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

Review of Justice-Involved Initiative Policy and Operational Process Expectations

Thursday, July 28, 2022

10:30 AM – 12:30 PM PST

DHCS

July 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.

Agenda

- **Justice Involved Initiative 1115 Waiver and PATH Funding Updates**
  - Update on CMS Negotiations and Go-Live Dates
  - PATH Round 2 Guidance
- **Review CalAIM Justice-Involved Initiative Policy and Operational Expectations**
  - Enrolling in Medi-Cal Coverage
  - Screening for Pre-Release Services
  - Providing Pre-Release Services
  - Supporting Re-Entry Planning and Services
- **Advisory Group Members' Questions and Comments**
- **Next Steps**

Public Health Emergency (PHE) Unwinding

- **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Download the Outreach Toolkit on the DHCS Coverage Ambassador webpage
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
  - » Flyers in provider/clinic offices, social media, call scripts, website banners.
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Justice Involved Initiative 1115 Waiver and PATH Funding Updates

Update on CMS Negotiations and Go-Live Dates

CMS Update

- **Implementation of pre-release services is dependent on CMS approval of the DHCS 1115 Waiver request**. Negotiations with CMS on the waiver began in Fall 2021 and are ongoing.

- **CMS informed DHCS that the approval of the State's waiver request is dependent on several outstanding items**, including:
  - Submission of an HHS Report to Congress; and
  - Release of a State Medicaid Director Letter on justice-involved 1115 Waivers.

- **Based on status of CMS negotiations, DHCS is updating the go-live timeline** as follows:
  - On January 1, 2023, pre-release applications will go live, as required by state statute.
  - Beginning July 1, 2023, implementation of:
    - 90 Days pre-release services for correctional facilities that demonstrate readiness;
    - Behavioral health linkages; and,
    - ECM for the justice-involved population of focus; *ECM for individuals and families experiencing homelessness, adult high utilizers, and adults with a SMI/SUD is currently available.*

PATH Justice-Involved Round 2 Guidance for Pre-Release Medi-Cal Application Processes

Round 2 of the Providing Access and Transforming Health (PATH) Justice-Involved Capacity Building Program to support the implementation of pre-release Medi-Cal application processes was recently posted on the DHCS CalAIM Justice-Involved Initiatives webpage.

PATH Round 2 Guidance can be found here.

PATH Round 2 is an **implementation grant** funding opportunity that will provide larger application-based grants to support entities as they implement the processes, protocols, and IT system modifications that were identified during the Round 1 planning phase related to pre-release Medi-Cal application processes.

While entities do not need to participate in Round 1 in order to apply for funding in Round 2, the Round 1 planning grant funds provide an opportunity to support the development of a comprehensive application for Round 2 funding.

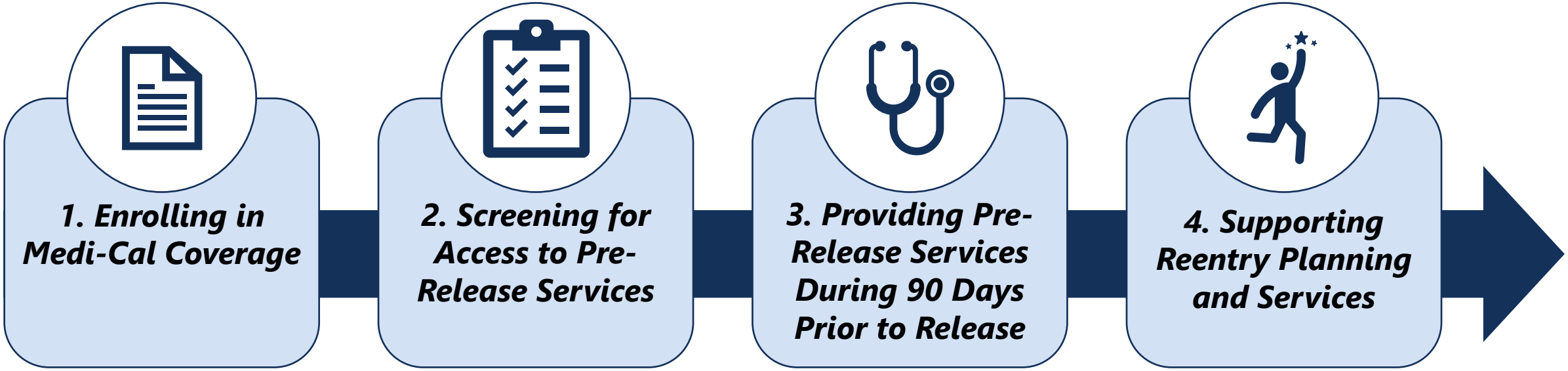
As a reminder, PATH Round 1 applications are due July 31st .

