

## ■ DISCLAIMER

- This session was conducted for members of county-based teams in CA that are working to expand access to Medications for Addiction Treatment in jails and drug courts. The project is funded through California's Department of Health Care Services (DHCS) with State Opioid Response funding from SAMHSA. The content is being made available to all interested parties. Please note this content has not been professionally edited and the session was conducted using Zoom.
- In the case of any security issues that may occur, this session will immediately end. A separate email will be sent to all participants with further instruction.
- Any data and information collected through polls and chats will only be used to inform future webinar/learning collaborative topics and to provide DHCS with evaluation results.

# Overview of California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Initiative

*A webinar for DHCS SORII County Touchpoints & Jail MAT Learning Collaboratives*

A Joint Effort of the California Department of Health Care Services Medication Assisted Treatment Expansion Project, Health Management Associates, and California Health Policy Strategies



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**Tyler Sadwith**  
Assistant Deputy  
Director, Behavioral  
Health, California  
Department of Health  
Care Services

# Context Setting

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# CalAIM Overview

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 Initiatives

- Implement pre-release Medi-Cal Application Processes in all county jails and youth correctional facilities
- Provide targeted set of Medi-Cal services in the 90-days prior to release, pending CMS approval

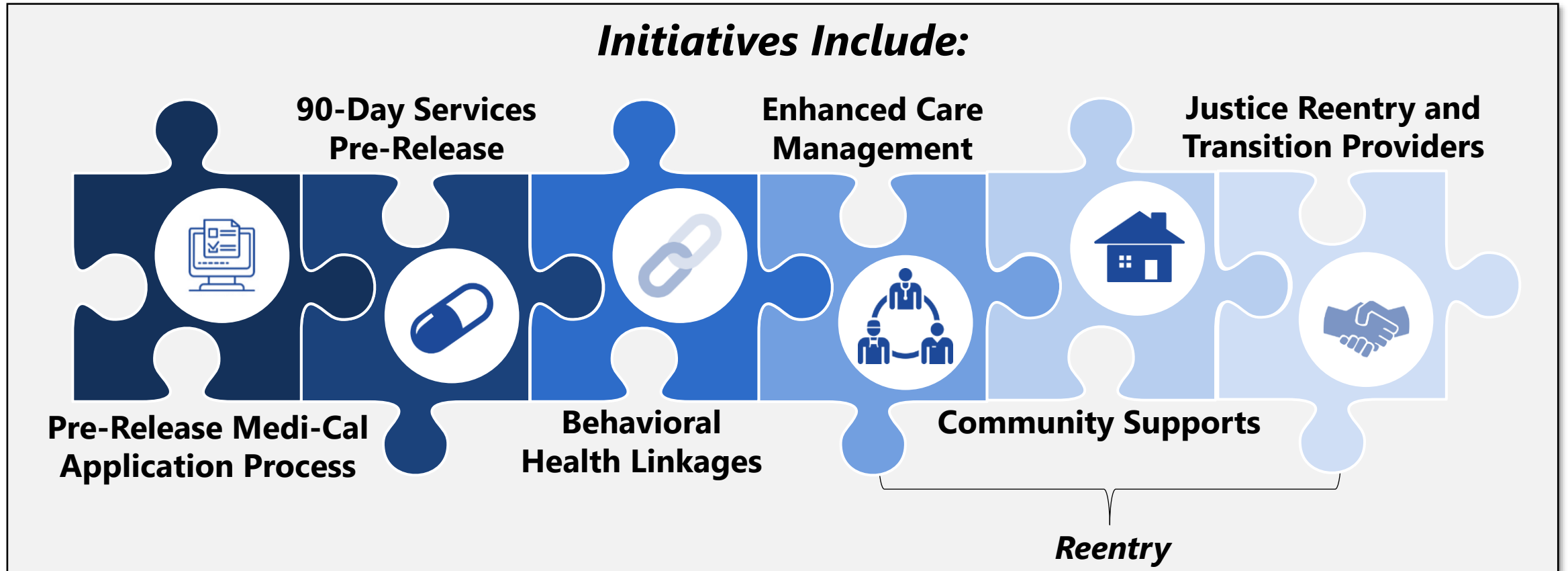
# DHCS Continues Negotiations on 1115 Waiver

## *CMS Update*

- » **Negotiations between the State and CMS on the request to provide targeted services in the 90 days prior to release are ongoing.**
- » DHCS will provide an update on the status of negotiations as information becomes available to share.
- » All pre-release service parameters discussed today are subject to change.

