



California Advancing and Innovating Medi-Cal Justice-Involved Initiative (CaAIM JI) Initiative: Implementation and Best Practices

Wednesday, November 20, 2024

Pasadena Convention Center and Conference Center

Ballroom G, Pasadena Convention Center

1:30 PM – 3:30 PM

Workshop Agenda

1:30-1:40 p.m.

Welcome

Supervisor Rich Desmond, Sacramento County

1:40-1:55 p.m.

Overview: CaAIM JI

Autumn Boylan, Deputy Director, Office of Strategic Partnerships, Department of Health Care Services

1:55-3:00 p.m.

County Perspectives

Anna Scott, Director, Health and Human Services, Inyo County

Melissa Best-Baker, Deputy Director of Fiscal Oversight and Special Projects, Health and Human Services, Inyo County

Michelle de la Calle, Director, Office of System Integration, County of Santa Clara Health System

Dr. Holly Child, Restorative Services Director, Santa Clara County Office of the Sheriff

Linda Rodriguez, Behavioral Health Operations Officer, Custody Health Services, County of Santa Clara Health System

Dr. Phuong Luu, Bi-County Health Officer, Yuba County

John Keene, Chief Probation Officer, San Mateo County

3:00-3:25 p.m.

Questions

3:25-3:30 p.m.

Closing Remarks

Supervisor Rich Desmond, Sacramento County



130TH CSAC Annual Meeting
CalAIM JI Workshop
Wednesday, November 20, 2024; 1:30 PM – 3:30 PM
Pasadena Convention Center, Ballroom G
300 E. Green Street, Pasadena, CA 91101

California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved (JI) Initiative Implementation and Best Practices

In January 2023, California became the first state in the nation approved to offer a targeted set of Medicaid services to youth and eligible adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. The Justice-Involved (JI) Initiative is just one of several components of California Advancing and Innovating Medi-Cal (CalAIM), a framework that seeks to transform Medi-Cal to create a more coordinated, person-centered, and equitable health system that integrates care coordination across physical health, behavioral health, and local service providers through a broad-based delivery system, program, and payment reform.

California received federal approval from the Centers for Medicare and Medicaid Services (CMS) to implement CalAIM on December 29, 2021, effective through December 31, 2026 (five years). The waiver, collectively with Medi-Cal state plan amendments, will enable the state and counties to fully execute CalAIM initiatives that prioritize prevention and address social drivers of health disparities.

California also received approval to authorize federal Medicaid matching funds to provide selected Medicaid services for eligible JI individuals in the 90-day period prior to their release from a correctional facility. Under a provision of federal Medicaid law known as the “inmate exclusion,” states are prohibited from drawing down federal Medicaid funds to finance the health care of any individual committed to a jail, prison, detention center or other penal facility unless the incarcerated individual is treated in a medical institution outside the correctional facility for 24 hours or more. The JI Initiative, afforded by the Section 1115 demonstration, provides waiver and expenditure authority for a limited set of Medi-Cal services to incarcerated individuals within 90-days of release.

Last month, the Department of Health Care Services (DHCS) announced that the first three counties —**Inyo, Santa Clara, and Yuba**—were approved as of October 1 to begin delivering a targeted set of Medi-Cal services to individuals returning to communities after incarceration. All California counties are required to implement the CalAIM JI initiative before October 1, 2026.

This initiative seeks to help individuals stabilize chronic and significant clinical health conditions, including mental illness and substance use disorders. It also facilitates coordinated reentry to support successful transitions as individuals reenter communities and is aimed at closing equity gaps and improving health outcomes for people who are or have been incarcerated.



CalAIM JI:

WHO: The JI Initiative will serve *adults* who are in custody and meet one or more of the following health needs criteria: a confirmed or suspected mental health diagnosis, substance use disorder (SUD) or suspected diagnosis, a chronic clinical condition or significant non-chronic clinical condition, a traumatic brain injury, intellectual or development disability, a positive test or diagnosis of HIV or AIDS, or are pregnant or within a 12-month postpartum period. The JI Initiative will also serve *youth* who are in custody of a youth correctional facility. These youth do not need to meet clinical criteria.

WHAT: Offered through a federally approved amendment to the Medicaid Section 1115 demonstration waiver, the state is partnering with multiple county departments (behavioral health, public health, social services, sheriff, and probation), providers, managed care plans (MCPs), and community-based organizations to establish a coordinated community reentry process to assist those transitioning from incarceration connect to the physical and behavioral health services they need prior to release and reentering their communities.

Pre-release Medi-Cal services include:

- Reentry care management services.
- Physical and behavioral health clinical consultation services provided through telehealth or in person, to diagnose health conditions, provide treatment, and support pre-release care managers' development of a post-release treatment plan and discharge planning.
- Laboratory and radiology services.
- Medications and medication administration.
- Medication-Assisted Treatment (MAT) programs for all FDA-approved medications, including coverage for counseling.
- Services provided by community health workers (CHWs) with lived experience.

In addition, individuals will receive covered outpatient prescribed medications, over-the-counter drugs, and durable medical equipment upon release. A care manager will be assigned – either on-site in the carceral setting or via telehealth – to establish a relationship with the individual, understand their health needs, coordinate vital services, and plan for community transition, including connecting the individual to a community-based care manager they can work with upon their release.