Review of CalAIM JI Policy and Operational Process Expectations

Review: Policy and Operational Processes Necessary to Implement CalAIM 90-Days Pre-Release Services

Over the last nine months, DHCS has worked closely with stakeholders to develop policy and to design operational processes required to successfully implement CalAIM 90-day pre-release services.

The following slides, broken out by four domains, walk through the policy and operational process expectations that have been developed to date. The development of the expectations were informed by the Advisory Group and one-on-one stakeholder engagement. ***These policy and operational requirements are subject to change depending on CMS' review and approval.***



Enrolling in Medi-Cal Coverage

All correctional facilities (e.g., CDCR, county jails, and youth correctional facilities (YCF)) must implement a pre-release Medi-Cal application process by January 1, 2023.

Correctional facilities have flexibility to design their Medi-Cal enrollment process to fit their needs, but they must meet complete the following required operational processes:

Step 1: Screen individuals for eligibility for Medi-Cal

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Step 2: Assist individuals in completing the Medi-Cal application

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Step 3: Submit application to County Social Services Departments (SSD)

Screening and application timelines will vary based on facility type:

- County jails and YCFs are expected to complete the Medi-Cal screening/ enrollment process at or close to intake.
- State prisons are expected to begin pre-release Medi-Cal enrollment at least 210 days prior to release.
- Correctional facilities must also implement a Medi-Cal unsuspension process, including sharing data to notify the SSD of the individual's release to reactivate coverage.

Reminder: *PATH funding is available to support the implementation of pre-release Medi-Cal enrollment processes.*

DHCS meets monthly with stakeholders to provide technical assistance on implementing pre-release Medi-Cal application processes. For more information on best practices, see the issue brief titled *Strategies for Conducting Pre-Release Medi-Cal Enrollment in County Jails and Youth Correctional Facilities.*

County SSD Expectations for Pre-Release Medi-Cal Enrollment

County SSDs will play a key role in implementing the pre-release Medi-Cal application mandate.

County SSDs must operationalize the following activities in order to support the implementation of the pre-release Medi-Cal application processes:

- Bi-directional communication with correctional partners to confirm Medi-Cal enrollment, pre-release service eligibility, and activation of 90-Day pre-release services aid code.
- Unsuspension, as needed, to ensure full Medi-Cal coverage when individuals re-enter the community.
  - Correctional facilities must notify the SSD when an individual will be/has been released.
- Reporting on CalAIM JI activities, more information forthcoming.

UPDATE: SB 184 Unlimited Medi-Cal Suspension

Beginning January 1, 2023, Medi-Cal benefits for adults must be kept in suspended status until the individual is no longer an inmate of a public institution.

- Currently, as required by the SUPPORT Act and state statute, Medi-Cal benefits for juveniles must be suspended indefinitely; suspension status for adults, however, terminates one year after the date they became an inmate.
- Effective January 1, 2023, all Medi-Cal enrolled adults must be kept in a suspended status indefinitely until the time of release.
- This policy change will have the biggest impact on individuals who are incarcerated for periods of longer than a year (e.g., individuals in state prisons or county jails under AB 109 status) and will reduce the need to submit a new pre-release Medi-Cal application prior to release.