# 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 reentry.



# Pre-Release Medi-Cal Application Processes

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

## Rationale

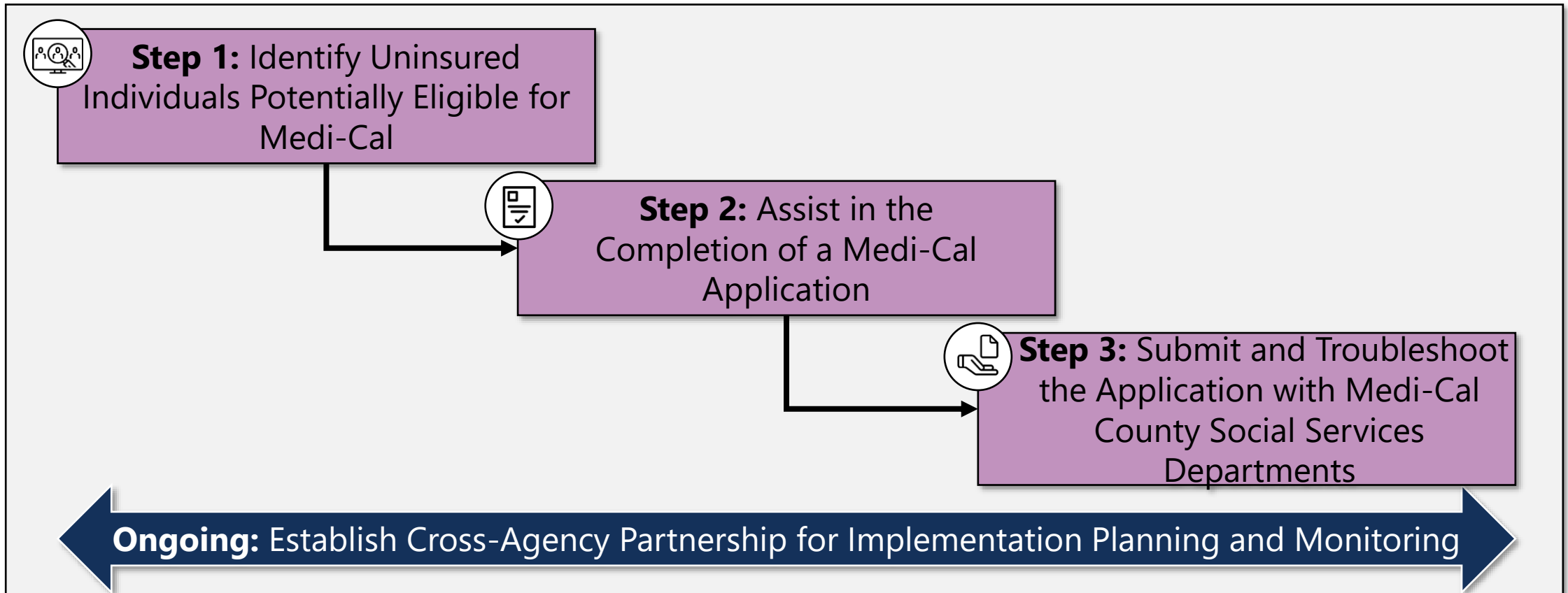


- » Pre-release application process will help to ensure Medi-Cal coverage upon re-entry into the community in order to facilitate access to needed Medi-Cal covered services and care



# Pre-Release Medi-Cal Enrollment Process

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



*There is no "one-size-fits-all" approach for pre-release Medi-Cal enrollment. DHCS shared best practices on implementing pre-release Medi-Cal applications through an issue brief and continues to meet with a pre-release application sub workgroup to foster peer-to-peer learning and support implementation.*

# 90-Day Services Pre-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

# 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, be screened for eligibility 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, as appropriate, 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 re-enters the community

## Pre-Release Management and Stabilization

The 90-day period allows for:

- » Better management of ambulatory care sensitive and chronic 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) which 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, 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 and community-based providers to enable seamless hand-offs

# Proposed 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



# Proposed Scope of 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/radiology
- Psychotropic medications
- Medications for addiction treatment (MAT)
- Services provided within jail/prison 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