WHEN: Stakeholder engagement activities by the state began in late 2021 to inform the Section 1115 demonstration negotiations and to provide input on development of JI Initiative policy and operational guidance. Planning efforts, including training, policy and operational guide development, and technical assistance, have been ongoing. As a condition of the demonstration, all prisons, jails and youth correctional facilities are required to demonstrate readiness to participate in the JI Initiative prior to going live with pre-release services.

DHCS is implementing through a phased approach for the state prison system, county correctional agencies (including county jails and youth correctional facilities), and county behavioral health agencies to go live in several readiness-based cohorts over the period of the demonstration.

- Correctional facilities and county behavioral health agencies may go live as early as **October 1, 2024**, depending on their readiness assessments, as detailed below. The initial start date



was delayed six months by DHCS after internal assessments and county feedback regarding readiness.

- At this time, all correctional facilities and county behavioral health agencies must go live no later than **September 30, 2026**. Correctional facilities will determine their go-live date, and county behavioral health agencies will align with their county correctional facility's go-live date.
- Correctional facilities must submit their readiness assessments to DHCS for review at least five months prior to their proposed go-live date. As an example, a correctional facility seeking to implement on **October 1, 2024**, must have submitted their completed readiness assessment to DHCS by April 1, 2024.
- As of late October, CDCR and 21 county correctional facilities have submitted readiness assessments requesting go-live dates ranging from October 2024 through April 2025.
- As noted on the DHCS CalAIM JI webpage providing [county readiness status](#), all county behavioral health agencies should have already submitted their readiness assessments to DHCS.
- Correctional facilities and county behavioral health agencies are to coordinate with their social services department on implementation timing to ensure that the social services department's processes will be ready by the planned go-live dates.

WHY: The goal is to ensure continuity of health care coverage after incarceration, enabling access to programs and services like Enhanced Care Management and Community Supports, linkages to medical and behavioral health services, and prescription medications upon release. Stabilizing the needs of the JI population, which is at high risk for poor health outcomes, injury/trauma, violence, and death, will help to address disparities by reducing gaps in care, enhance quality of care, improve physical and mental health outcomes, advance health equity, and prevent unnecessary admissions to inpatient facilities and emergency departments.

HOW: Planning and implementation efforts require an incredible level of collective and close-working partnerships between all entities involved – the state and county agencies including, but not limited to behavioral health, public health, social services, probation, sheriff departments, community-based organizations, managed care plans, and communities at large. Such significant policy and operational changes will also take time to fully implement, with operational activities continuing to evolve as counties go live.

Support is being offered through the Providing Access and Transforming Health (PATH) initiative – funding available to implementing agencies (correctional facilities, county social service departments, county behavioral health agencies, and the California Department of Corrections and Rehabilitation) to build capacity for workforce, make information technology (IT) changes, and enable data sharing amongst departments and across systems. However, it should be noted that PATH funding support is **one-time** in nature and will not support ongoing operations.

PATH funding consisted of an initial \$151 million for collaborative planning and IT investments intended to support implementation of pre-release Medi-Cal application and enrollment processes. The subsequent CalAIM JI waiver approval provided an additional \$410 million in PATH funding to support collaborative planning for, and IT investments in, implementation of pre-release Medi-Cal services.



According to DHCS, PATH funding is designed to support the planning and initial implementation of the JI Initiative, but it is not intended as a long-term funding source to support the ongoing operating costs beyond the start-up phase. DHCS has committed to its correctional implementation partners that it will work collaboratively to identify other ongoing and sustainable sources of funding to transition from the short-term PATH funding.

This is an incredibly complex initiative – the initial [Policy and Operational Guide for Planning and Implementing the JI Initiative](#) released in June 2023 is nearly 200 pages covering planning activities, readiness assessment requirements, details on pre-release Medi-Cal services delivery model, provider enrollment/payment specifications, reentry planning, MCP requirements, and monitoring and evaluation. It is expected that the Guide will be an evolving document with updates on an ongoing basis to reflect new and updated policy decisions and operational requirements.

CSAC CalAIM JI Workshop Speakers

The following representatives from the Administration and early implementing counties will provide an update on the CalAIM JI Initiative implementation activities, as well as share recent challenges and best practices as counties go live:

- Autumn Boylan, MPH, Deputy Director, Office of Strategic Partnerships, DHCS
- Anna Scott, MPA, Director, Inyo County Health and Human Services
- Melissa Best-Baker, Deputy Director, Fiscal Oversight and Special Projects, Inyo County Health and Human Services
- Michelle de la Calle, RN, BSN, MFS, Director of System Integration, Santa Clara County Health System
- Holly Child, PHD, Director of Restorative Services, Santa Clara County Sheriff's Office
- Linda Rodriguez, MPH, MA, LMFT, LPCC, Behavioral Health Operations Officer, Custody Health Services, Santa Clara County Health System
- Phuong Luu, MD, MHS, FACP, Bi-County Health Officer, Yuba County
- John Keene, JD, Chief Probation Officer, San Mateo County Probation Department

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