DHCS will facilitate discussions and provide technical assistance on this policy change during regular meetings with CDCR and the CalAIM Pre-Release Medi-Cal Application Implementation Technical Assistance Office Hours.

Q&A

Screening for Access to Pre-Release Services

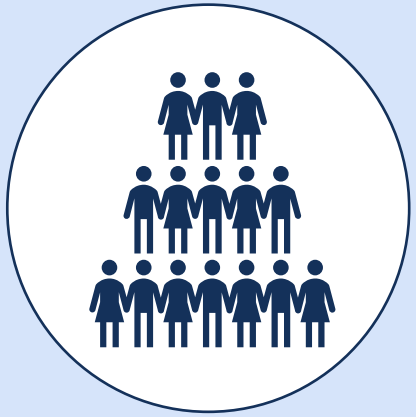
Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services 90 days prior to release from correctional facilities. DHCS developed detailed access screening criteria based on the Advisory Group's feedback. (See Appendix for working definitions.)

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 21
- Pregnant or postpartum



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.*

Correctional Facility Screening Process for Identifying Individuals Eligible for Pre-Release Services

All adult correctional facilities (e.g., state prisons and county jails) will be required to screen incarcerated, Medi-Cal-enrolled individuals for access to pre-release Medi-Cal services.

Correctional facilities will have flexibility in how they implement pre-release service access screening processes, but at minimum the process must include:

- Screening for all Medi-Cal-eligible individuals who become incarcerated in the facility.
  - CDCR should screen individuals at least 210 days prior to release.
  - Jails should screen individuals at or close to intake.
- Documenting individuals eligible to receive pre-release services in correctional facility data systems.
- Submitting data to DHCS/SSD on individuals who are screened, eligibility for pre-release services and basis of eligibility and consent for receiving services.
- Notifying County SSD of planned release dates for unsuspension, as needed, and effectuation of full scope Medi-Cal services post-release.

Note: *DHCS is exploring what may or may not be needed for consent of services and information sharing.*

Considerations

- Screening should leverage existing processes where possible (e.g., health screening at booking or comprehensive health assessment).
- Correctional facilities should assess if current screening tools are able to be leveraged to fully screen for eligibility or whether some modifications are necessary
- Facilities may leverage existing health records, where available, to identify eligible individuals.
- Correctional health care providers may screen individual outside of these processes.

Enrolling in a Managed Care Plan for Post-Release Services

As a reminder, targeted pre-release services will be provided fee-for-service. To ensure smooth re-entry, continuity of care management relationships, and access to providers as soon as possible, DHCS intends to develop new processes for individuals eligible for pre-release services who are not currently enrolled in a managed care plan (MCP). This process will: (1) auto-assign individuals into a MCP (with choice period post assignment); and (2) establish current month enrollment (i.e., an individual would be enrolled in managed care plan beginning the first of the month in which they are released).

DHCS will auto-assign Medi-Cal enrolled individuals into a MCP in their county of residence listed on their Medi-Cal application.

- DHCS will use existing processes to auto-assign individuals into an MCP, including prior plan assignment and plan assignment of family members. If neither of these two criteria are successful, the individual will be placed into a plan using the default algorithm.
- Individuals will be sent a confirmation letter with the plan assignment and information on how to change plans, as needed. Welcome packet from the MCP, including information on how to access the provider directory and member handbook, will be sent to the individual's county of residence address.

Plan assignments will not be disrupted for existing MCP enrollees who remain in the same counties.