**The intent is to develop a pre-release benefit package for eligible individuals.**

**Providers can bill fee-for-service for Medi-Cal covered services during this pre-release period.**

# Deep Dive on Target Populations

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# Mental Illness and Substance Use Disorder

Criteria	Updated Definition
<b>Mental Illness</b>	<p><b>Mental Illness:</b> A person with a “Mental Illness” is a person who is currently receiving mental health services or medications <b>OR</b> meets both of the following criteria:</p> <ul style="list-style-type: none"><li>i. The beneficiary has one or both of the following:<ul style="list-style-type: none"><li>1. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities. <b>AND/OR</b></li><li>2. A reasonable probability of significant deterioration in an important area of life functioning.</li></ul><b>AND</b></li><li>ii. The beneficiary’s condition as described in paragraph (i) is due to either of the following:<ul style="list-style-type: none"><li>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. <b>OR</b></li><li>2. A suspected mental disorder that has not yet been diagnosed.</li></ul></li></ul>
<b>Substance Use Disorder</b>	<p><b>SUD:</b> A person with a “Substance Use Disorder” shall either:</p> <ul style="list-style-type: none"><li>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.</li><li>ii. Have a suspected SUD diagnosis that is currently being assessed through either NIDA-modified ASSIST or ASAM criteria.</li></ul>

# Chronic/Significant Clinical Condition (1 of 2)

Criteria	Proposed Definition
<b>Chronic Condition / Significant Clinical Condition</b>	<p>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:</p> <ul style="list-style-type: none"><li>▪ Active asthma, on medication</li><li>▪ Active cancer, receiving treatment or treatment indicated</li><li>▪ Active COVID-19 or Long COVID-19, receiving treatment or treatment indicated</li><li>▪ Active hepatitis A, B, C, D, or E</li><li>▪ Advanced liver disease</li><li>▪ Advanced renal (kidney) disease</li><li>▪ Alzheimer’s disease/ dementia</li><li>▪ Arthritis that impacts the function of activities of daily living</li><li>▪ Autoimmune disease</li><li>▪ Chronic musculoskeletal disorders that impact functionality of activities of daily living, receiving treatment or treatment indicated</li><li>▪ Chronic neurological disorder, receiving treatment or treatment indicated</li><li>▪ Congestive heart failure</li><li>▪ Connective tissue disease, receiving treatment or treatment indicated</li><li>▪ COPD</li><li>▪ Coronary artery disease</li><li>▪ Currently prescribed opiates or benzodiazepines</li><li>▪ 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</li><li>▪ Cystic fibrosis and other metabolic development disorders</li><li>▪ Epilepsy or seizures, receiving treatment or treatment indicated</li><li>▪ Foot, hand, arm, or leg amputee</li><li>▪ Glaucoma</li><li>▪ Hip/Pelvic fracture [...]</li></ul>



# Chronic/Significant Clinical Condition (2 of 2)

Criteria	Proposed Definition
<b>Chronic Condition / Significant Clinical Condition</b>	<ul style="list-style-type: none"><li>▪ HIV/AIDS</li><li>▪ Hyperlipidemia, receiving treatment or treatment indicated</li><li>▪ Hypertension, receiving treatment or treatment indicated</li><li>▪ Incontinence, receiving treatment or treatment indicated</li><li>▪ Migraine or chronic headache</li><li>▪ Moderate to severe atrial fibrillation/arrhythmia, receiving treatment or treatment indicated</li><li>▪ Multiple sclerosis and transverse myelitis</li><li>▪ Muscular dystrophy</li><li>▪ Obesity, receiving treatment or treatment indicated</li><li>▪ Peripheral vascular disease</li><li>▪ Pressure or chronic ulcers</li><li>▪ Previous stroke or transient ischemic attack (TIA)</li><li>▪ Receiving gender affirming care</li><li>▪ Respiratory conditions, such as severe bronchitis, receiving treatment or treatment indicated</li><li>▪ Severe viral or bacterial infections, receiving treatment or treatment indicated</li><li>▪ Sickle cell disease or other hematological disorders requiring treatment</li><li>▪ Significant hearing or visual impairment</li><li>▪ Spina Bifida or other congenital anomalies of the nervous system</li><li>▪ Spinal cord injury</li><li>▪ Tuberculosis, receiving treatment or treatment indicated</li><li>▪ Type 1 or 2 diabetes, receiving treatment</li><li>▪ Valley fever (coccidioidomycosis), receiving treatment or treatment indicated</li></ul>

