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

Kickoff Meeting

October 28, 10:30 am – 12:30 pm PT

Discussion Overview

- Welcome and Overview of Advisory Group
- Health Needs of the Justice-Involved Population
- Medi-Cal's Commitment to Justice-Involved Populations
- CalAIM Initiatives to Support Justice-Involved Populations
- Planning Domains and Program Design Requirements for Justice-Involved Initiative
- Next Steps

Welcome and Overview of CalAIM Justice-Involved Advisory Group

Welcome

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program.

CalAIM seeks to:

1. Identify and manage member risk and need through whole person care approaches and addressing Social Drivers of Health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity; and
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

CalAIM Justice-Involved Advisory Group

- To ensure a successful launch of CalAIM Justice-Involved Initiatives in January 2023, DHCS recognizes the need to engage with a small group of cross-sector stakeholders to provide regular input.
- Thank you for engaging with us and with each other in this transformative work.

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
- **Where:** Sacramento (in-person) or virtually
- **Who:** 40 – 50 Advisory Group members

Sub-Workgroups

DHCS will also facilitate two 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. Sub-workgroups include:

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

If you are interested in participating in a sub-workgroup, please send an email to CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

CalAIM Justice-Involved Advisory Workgroup Charter

Advisory Group meetings will provide a mechanism for direct communication and problem solving with DHCS and key initiative implementers. Group 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 in the market prior to finalization by DHCS

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

Health Needs of the Justice-Involved Population

Health Needs of the Justice-Involved Population

People who are now, or have spent time, in jails and prisons experience disproportionately higher rates of physical and behavioral health diagnoses and are at higher risk for injury and death as a result of trauma, violence, overdose, and suicide than people who have never been incarcerated.

Of people incarcerated in state/federal prison, nationally:

- **26.3% have high blood pressure/hypertension**, compared to 18.1% of the general public
- **15% have asthma**, compared to 10% of the general public
- **65% smoke cigarettes**, compared to 21% of the general public[1*]
- The mortality rate two weeks post-release from prison is **12.7 times** the normal rate, driven largely by overdoses[2]

People with behavioral health disorders are overrepresented in the criminal justice system.

- **51% of people in prison** and **71% of people in jail** in the U.S. have/previously had a **mental health problem**
- **58% of people in state prison and 63% of people in jail** in the U.S. meet the criteria for **drug dependence or abuse**[3]
- **Overdose deaths are >100x** more likely for justice-involved individuals 2-weeks post release than the general population[4]

Focus on California

- Over the past decade, the proportion of incarcerated individuals in California jails with an active mental health case rose by **63%**[5]
- California's correctional health care system drug overdose rate for incarcerated individuals is **3x** the national prison rate[6]
- Among justice-involved individuals, **2 of 3** individuals incarcerated in California have high or moderate need for substance use disorder treatment[7]

Source: See PowerPoint notes section for citations. **Note:** Statistic only includes state prison.

Addressing the Needs of the Justice-Involved Population Is Key to Advancing Health Equity

Addressing the unique and considerable health care needs of justice-involved populations—who are disproportionately people of color—will help to improve health outcomes, deliver care more efficiently, and advance health equity.

Serving the justice-involved population is key to CalAIM's efforts to address health disparities.

In California, and across the US, justice-involved populations are disproportionately people of color.[1]

In California:

- **28.5% of incarcerated males are Black,** while Black men make up only 5.6% of the state's total population
- **Incarceration rate by race and ethnicity:**
  - **Black men:** 4,236 per 100,000
  - **Latino men:** 1,016 per 100,000
  - **Men of all other races/ethnicities:** 314 per 100,000

At least 80% of justice-involved individuals in California are eligible for Medi-Cal[2]

Additional Benefits to Providing Pre-Release Medi-Cal Services

Pre-release Medi-Cal services are anticipated to:

- ✓ Avert inefficient, unnecessary and costly care, producing cost savings for the State and federal government
- ✓ Achieve progress in realizing the goals of the Americans with Disabilities Act by strengthening community integration for individuals with mental illness and other disabilities (Olmstead)

Source: [1]California's Prison Population, Public Policy Institute of California, 2017; [2]The Impact of Medi-Cal Expansion on Adults Formerly Incarcerated in California State Prisons

Medi-Cal's Commitment to Justice-Involved Populations

CalAIM Initiatives Focused on Improving the Health of Justice-Involved Individuals

CalAIM builds on legislative initiatives already passed and implemented in California that are focused on ensuring continuity of coverage through Medi-Cal pre-release enrollment strategies and on providing services necessary to support a successful transition into the community.