Enrolling in a Managed Care Plan for Post-Release Services

Importance of continuity of relationships in the pre- and post-release period:

- DHCS' proposed model is that all in-reach care management providers who are delivering fee-for-service care management services in the pre-release period are managed care ECM network providers. To promote continuity, the same ECM network provider will also deliver services in the post-release period—either through FFS prior to MCP enrollment or as an ECM provider post enrollment.
- DHCS is seeking feedback on a potential requirement that managed care plans contract with all ECM providers that focus on the JI population to ensure pre-and-post continuity of care for individuals.

Q&A

Providing Targeted Services in the Pre-Release Period

Based on feedback from the Advisory Group, DHCS developed definitions for each of the covered services below (see definitions in Appendix). Also based on stakeholder feedback, DHCS is seeking authority from CMS to add community health workers to the scope of covered services during the pre-release period.

- 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
- Laboratory/X-rays
- Community Health Worker services *(new service)*
- Medications and medication administration
- Medications for addiction treatment (MAT)
- Services provided for post-release:
  - Supply of medications, consistent with Medi-Cal clinical policy, for use post-release into the community* and/or
  - Durable medical equipment (DME) for use post-release into the community

Scope of covered services during the pre-release period is subject to change based on CMS guidance and approval.

***Note:** Because medications used for addiction treatment may have high risk of overdose/diversion, the quantity dispensed will depend on timing of the follow-up visit, particular risk for the patient, and prescriber's clinical judgment.*

Operationalizing the Delivery of Pre-Release Services in a Correctional Setting

To effectuate the delivery of Medi-Cal covered services, correctional facilities will need to establish operational processes. DHCS is seeking approval from CMS for $410 million in PATH funding to support correctional facilities in this effort. DHCS will also be available to provide targeted TA on the operational complexity of implementation and readiness approach with correctional facilities.

Covered Services and Role of Correctional Facilities and Community-Based Providers:

- **Pre-release Care Manager Assignment:** Correctional facilities will need to initiate the assignment of a care manager; care managers can be either correctional or community-based providers. *If the care manager is a correctional provider, the correctional facility will need to build processes for warm hand-offs to community-based provider.*
- **In-Reach Clinical Consultation and Community Health Workers:** Correctional facilities will need to provide support for scheduling and facilitating virtual or in-person clinical consultation providers and community health workers; the care manager will play an important coordinating role in setting up the clinical consultation and community health workers.
- **Medications, MAT, and Labs/Radiology:** Correctional facilities will be responsible for delivering medically necessary medications, MAT, labs and x-rays. Facilities may leverage their existing processes for delivering these services and will be reimbursed for the provision of such services.
- **Post-Release Medication and DME:** Correctional facilities will play an important role in helping ensure individuals have access to Medi-Cal covered medications and DME in-hand upon release.

Care Management Approach

Care management will be provided to all individuals who are eligible for pre-release services, to the fullest extent possible.

