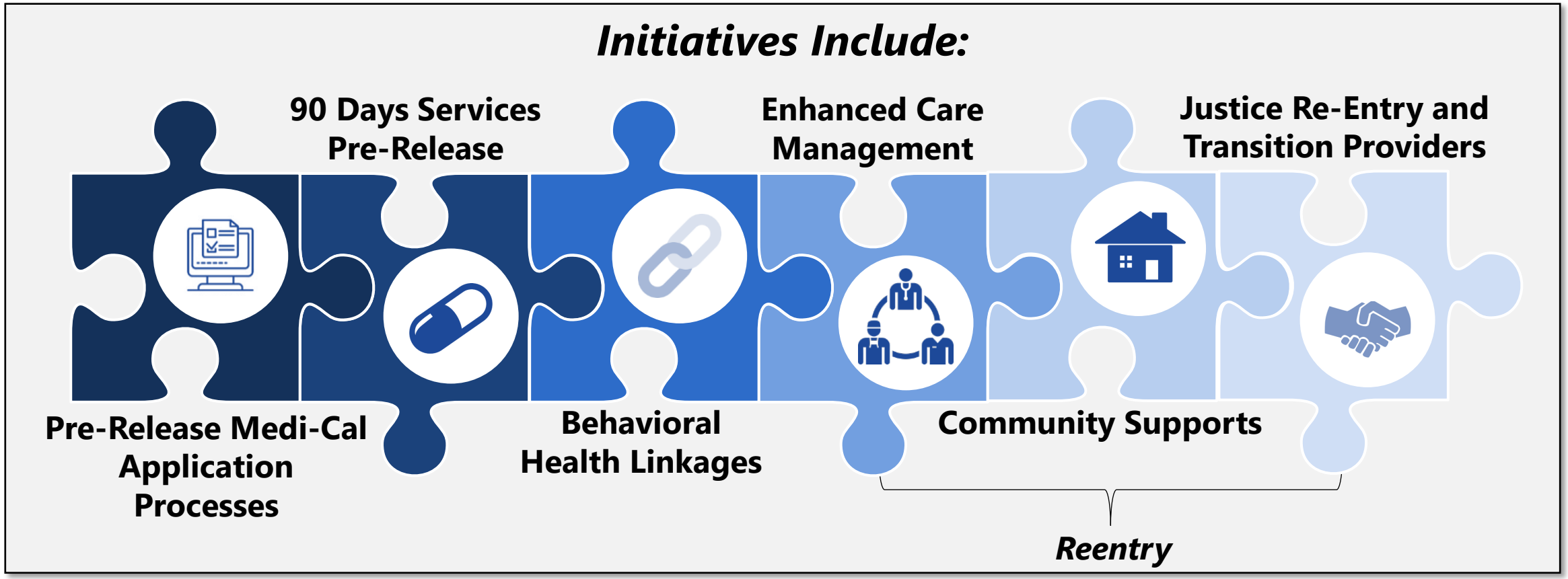
Workgroup meetings will provide a mechanism for direct communication and problem solving with DHCS and initiative implementers. Members are asked to bring a collaborative, pragmatic, and solution-oriented mindset.

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

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

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.



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

DHCS will work with stakeholders through a Justice-Involved Advisory Group to resolve open policy questions, address operational issues, and 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.