CalAIM will build on existing requirements through new initiatives that will:

- ✓ Ensure all eligible individuals are enrolled in Medi-Cal prior to release from county jails and juvenile facilities by 2023*
- ✓ Engage with individuals who meet clinical criteria (e.g., pregnant, chronic illness, behavioral health diagnosis) in the 90 days prior to re-entry to stabilize their health and assess their health, social, and economic needs in order to prepare for a successful re-entry into the community
- ✓ Provide "warm handoffs" to health care providers in the community for individuals who require behavioral health and other health care services and to ensure people have necessary equipment, medical supplies and prescriptions upon re-entry.
- ✓ Offer intensive, community-based care coordination for individuals transitioning to the community, including through the new statewide Enhanced Care Management (ECM) benefit
- ✓ Provide access to available Community Supports (e.g., housing, food) upon re-entry
- ✓ Provide capacity building funding for workforce, IT systems, data, and infrastructure to support justice-involved initiatives

Note: *Process is already in place in state prisons.

Current DHCS Initiatives that Support the Behavioral Health Needs of Incarcerated Individuals

California is currently leveraging multiple federal funding streams to support behavioral health services for incarcerated individuals.

SUD Funding Supporting Justice-Involved Populations

State Opioid Response

- ✓ **Expanding MAT in Criminal Justice Settings Project:** 34 county-based teams to expand access to MAT in jails and drug courts
- ✓ **California Department of Corrections and Rehabilitation (CDCR) Training & TA:** Implement curriculum for Addiction Medicine Certification, and expand access to MAT in the prison system and train providers

Substance Abuse Prevention & Treatment Block Grant

- ✓ **California MAT Re-Entry Incentive Program (AB 1304):** Reduction in parole period for persons released from prison who are on parole and who were enrolled in or successfully completed an SUD program that employs MAT

Mental Health Funding Supporting Justice-Involved Populations

Community Mental Health Services Block Grant

- Funding to counties for 24-hour crisis intervention, day treatment/partial hospitalization, intensive outpatient treatment, and psychiatric rehabilitation services, whether they are provided within jail settings or in community settings
- Screening for those in need of state hospital services for psychiatric care
- Competency restoration for individuals with severe mental illness (SMI) so that they can understand charges against them and participate in their own defense

CalAIM Services for Justice-Involved Population Builds on Current Whole Person Care Pilots

Whole Person Care (WPC) Pilots

In **2016**, DHCS launched the Whole Person Care (WPC) Pilots as part of its Medi-Cal 2020 Section 1115 Demonstration. WPC Pilots have tested interventions to coordinate physical, behavioral and social services in a patient-centered manner, including interventions that improve access to housing and supportive services.