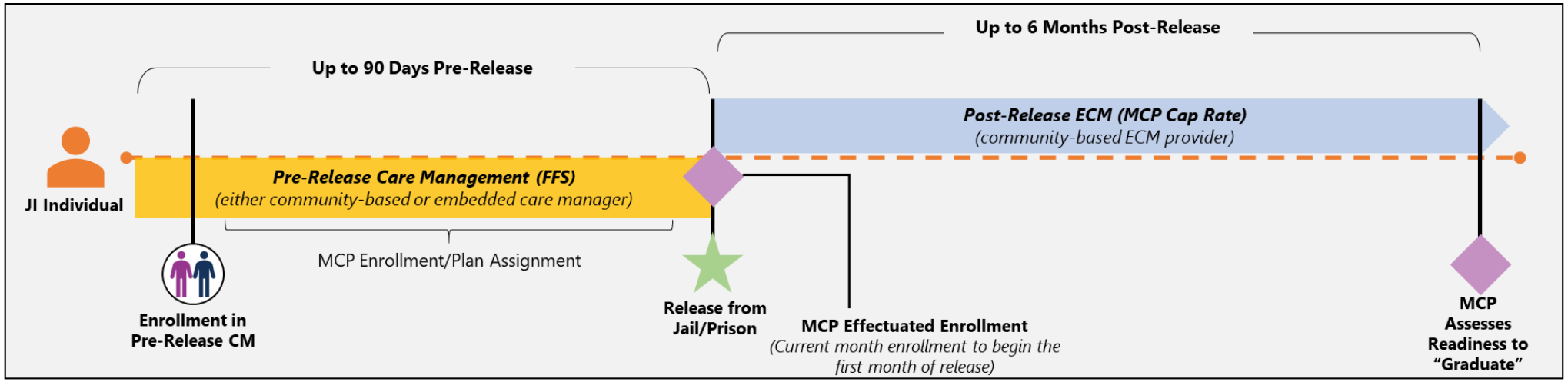
Overview of Care Management Model

- During the pre-release period, care management will be provided by either community-based care managers or correctional facility care managers.
- When the pre-/post-release care managers are different people, they should conduct a warm handoff prior to their client's release, in order to begin establishing a trusted relationship with the new care manager and ensure seamless service delivery and coordination.
    - In cases where the post-release care manager cannot meet with the client pre-release (e.g., short-term stays), pre-/post-release care managers must meet the individual upon release or within a set period post-release.

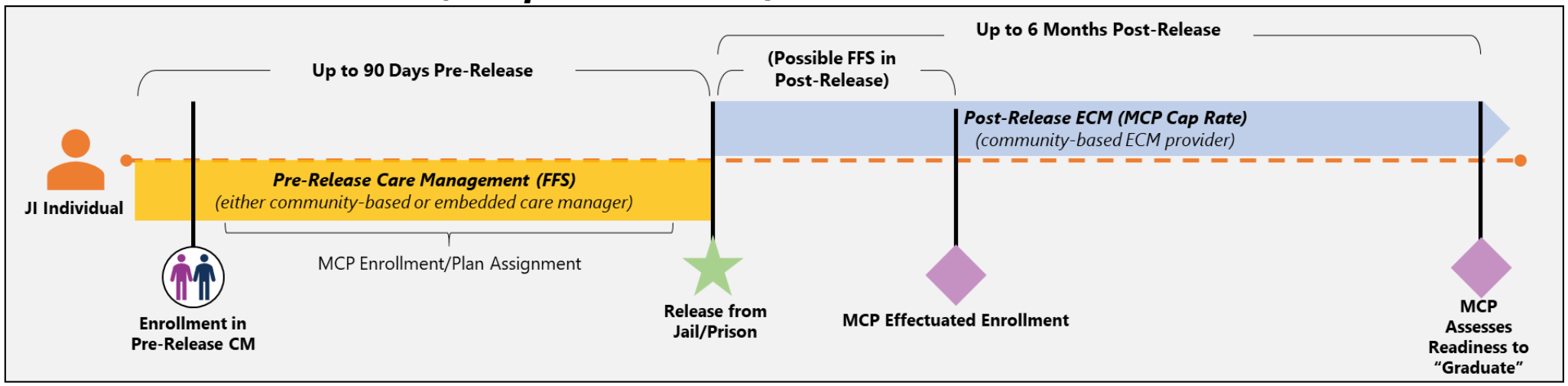
See next slide for illustrative examples

Care Management Approach: Illustrative Examples

Current Month Enrollment:



Enrollment Post-Release *(exception scenario)*:



Note: BH Warm Hand-Off and BH Care Management is not addressed on this slide. See additional details on slide 30.

Clinical Consultation Approach

Individuals eligible for 90-day pre-release services will receive physical and behavioral health in-reach clinical consultation services, including targeted preventive, physical and behavioral health clinical consultation services via telehealth or in person, as indicated by initial health screening assessments.