# I/DD, TBI, HIV, Pregnancy

Criteria	Proposed Definition
<b>Intellectual or Developmental Disability</b>	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 <a href="#">Section 4512 of the California Welfare and Institutions Code</a> .
<b>Traumatic Brain Injury</b>	A person with a “Traumatic Brain Injury”, or other condition, where the condition has caused significant cognitive, behavioral, and/or functional impairment.
<b>HIV/AIDS</b>	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.
<b>Pregnant or Postpartum</b>	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, correctional facilities currently conduct screenings for behavioral and physical health care needs 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 supply of medication upon release.**

# Deep Dive on Covered Services

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# 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; and (3) and ensure coordination to re-entry services delivered in the community. 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

# Clinical Consultation

## Proposed Approach

The objective of providing **targeted preventive, 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, clinical assessment, patient education, targeted therapy/counseling, and Peer Support services (depending on county of residence).

Consulting Provider Role	Care Manager Role	Correctional Facility Role
<ul style="list-style-type: none"><li>▪ Assist with evaluation and diagnosis in order to support the provision of medication in the pre- and post-release periods.</li><li>▪ Inform the care manager's health risk assessment and discharge/re-entry plan, as needed.</li><li>▪ Support the development of the treatment plan for post-release.</li><li>▪ Prescribe medications.</li></ul>	<ul style="list-style-type: none"><li>▪ Play a "quarterback" role in identifying the need for clinical consultation and sharing clinical consultation information with the correctional facility.</li></ul>	<ul style="list-style-type: none"><li>▪ Share available data to: inform health risk assessment; understand current treatments; and coordinate release planning.</li><li>▪ Play a coordinating role in facilitating clinical consultation (e.g., setting up appointments, ensuring private consultation spaces, and enabling telehealth)</li><li>▪ Follow-up with clinical consultation recommendations.</li></ul>

# 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.

# 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.
- » **Limited Laboratory/Radiology** will be provided as indicated.

## *Services for Post-Release*

- » **Supply of Medications**, consistent with Medi-Cal Policy, includes prescription or administration of medication, for use post-release into the community.
- » **Durable Medical Equipment** for use post-release into the community will be provided as indicated and consistent with State Plan requirements.



# **Deep Dive on Service Delivery Approach: Correctional Facility**

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# Enroll in or Suspend Medi-Cal Coverage



At intake, or within 1 week of intake, individuals will need to be screened for and enrolled in Medi-Cal.

## Roles and Responsibilities for Correctional Facilities

- Assist with Medi-Cal application process including:
  - Transferring information to county social services departments to suspend coverage for individuals upon entry into the correctional facility and unsuspend coverage upon the release date.\*
  - For individuals who appear to be uninsured:
    - Facilitating the completion of Medi-Cal applications on behalf of identified individuals (or coordinating with a 3rd party contractor to complete applications);
    - Ensuring the transmission of the application and cover letter to the county social services departments; and
    - Troubleshooting with the county social services departments to ensure successful enrollment.

\*Per the SUPPORT Act, states shall not terminate Medicaid eligibility when individuals under age 21 become inmates of a public institution. States may instead suspend Medicaid eligibility for the duration of incarceration.

Source: Pub. L. 115-271, <https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf>

# Screen for Access to Pre-Release Services



**135 days prior to release, individuals will need to be screened for access to pre-release services and Medi-Cal enrollment will need to be confirmed.**

## **Roles and Responsibilities for Correctional Facilities**

- Compile and maintain a list of individuals who will be released in less than 135 days and who are either enrolled in Medi-Cal and need their coverage suspension adjusted to cover pre-release services or need to be enrolled in Medi-Cal, if not already.
- Assist in screening for access criteria by:
  - Compiling available information, to the extent possible, to assess current services/medications an individual is receiving; and
  - Facilitating additional screening with clinical staff, as needed.
- Obtain signed consent forms.

**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 supply of medication upon release.**

# Provide Pre-Release Services During 90 Days Prior to Release



120 to 90 days prior to release, individuals will need to be informed of targeted Medi-Cal services and assigned a care coordinator/manager.