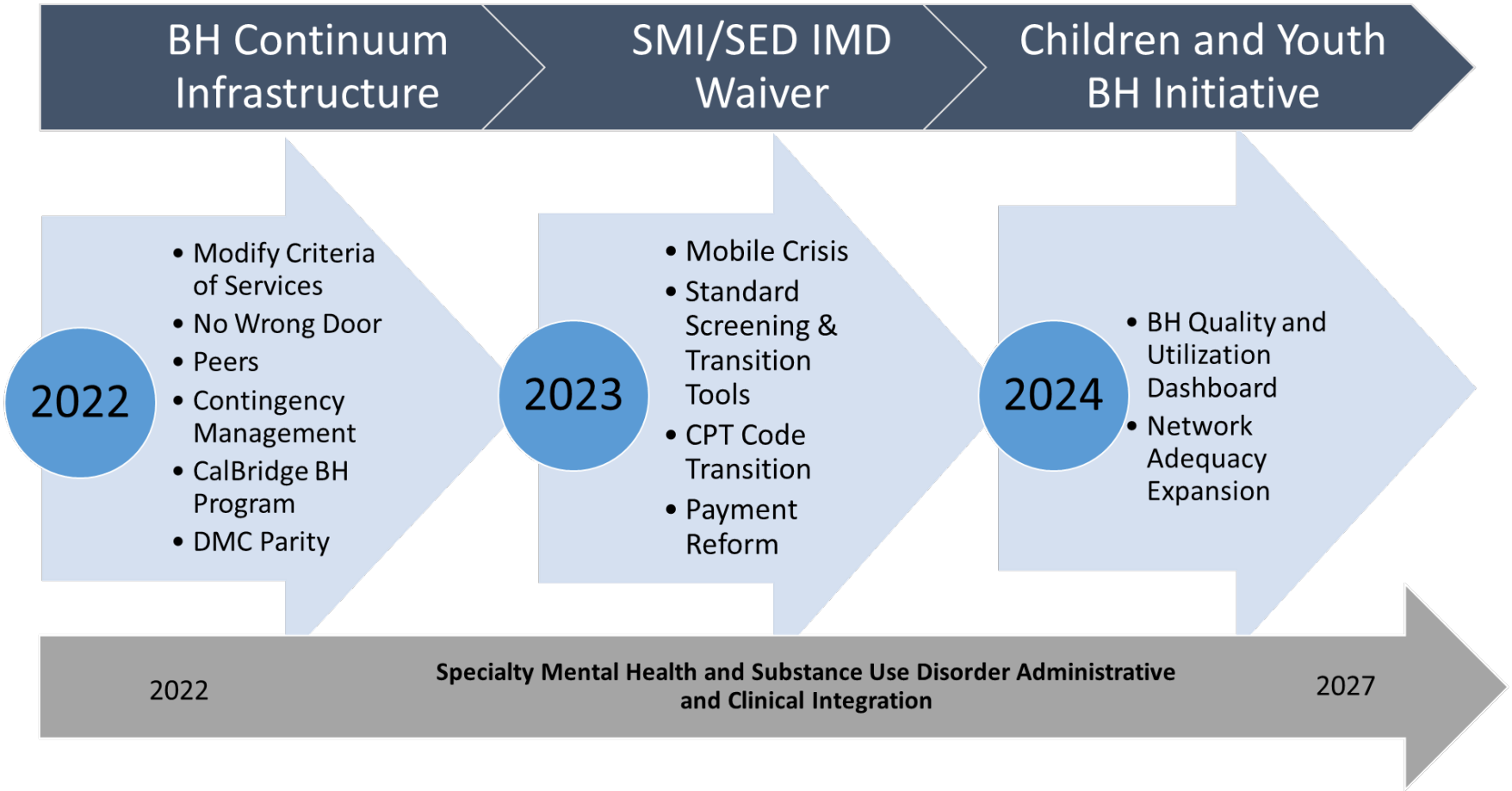
17 WPC Pilots – including LA County – are specifically dedicated to serving justice-involved populations reentering the community post-incarceration and have designed programs to directly engage local jails and probation departments.

Examples of services provided to justice-involved populations within WPC pilots:

- Conducting physical, mental health, and substance use **assessments**;
- Connecting individuals to **behavioral health services;**
- Reconnecting with pre-incarceration **primary care**;
- Supporting access to needed **prescriptions**;
- Transferring in-custody **medical records** to the client's community-based provider(s); and
- Following up with the community-based providers to ensure **continuity of services.**

CalAIM Behavioral Health Initiatives

In parallel with the justice-involved initiatives, California is strengthening behavioral health programs.



Behavioral Health Continuum Infrastructure

California is making a $2.2B investment in infrastructure by providing competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets for community-based behavioral health facilities.