Goals of Clinical Consultation:

1. **Identify needs** and provide services that have not yet been identified by the correctional facility, helping to address service gaps that may exist.
2. **Support the care manager** in creating a comprehensive, robust, and successful re-entry plan, including addressing recommendations on medications and DME that will be needed upon release.
3. **Provide opportunities for clients to meet and form relationships** with the community-based providers who will be caring for them upon release.
4. **Provide opportunities for information sharing and collaborative clinical care** between pre-release providers and the providers who will be caring for the client after release.

Clinical consultation services may include, but are not limited to:

- Addressing service gaps that may exist in correctional care facilities;
- Diagnosing and stabilizing individuals while incarcerated;
- Providing treatment, as appropriate;
- Supporting re-entry into the community; and
- Providing behavioral health clinical consultation, as appropriate.

DHCS would like to focus on the delivery on in-reach clinical consultation in a future Advisory Group meeting.

In-Reach Provider Considerations

Care management and pre-release consultations may be delivered virtually or in-person by community-based, in-reach providers, including care managers, behavioral health or physical health providers, and community health workers (CHWs).

DHCS understands there are several potential barriers to implementing in-reach providers:

- Any community-based provider will need to complete a background check prior to their visit and then pass through multiple security checkpoints prior to entry for in-person visits; community-based providers will also have a one-time security clearance process for telehealth.
- There may be limited physical space or correctional officer capacity to transport individuals to allow private visits (in-person or telehealth).

To make provision of in-reach services feasible, potential strategies could include:

- Utilizing consulting provider pathway to assist in-reach providers who provide services regularly.
- Setting regular hours for in-reach providers (e.g., every Tuesday and Thursday 8am - 2pm).
- Leveraging telehealth to minimize in-person visits.

Are there other barriers or potential strategies DHCS should consider as it develops guidance for in-reach providers?

Medication Coverage During Pre-and Post-Release Period

The delivery of medications and medication administration are a key part of CalAIM JI pre-release services.

The goal of providing medications during the pre-release period is to:

- Ensure access to medications that are traditionally difficult to obtain in jails/prisons/youth correctional facilities (such as MAT and long-acting injectables).
- Stabilize individuals with chronic conditions on medications which they will be able to access once released to ensure their conditions are well controlled during the immediate post-release period.
- Provide discharge medications to ensure there is no gap in access to critical medications.

DHCS would like to focus on the delivery on pre-release medications in a future Advisory Group meeting.

Medi-Cal Provider Enrollment and Billing

In order for correctional facilities to get reimbursed for the delivery of targeted pre-release services (e.g., care management, as appropriate; medications; MAT; and x-rays/labs) facilities will need to enroll as Medi-Cal providers. DHCS recognizes that many correctional facilities do not yet have processes in place to claim or bill for Medi-Cal services. DHCS is committed to providing targeted TA to help correctional facilities use PATH dollars to implement these processes.

DHCS has identified streamlined pathways for correctional facilities to enroll as Medi-Cal providers.

Pharmacy Enrollment

- Correctional facilities that have pharmacies can enroll the pharmacy in Medi-Cal to receive Medi-Cal reimbursement.
- Enrollment will be location-specific and only one provider per pharmacy must enroll.

Provider Enrollment

- DHCS is developing a Medi-Cal provider enrollment pathway that will streamline the number of correctional providers that will need to enroll in Medi-Cal to get reimbursed for pre-release services.
- DHCS is also examining flexibilities for prescribing providers within federal requirements.

Claiming and Billing

- The DHCS team is actively working on a developing a claiming and billing approach for correctional facilities and will provide an update once available.

Q&A

Supporting Reentry Planning and Services

Correctional facilities and community-based care managers will play a key role in re-entry planning/ coordination, including notifying implementation partners* of release date, supporting pre-release warm handoffs, facilitating behavioral health linkages, and dispensing medications/ and DME upon reentry.