## Roles and Responsibilities for Correctional Facilities

- Coordinate with community-based care coordinators/managers to schedule time for them to come in person (or via telehealth) to the correctional facility to conduct the care needs assessment and a develop discharge care plan.
- Support and facilitate in-person or telehealth appointments (i.e., securing space, security for in-person providers, telehealth setup) and work with care coordinator/manager to support and facilitate needed clinical consultation.
- Coordinate and the supervise provision of MAT and psychotropic medications.

**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 supply of medication upon release.**

# Support Reentry Planning



In the 90 days prior to release, individuals will be provided covered pre-release services as needed and transition supports for reentry.

## Roles and Responsibilities for Correctional Facilities

- Coordinate with case records and parole and probation and courts on changes in release dates, including accelerated releases and community transition program-related releases
- Coordinate with pre-release care manager on medication and DME to be provided upon release, as appropriate
- Inform county social services department of release to ensure full Medi-Cal coverage is activated, and notify reentry providers and MCPs of release, if applicable

**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 supply of medication upon release.**

# 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 to improve health outcomes for justice-involved individuals.

- A key aspect of PATH funding is that it would **support capacity building for effective pre-release services for justice-involved populations and enable coordination with justice agencies and county behavioral health agencies.**
- PATH will be available to prisons, jails, youth correctional facilities, behavioral health agencies, and other justice-involved stakeholders, as identified by DHCS.

# **Deep Dive on Service Delivery Approach: Care Management**

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# Vision for Pre-Release Care Management

*Care management will be provided during the 90-day pre-release period to facilitate re-entry planning into the community in order to:*

- » **Establish trusted relationships with care managers** that will be continuous pre- and post-release;
- » **Support the coordination of pre-release services** including physical health, behavioral health care, dental and primary care;
- » **Ensure smooth linkages to post-release care**, including clinical and social services.



# Guiding Principles for Implementation



## **Trusted Relationships Between Client and Care Manager**

Care managers should foster close relationships with the client to gain their trust and encourage continued engagement throughout the pre- and post-release periods.



## **Client-Centered Care**

Client must be actively engaged and respected in their goals and decisions around their care.



## **Primary Point of Contact**

Care manager should be point of contact for coordination of all pre-release services, including with county behavioral health providers and care coordinators.



## **Timely Sharing of Information**

Care managers, service providers and other stakeholders should strive for timely delivery of information to support coordinated service delivery during the pre-release and re-entry period.



## **Warm Linkages**

Transitions between care managers should be minimized, but when transition is required, warm handoffs must be prioritized to foster post-release relationship building. At minimum, warm handoff must include sharing transitional care plans and other information with the managed care plan (MCP) care manager before re-entry, and conducting a meeting with the pre-release care manager, post-release care manager, and client.

# What is Care Management?

Care managers should build trusted relationships with clients and ensure continuity in engagement and relationships, where possible, throughout the pre- and post-release periods.

## 90-Day Pre-Release Care Management (Proposed statewide standardized requirements )

- Conduct a health needs assessment
- Coordinate in-reach consultations prior to the client's release
- Develop a transitional care plan with the client
- Coordinate with key care partners to prepare for release, including sharing information and care plan across correctional facility providers, post-release providers, MCP, and post-release care manager (if applicable)
- Coordinate with county behavioral health plans and DMC, DMC-ODS, SMHS providers to ensure alignment
- Make referrals and appointments to community-based clinical and social services post-release
- Ensure client has appropriate medications (i.e., MAT, psychotropics, chronic condition stabilizing medications) upon release and DME

## Transition

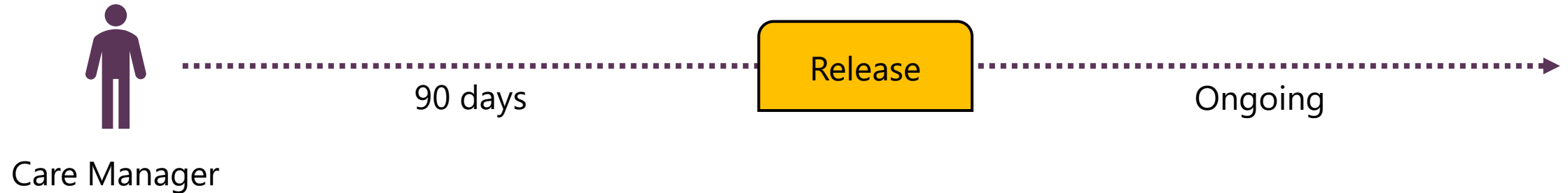
## Post Release Care Management Activities