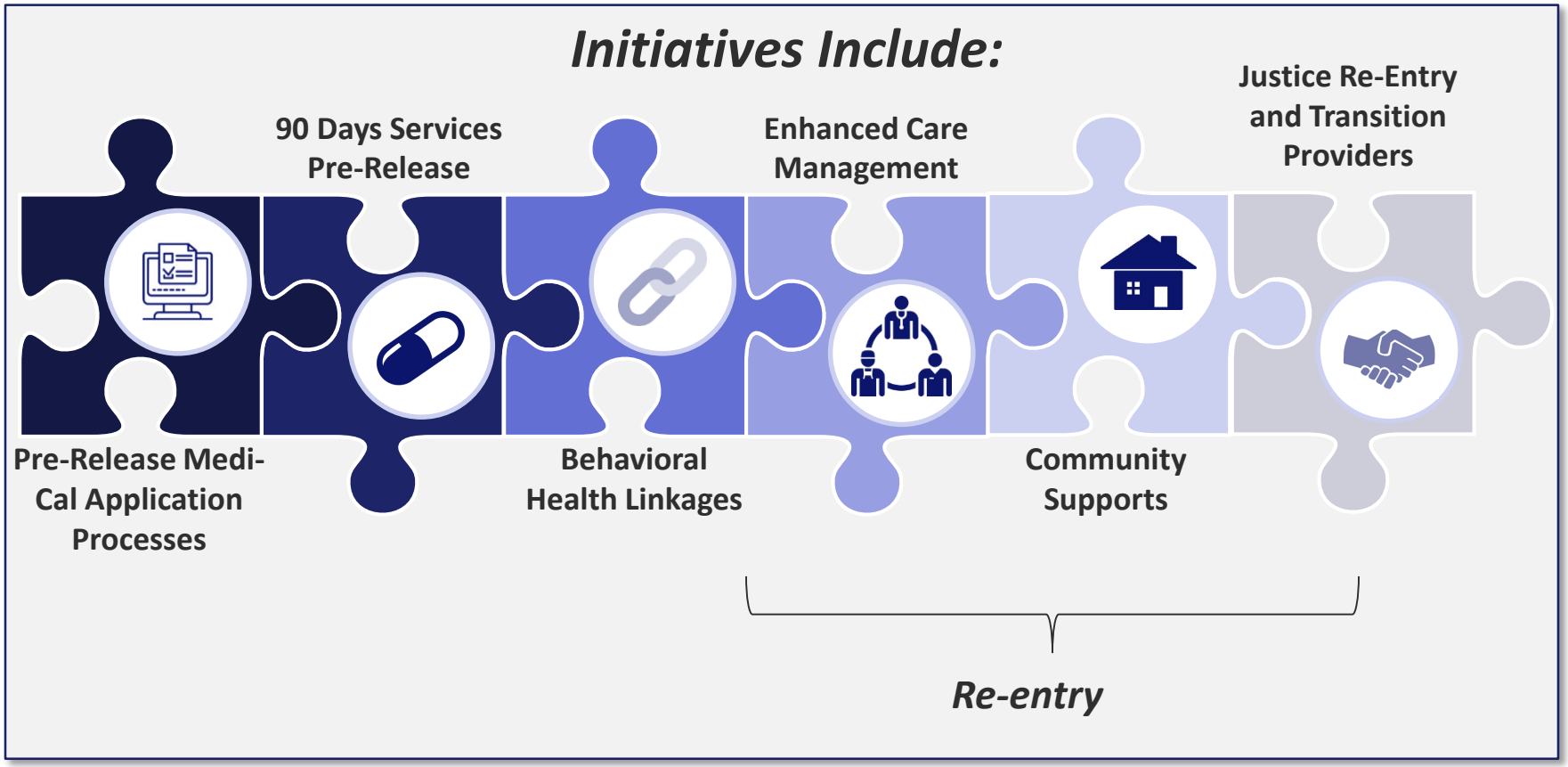
Proposed funding rounds:

- **Round 1:** Mobile Crisis $150 million and $55 million SAMHSA (July 2021)
- **Round 2:** Planning Grants $8 million (November 2021)
- **Round 3:** Launch Ready $585 million (January 2022)
- **Round 4:** Children and Youth $460 million (August 2022)
- **Round 5:** Addressing Gaps #1 $462 million (October 2022)
- **Round 6:** Addressing Gaps #2 $460 million (December 2022)

CalAIM Initiatives to Support Justice-Involved Populations

CalAIM Initiatives to Support Justice-Involved Populations

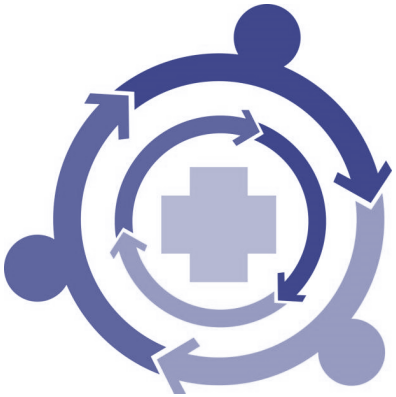
CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry.