Minimum Requirements for Warm Handoffs if Pre and Post Release Care Manager Are Not the Same:

Prior to release, the pre-release care manager must do the following:

- Share transitional care plan with the post-release care manager and MCP.
- Schedule and conduct a pre-release care management meeting (in-person or virtual) with the client and pre- and post-release care managers to:
  - Begin to establish a trusted relationship between client and post-release care manager.
  - Develop and review the transitional care plan with the client and address questions.
  - Identify outstanding service needs.

Note: Meeting should occur at least 14 days prior to release if release date is known.

*Implementation partners include: SSD, post-release care manager, MCP, and county BH agency.

Behavioral Health Linkages

To achieve continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to facilitate referrals/linkages to post-release behavioral health providers (e.g., non-specialty mental health, SMHS, and SUD) and share information with the individual's health plan (e.g., MCPs, county mental health plans, DMC/DMC-ODS counties).

In order to operationalize Behavioral Health Linkages, DHCS is developing guidance to:

- Set requirements on information sharing between correctional facilities and counties for those individuals with SMI or SUD.
- Ensure coordination and information sharing related to treatment plan, scheduling of community-based appointments, and consent forms between the pre-release care manager and County Behavioral Health, if County Behavioral Health is not the pre-release care manager.
- Provide guidance and best practices that leverage in-reach clinical consultations to allow warm handoffs and relationship building prior to release with post-release behavioral health treatment providers.
- Ensure there are scheduled/available follow-up appointments with behavioral health providers upon release for those with behavioral health needs.
- Ensure the post-release care manager and/or community health worker will help individual connect to any needed services and make it to behavioral health appointments.
- Ensure the care manager will work with parole/probation to ensure they are aware of connections made with county BH.

Reference: CA Penal Code 4011.11(h)(5)

Enhanced Care Management (ECM): Individuals Transitioning from Incarceration Population of Focus (POF)

The Adult and Youth Transitioning from Incarceration Population of Focus aligns with the eligibility criteria to receive 90-day pre-release Medi-Cal services and will go live July 1, 2023.

- Individuals who meet the CalAIM pre-release service access criteria will qualify for ECM Justice Involved Population of Focus and will be automatically eligible for ECM until a reassessment is conducted by the managed care plan (MCP), which may occur up to six months after release.
- Individuals who are eligible to receive pre-release Medi-Cal services will be assigned an aid code that indicates their eligibility for pre-release services. The aid code will be shared with the MCP to assist with identification of ECM eligibility.

Reminder: ECM for individuals and families experiencing homelessness, adult high utilizers, and adults with a SMI/SUD are currently live statewide.

Reminder: ECM Coordination Requirements with County Behavioral Health Providers

DHCS has laid out clear expectations with respect to coordination between ECM and county behavioral health providers.

Managed care plans (MCPs) requirements include:

- Contract with county behavioral health providers to serve as ECM providers.
- Prioritize county behavioral health staff or behavioral health providers to serve in the ECM provider role, provided they agree and are able to coordinate all services needed by a population of focus, not just their behavioral health services.
- Assign member to a behavioral health provider as the ECM provider if a Member receives services from a Specialty Mental Health Plan for SED, SUD, and/or SMI and the Member's behavioral health provider is a contracted ECM provider (unless the Member has expressed a different preference or the MCP identifies a more appropriate ECM provider given the Member's individual needs and health conditions).
- Allow members receiving SMHS targeted case management or Full-Service Partnership services to be eligible for and receive ECM services. (MCPs are required to ensure non-duplication of services.)

Source: Department of Health Care Services, "CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions," available at https://www.dhcs.ca.gov/Documents/MCQMD/MCP-ECM-and-ILOS-Contract-Template-Provisions-05282021.pdf.

Q&A

Next Steps

Next Steps and Looking Ahead

- **Advisory Group members to share pressing issues, feedback, and comments.**

- **Upcoming meetings:**
  - September 22, 10:30 – 12:30 pm PT *(virtual)*

Thank You!

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

Appendix

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.