- Conduct outreach and engage clients
- Update client assessment and care plan with any newly identified needs
- Coordinate services necessary to implement the care plan
- Provide health promotion services to encourage and support clients to engage in healthy behaviors
- Support clients and their support networks during discharge from hospital or institutional setting
- Ensure clients and support networks are knowledgeable about client's conditions
- Coordinate referrals and transportation to community and social services

# Most Common Care Management Scenarios

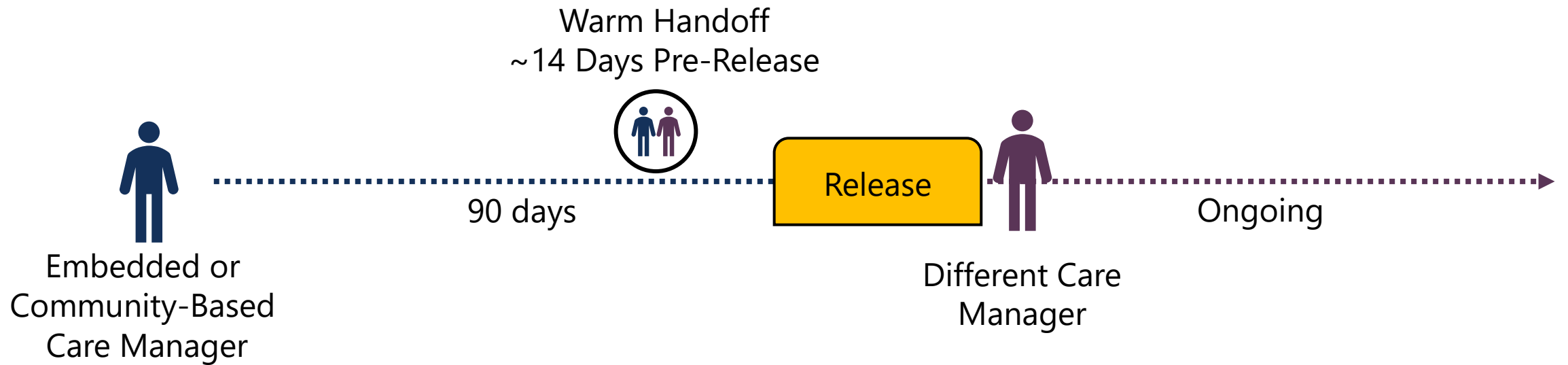
## ★ Scenario Most Aligned with Care Management Vision:

**Pre-release care manager is same person as post-release care manager**



## Alternate Scenario:

**Pre-release care manager is a different person than post-release care manager**



# Proposed Statewide Standardized Requirements for Warm Handoffs

As described in the alternate scenario, when the pre- and post-release care managers differ, a warm handoff should occur approximately 14 days prior to release to begin establishing a trusted relationship with the new care manager and ensure seamless service delivery and coordination.

## Proposed Statewide Standardized Requirements

*Approximately 14 days prior to the client's release, the pre-release care manager must do the following:*

- ✓ Share the transitional care plan and other relevant information (e.g., support network information) with the post-release care manager and client's assigned managed care plan.
- ✓ Schedule and conduct a pre-release care management meeting with the client that includes participation from the pre- and post-release care managers. The purpose of the meeting is to:
  - Begin establishing a trusted relationship between the client and the post-release care manager.
  - Review the transitional care plan with the client and address questions.
  - Identify any outstanding service needs and other supports needed to support a successful re-entry to the community (e.g., transportation, housing).

Note: This meeting can occur in-person or virtually. If it is not possible to include the client in the meeting, then the pre- and post-release care managers should meet to coordinate the transition.

# Pre-Release Care Manager Job Responsibilities (Proposed Statewide Standardized Requirements) (1/2)

- **Conduct a health needs assessment**, inclusive of social support needs, behavioral health needs, physical health needs, and any social services needs including housing.
- **Arrange for and coordinate in-reach consultations prior to the client's release** (e.g., primary/specialty care, behavioral health) to support stabilization during incarceration, inform the development of the transitional care plan, and ease the transition to post-release services.
- **Develop a transitional care plan with the client and secure necessary consent to share it with key stakeholders**, including the correctional facility, consultative providers, specialty behavioral health providers as appropriate, family members as appropriate, and parole/probation officers.
- **Coordinate with key stakeholders to prepare for release** (e.g., correctional facilities, consultative providers) to ensure that each client is released with the needed medications, vaccinations, durable medical equipment (DME), and referrals to appropriate services and supports in the community to be successful post-release.
- **Coordinate with specialty county behavioral health coordinators and ODS providers** to ensure aligned and consistent engagement with the client on their behavioral health needs.