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 establish 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

Providing Services 90-Days Prior to Release

Through its 1115 waiver, California seeks to test its expectation that providing health care services to Medi-Cal-eligible individuals for 90 days prior to release will prevent unnecessary use of health care services, while also improving health outcomes post-incarceration.

Rationale

Service provision in the pre-release period is designed to engage eligible justice-involved populations, prepare them for return to the community and mitigate gaps in services and medications

Approach establishes trusted relationships with care managers/care coordinators to develop a transition plan, coordinate care and support stabilization upon re-entry

Extending Medicaid coverage in jails and prisons would allow for pre-release management of ambulatory care sensitive conditions (e.g., diabetes, heart failure and hypertension), which would reduce post-release acute care utilization

- If not managed, a period of incarceration perfectly aligns with the time needed to have a well-controlled condition decompensate (diabetes, HIV, hypertension, epilepsy)
- A poorly controlled, but not acutely decompensated condition, requires more significant, hospital-based care

The level of services that will be available during the pre-release period will depend on the length of the stay of the inmate

The request is closely aligned with the Biden Administration and Congressional priorities.

Source: See PowerPoint notes section notes and citations

Objectives of Providing Services Prior to Release

By bridging relationships between community-based Medi-Cal providers and justice-involved populations prior to release, California seeks to improve the chances these individuals receive stable and continuous care.

- ❑ Improve physical and behavioral health outcomes post-release
- ❑ Reduce the number of justice-involved people released into homelessness through connection to pre-release enhanced care management and Community Supports
- ❑ Reduce recidivism, emergency department visits, hospitalizations, other avoidable health care services through connection to ongoing community-based physical and behavioral health services
- ❑ Continue medication treatment for individuals that receive pharmaceutical treatment
- ❑ Reduce health care costs through continuity of care and services upon release into the community

Pre-Release Services: Eligible Populations

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

Eligibility Criteria for Pre-Release Medi-Cal Services

To be considered eligible, incarcerated individuals must:

- ✓ Be part of a **Medicaid Eligible Group**, and
- ✓ Meet **one** of the following health care need criteria:
  - Chronic mental illness
  - SUD
  - Chronic disease (e.g., hepatitis C, diabetes)
  - Intellectual or developmental disability
  - Traumatic brain injury
  - HIV
  - Pregnancy

Note: All incarcerated youth are eligible for 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 and former foster care youth

Pre-Release Services: Covered Services

DHCS seeks authority to provide limited Medi-Cal services to inmates of prisons, county jails, and youth correctional facilities during the 90 days prior to their release and return to the community.

Covered Services

- In-reach intensive care management/care coordination for eligible inmates
- In-reach physical and behavioral health clinical consultation services provided via telehealth or in-person, as needed, via community-based providers
- Limited laboratory/X-rays
- Medication Assistance 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.

Expenditure Authority for Providing Access and Transforming Health Supports (PATH) Funding

As part of the 1115 Waiver, DHCS is seeking expenditure authority for PATH funding advance coordination and delivery of quality care and improve health outcomes for justice-involved individuals.

Current State	*Transition State through PATH*	*Future State*
WPC Pilot	WPC Pilot → CalAIM Pre-Release Services	CalAIM 90 Days Pre-Release Services and ECM Post Release

- PATH funding will be used to support the transition of WPC Pilot services, capacity and infrastructure required for ECM, Community Supports and other CALAIM initiatives to transition to managed care
- A key aspect of PATH funding is that it would **support capacity building for effective pre-release care for justice-involved populations** and **enable coordination with justice agencies and county behavioral health agencies**. PATH will be available to county behavioral health, prisons, jails, juvenile facilities, providers, and community-based organizations.

Note: *ECM go-live will be staged, as described on slide 13.

Re-Entry: Behavioral Health Linkages

DHCS will require jails and county juvenile facilities to refer individuals who receive behavioral health services while incarcerated to the appropriate Medi-Cal coverage and services to allow for continuation of behavioral health treatment in the community.