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

Criteria	Proposed Definition
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 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 [...]

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

Criteria	Proposed Definition
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) ▪ Receiving gender affirming care ▪ 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/AIDS" shall have tested positive for either human immunodeficiency virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) at any point in their life.
Pregnant or Postpartum	A person who is "Pregnant or Postpartum" shall be either currently pregnant or within 12 months post-partum.

Working Definitions of Covered Services *(1 of 5)*

Covered Service	Working Definition
Case Management	Case management will be provided in the period up to 90 days prior to release and is intended to facilitate re-entry planning into the community in order to: (1) support the coordination of services delivered during the pre-release period and upon re-entry; (2) ensure smooth linkages to social services and supports; and (3) and ensure arrangement of appointments and timely access to appropriate care and to re-entry services delivered in the community. Services shall include: • Conducting a health risk assessment, as necessary; • Developing, with the client, a discharge/re-entry care plan, with input from the clinician providing consultation services and correctional facility's re-entry planning team; • Providing warm linkages with designated managed care plan care managers (including potentially an ECM provider, if eligible), which includes sharing discharge/reentry care plans with managed care plans upon re-entry; • Ensuring that necessary appointments with providers, including, as relevant to care needs, with specialty county behavioral health coordinators and managed care providers are arranged; • Making warm 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; …

Working Definitions of Covered Services *(2 of 5)*

Covered Service	Working Definition
Case Management *(continued)*	… • Ensuring data are shared with managed care plans, (and, as relevant, with physical and behavioral health/SMI/SED providers) to enable timely and seamless hand-offs; • Conducting follow-up with community-based providers to ensure engagement was made with individual and community-based provider as soon as possible and no later than 30 days from release; and • Conducting follow up with the individual to ensure engagement with community-based providers, behavioral health services, and other aspects of discharge planning, as necessary, no later than 30 days from release.

Working Definitions of Covered Services *(3 of 5)*

Covered Service	Working Definition
Physical and Behavioral Health Clinical Consultation Services	Physical and behavioral health clinical consultation services include targeted preventive, physical and behavioral health clinical consultation services via telehealth or in person. Services may include, but are not limited to: • Addressing service gaps that may exist in correctional care facilities; • Diagnosing and stabilizing individuals while incarcerated; • Providing treatment, as appropriate; • Supporting re-entry into the community; and • Providing behavioral health clinical consultation which includes services covered in the State Plan rehabilitation benefit but is not limited to, clinical assessment, patient education, therapy, counseling, SUD Care Coordination (depending on county of residence), Peer Support services (depending on county of residence), and Specialty Mental Health Services Targeted Case Management covered in the Medicaid State Plan.
Laboratory / Radiology	Laboratory/Radiology services will be provided consistent with the State Plan.

Working Definitions of Covered Services *(4 of 5)*

Covered Service	Working Definition
Medications	Medications consistent with the full scope of covered outpatient drugs under Medi-Cal State Plan and medication administration
Medications for Addiction Treatment (also referred to 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 the Social Security Act Section 1905(a)(29) • MAT for Alcohol Use Disorders (AUD) and Non-Opioid Substance Use Disorders includes all FDA-approved drugs and services to treat AUD and other SUDs. MAT for AUD and other SUDs may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care. • 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; prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT. DHCS is seeking 1115 expenditure authority for services provided to qualifying enrollees for a period up to 90-days prior to release from incarceration, including by correctional facilities that are not DMC certified providers as otherwise required under the State plan for the provision of the MAT benefit.

Working Definitions of Covered Services *(5 of 5)*

Covered Service	Working Definition
Community Health Worker Services	Community Health Worker services will be provided consistent with the State Plan.
Services Provided Within Jails or Prisons for Post-Release	Services provided within jails or prisons for post-release include: • Supply of medications, consistent with Medi-Cal clinical policy; and • Durable medical equipment (DME) as indicated and consistent with State Plan requirements.