# Pre-Release Care Manager Job Responsibilities (Statewide Standardized Requirements) (2/2)

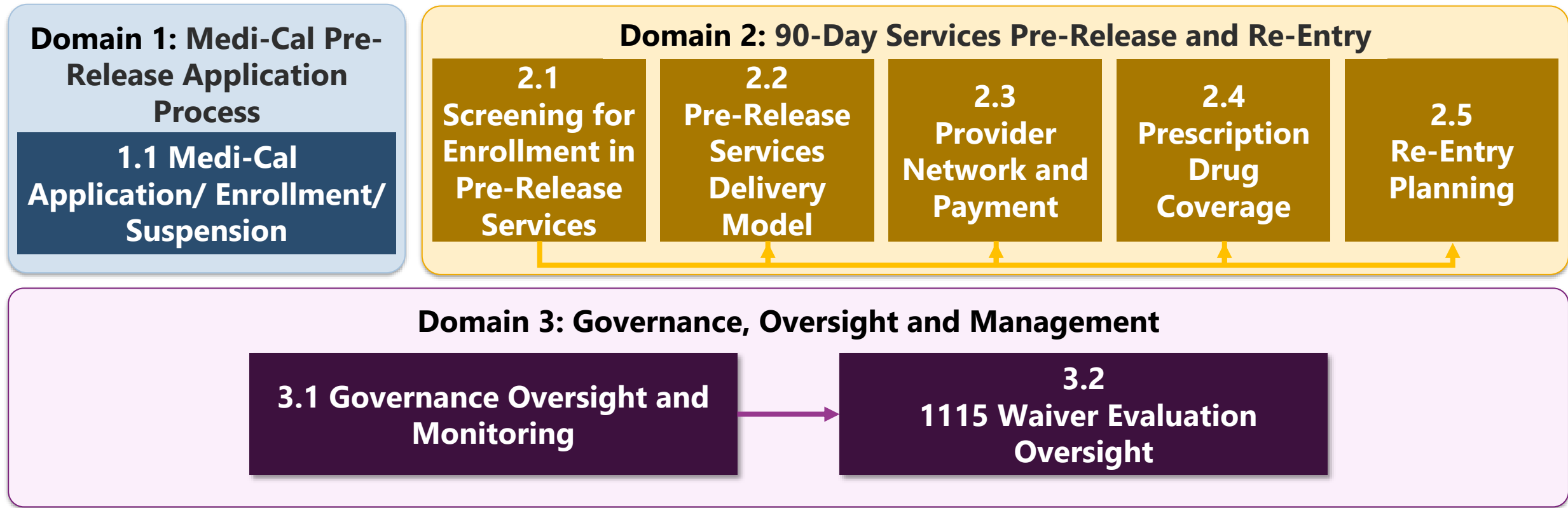
- **Make referrals and appointments to community-based services post-release**, including:
  - Clinical services, including dental providers, behavioral health, or substance use disorder (SUD) providers.
  - Social services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, transportation, childcare, child development, and mutual aid support groups.
- **Facilitate a warm handoff to designated ECM providers of managed care plans at release**, which includes sharing transitional care plans and other needed information with ECM providers and managed care plans prior to re-entry, as well as conducting a meeting with the client that includes participation from the pre-release care manager and post-release ECM provider.

# Appendix

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the width of the page below the title.

# 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.



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



## **■ POLLING QUESTIONS**

**1. Overall, today's webinar was:**

- A. Very useful**
- B. Somewhat useful**
- C. Not very useful**
- D. Not useful at all**

**2. The material presented today was:**

- A. At the right level**
- B. Too basic**
- C. Too detailed**



CALIFORNIA  
HEALTH  
POLICY  
STRATEGIES, L.L.C.

Questions for DHCS?

[CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov)

Questions for HMA?

[CountyTouchpoints@healthmanagement.com](mailto:CountyTouchpoints@healthmanagement.com) or  
[MATinCountyCJ@healthmanagement.com](mailto:MATinCountyCJ@healthmanagement.com)