- Individuals may be linked to the following Medi-Cal delivery systems:
  - Specialty Mental Health Services (SMHS)
  - Drug Medi-Cal (DMC)
  - Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - Medi-Cal managed care plan (MCP)
  - Fee-for-service providers
- DHCS expects counties to implement medical record release processes that will allow medical records to be shared with county behavioral health and Medi-Cal managed care providers prior to release

Enhanced Care Management (ECM)

ECM is a whole-person approach to comprehensive care management that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal managed care members, including justice-involved individuals.

- **DHCS expects that Managed Care Plans will contract with WPC/HHP providers and community-based organizations that have experience serving the justice-involved population to provide ECM and can provide targeted services to meet their needs**
- ECM will be interdisciplinary, high-touch, person-centered and provided primarily through in-person interactions with Medi-Cal members where they live, seek care or prefer to access services
- DHCS' vision for ECM is to coordinate all care for eligible members, including across the physical and behavioral health delivery systems
- Every Medi-Cal managed care member enrolled in ECM will have a dedicated care manager
- ECM will be available to Medi-Cal managed care members who meet ECM "Population of Focus" definitions, which includes people who are justice-involved; members may opt out at any time

ECM Populations of Focus

ECM go-live will occur in stages, by Population of Focus.

Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD) **4. Adults & Children/Youth Transitioning from Incarceration** (In WPC Pilot counties only, where the services provided in the Pilot are consistent with those described in the ECM Contract)	**January 2022** (WPC/HH counties); **July 2022** (other counties)
4. Adults & Children/Youth Transitioning from Incarceration 5. At Risk for Institutionalization and Eligible for LTC 5. Nursing Facility Residents Transitioning to the Community	**January 2023**
7. Children / Youth Populations of Focus	**July 2023**

Note: This timeline is simplified; more detailed timelines can be accessed here.

Planning Domains and Program Design Requirements for Justice-Involved Initiative

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.

Domain 1:
Medi-Cal Pre-Release Application Process

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 eligibility 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 eligibility department; and (4) establishing partnerships for implementation.

Operational Requirements

IT Systems & Data Requirements for:

- ❑ Recording, updating, and storing data
- ❑ Exchanging data between correctional facilities and eligibility offices

Financial Requirements:

- ❑ PATH funding program to support jails and youth correctional facility capacity building and initial implementation

Legal Authorities:

- ❑ **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 eligibility offices (e.g., issue brief and side deck materials)

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

Domain 2.1: Screening for Eligibility for Pre-Release Services

Policy

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

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Establish DHCS implementation principles
- Determine detailed eligibility criteria for pre-release services
- Develop consent policy for general 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

Domain 2.2: Pre-Release Services Delivery Model

Policy

Eligible individuals will receive 90-day pre-release services consistent with defined model of care standards and requirements.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Definition of covered pre-release services
- Parameters for embedded versus "in-reach" vs. hybrid services (may be adjusted based on CMS' position on embedded approach)
- Policy and payment parameters for telehealth services

Operational Requirements

IT Systems & Data Requirements:

- ❑ Clinical data exchange between stakeholders
- ❑ Privacy permissions/consents for data sharing

Financial Requirements:

- ❑ PATH funding program

Legal Authorities:

- ❑ **Federal:** STCs on model of care, 1115 operational protocol

DHCS Design Requirements To Be Developed

- ✓ Decisions memo on design requirements including: care model template, process flow(s), care plan assessment/ documentation requirements, clinical service and referral requirements, facility/space/security requirements, re-entry care plan and referral requirements
- ✓ IT systems and data requirements

Domain 2.3: Delivery Model – Provider Network and Payment

Policy

A network of Medi-Cal fee-for-service care managers/coordinators and medical/behavioral providers that meet defined network and contracting requirements will provide 90-day pre-release services.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Determine standard for care management/care coordination provider participation
- Identify roles/responsibilities for pre-release services
- Define Med-Cal payment/billing standards
- Develop expectations for aligning to community-based ECM providers to the maximum extent possible

Operational Requirements

IT Systems & Data Requirements:

- ❑ Clinical data exchange between stakeholders

Financial Requirements:

- ❑ PATH funding program
- ❑ Funding for county behavioral health plans to build capacity and serve justice-involved population

Legal Authorities:

- ❑ **Federal:** 1115 Waiver operational protocol

DHCS Design Requirements To Be Developed

- ✓ Decisions memo on design requirements including:
  - Care management network and contracting requirements
  - Provider directory, medical/behavioral provider network requirements
  - Payment/billing standards
  - Process flows
  - Roles/responsibilities for provider services
  - Subcontractor requirements
- ✓ Model provider service delivery process flow

Domain 2.4: Prescription Drug Coverage

Policy

90-day pre-release services will include pre-release MAT as well up to a 30-day prescriptions supply upon individual's release, consistent with defined standards and requirements.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Define covered prescription drugs during pre-release and 30-day supply for re-entry
- Definition of covered pre-release MAT services
- Determine whether to expand covered prescriptions for stabilizing psychiatric conditions in pre-release period
- Develop standard model service delivery for implementing MAT
- Define policy parameters for telehealth for MAT
- Identify/resolve drug rebate/payment alignment issues

Operational Requirements

IT Systems & Data Requirements:

- ❑ TBD

Financial Requirements:

- ❑ TBD

Legal Authorities:

- ❑ **Federal:** STC on covered services, 1115 Waiver operational protocol

DHCS Design Requirements To Be Developed

✓ Decisions memo on design requirements including:

- MAT care model template
- Provider network requirements
- Roles/responsibilities for MAT services
- Subcontractor requirements
- Facility/space/security requirements

Domain 2.5: Re-entry Planning

Policy

Prior to release, incarcerated individuals will be auto-assigned into a managed care plan (MCP) and have a re-entry care plan developed by the care manager/care coordinator during the pre-release period. Re-entry planning will include, but not be limited to, provision of 30-day supply of medications (including up to 30 days for MAT) and DME upon release, close coordination with assigned managed care plans (and ECM care manager, as appropriate) and county behavioral health plans, referrals to Community Supports and community-based organizations, and coordinating with community-based medical and behavioral health care providers for scheduled appointments.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Develop MCP auto-assignment policy and algorithm
- Develop MCP coverage effective date policy
- Develop standards for MCP assignment (and ECM, as appropriate), coordination with pre-release services, and supporting re-entry transitions
- Develop policy defining role for FFS care manager/care coordinator for supporting community transitions for individuals enrolled in managed care plans and individuals transitioning to FFS
- Develop policy and process for identification and referrals to behavioral health services
- Develop policy for referrals to Community Supports
- Develop expectations for obtaining consents and sharing information on services provided in the pre-release period to community providers

Operational Requirements

IT Systems & Data Requirements:

- ❑ Data transfer of MCP plan assignment

Financial Requirements:

- ❑ Administer payment to plans to coordinate pre-release and re-entry services during pre-release period

Legal Authorities:

- ❑ **Federal:** Confirm auto-assignment for justice-involved population with CMS or seek 1115 or 1915(b) authority

DHCS Design Requirements To Be Developed

- ✓ Decisions memo on design requirements including:
  - Process flow
  - MCP auto-assignment algorithm
  - MCP transition requirements
  - Roles/responsibilities for community transitions
  - Re-entry care plan, referral requirements and behavioral health linkages
- ✓ IT systems and data requirements

Domain 3:
Governance, Oversight and Management

Domain 3.1
Governance Oversight and Monitoring

Policy

Governance structure for overseeing the implementation and financing of pre-release and re-entry services.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Establish infrastructure for tracking and monitoring readiness and on-going implementation in correctional facilities
- Develop mitigation strategies and corrective action approaches

Operational Requirements

IT Systems & Data Requirements:

- ❑ Analytics capability to assess populations served and services provided
- ❑ Data collection, analysis and reporting plan (including tracking by race/ethnicity)
- ❑ Reporting infrastructure

DHCS Design Requirements To Be Developed

- ✓ Policy memo/deck on design requirements including:
  - Accountability and oversight infrastructure
  - Medi-Cal program integrity
  - Reporting requirements from correctional facilities
- ✓ Guidance on developing analytics capability
- ✓ Guidance on data collection, analysis and reporting infrastructure

Domain 3.2
1115 Waiver Evaluation Oversight

Policy

Reporting structure for the 1115 Waiver evaluation.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- ➢ 1115 Waiver evaluation features
- ➢ Establish infrastructure for tracking and monitoring readiness and on-going implementation in correctional facilities

Operational Requirements

IT Systems & Data Requirements:

- ❑ Analytics capability to assess populations served and services provided
- ❑ Data collection, analysis and reporting plan (including tracking by race/ethnicity)
- ❑ Reporting infrastructure

DHCS Design Requirements To Be Developed

- ✓ Policy memo/deck on design requirements including:
  - Accountability and oversight infrastructure
  - Reporting requirements from correctional facilities
- ✓ Guidance on developing analytics capability
- ✓ Guidance on data collection, analysis and reporting infrastructure
- ✓ STC on evaluation
- ✓ 1115 evaluation report

Next Steps

Next Steps

- Advisory Group Members to share pressing issues, feedback and comments
- DHCS to finalize upcoming meeting agendas: (*tentative schedule below*)
  - November:
    - Domain 1.1. Medi-Cal Application Processes
    - Domain 1.2 90 Days Services Eligibility Screening
  - December:
    - Domain 2.1 Pre-Release Services Delivery Model
    - Domain 2.2 Provider Network
  - January
    - 2.4 Re-Entry Planning
  - February
    - Domain 2.3 Prescription Drug Coverage

Thank you

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

Appendix

CalAIM Justice-Involved Advisory Group Membership (1/3)

Organization	Name
Justice-Involved	
CDCR: California Correctional Health Care Services: Medical	Rene Kanan
CDCR: California Correctional Health Care Services: Medical – (SUD/MAT)	Lisa Heintz
CDCR: California Correctional Health Care Services: Medical (Nursing)	Barbara Barney-Knox
CDCR: California Correctional Health Care Services: Mental Health	Amar Mehta
CDCR: Division of Adult Parole Operations	Guillermo Viera Rosa
	Marvin Speed
CDCR: Division of Adult Institutions	Connie Gipson
CDCR: Division of Rehabilitative Programs	Jessica Fernandez
CDCR State Pre-Release Program	Vicki Duenas
CDCR: TCMP Program Chief Deputy Administrator	Robert Storms
Council on Criminal Justice and Behavioral Health (CCJBH))	Brenda Grealish
SEIU California	Libby Sanchez
California State Sheriff's Association (CalSheriff's)	Cory Salzillo
	Usha Mutschler
Chief Probation Officers of California, (CPOC)	Rosie McCool
	Danielle Sanchez
Board of State and Community Corrections (BSCC)	Katie Howard
California Health and Human Services Agency (CHHS)	
CHHS	Brendan McCarthy
	Stephanie Welch

CalAIM Justice-Involved Advisory Group Membership (2/3)

Organization	Name
County	
California State Association of Counties (CSAC)	Farrah McDaid Ting
County Welfare Directors Association (CWDA)	Cathy Senderling-McDonald
	Jenny Nguyen
LA County Eligibility Representative	Sherri Cheatham
Alameda County Eligibility Representative	Nancy Halloran
Behavioral Health	
California Association of Alcohol and Drug Program Executive (CAADPE)	Albert Senella
	Demetrius Andreas
California Council of Community Behavioral Health Agencies	Le Ondra Clark Harvey
Health Care Providers	
California Association of Public Hospitals and Health Systems	Amanda Clarke
California Primary Care Association (CPCA)	Andie Patterson
County Health Executives Association of CA (CHEAC)	Michelle Gibbons
Los Angeles County	Dr. Clemens Hong
Transitions Clinic	Shira Shavit
Health Plans	
Inland Empire Health Plan	Jarrod McNaughton
L.A. Care	Cynthia Carmona
Local Health Plans of California	Linnea Koopmans
Alameda Alliance	Karina Rivera
IT Systems	
California Statewide Automated Welfare System (CalSAWS)	John Boule

CalAIM Justice-Involved Advisory Group Membership (2/3)

Organization	Name
WPC Pilots	
Kern County WPC Pilot	Natalee Garrett
Consumer Advocates	
Californians for Safety and Justice	Lenore Anderson
California Pan-Ethnic Health Network	Carolina Valle
Root and Rebound	Zachariah Oquenda
Tribal Health Programs	
Consolidated Tribal Health Project	William Feather
Community Based Organization	
Project Kinship	Adrian De La Riva
	Madeline Rodrigez