California Justice-Involved Reentry Initiative

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

November 2024

National Context for California's 1115

Until now, due to a provision of federal Medicaid law known as the "inmate exclusion," inpatient hospital care was the only service that could be covered by Medicaid for individuals considered an "inmate of a public institution."

- In 2018, Congress passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) which requires the United States Department of Health and Human Services (HHS) to provide guidance to states on how to seek 1115 demonstration authority to waive the inmate exclusion in order to improve care transitions to the community for incarcerated individuals.
- Prior to HHS' release of guidance, California, along with 14 other states, submitted 1115 demonstration requests to provide pre-release services to justice-involved populations. The Centers for Medicare and Medicaid Services (CMS) subsequently released guidance via a State Medicaid Directors Letter.
- Through its CalAIM 1115 Demonstration, California received federal approval to provide a targeted set of Medi-Cal services to youth and adults in state prisons, county jails and youth correctional facilities for up to 90 days prior to release.

California is the first state in the nation to get federal approval and the first to implement pre-release services.

Health Care Needs for Justice-Involved Populations

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 has been found to be **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.

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.

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

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

Justice-Involved Reentry Initiative Goals

Increase coverage, continuity of coverage, and service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings prior to release

Improve access to services prior to release and **improve transitions and continuity of care** into the community upon release

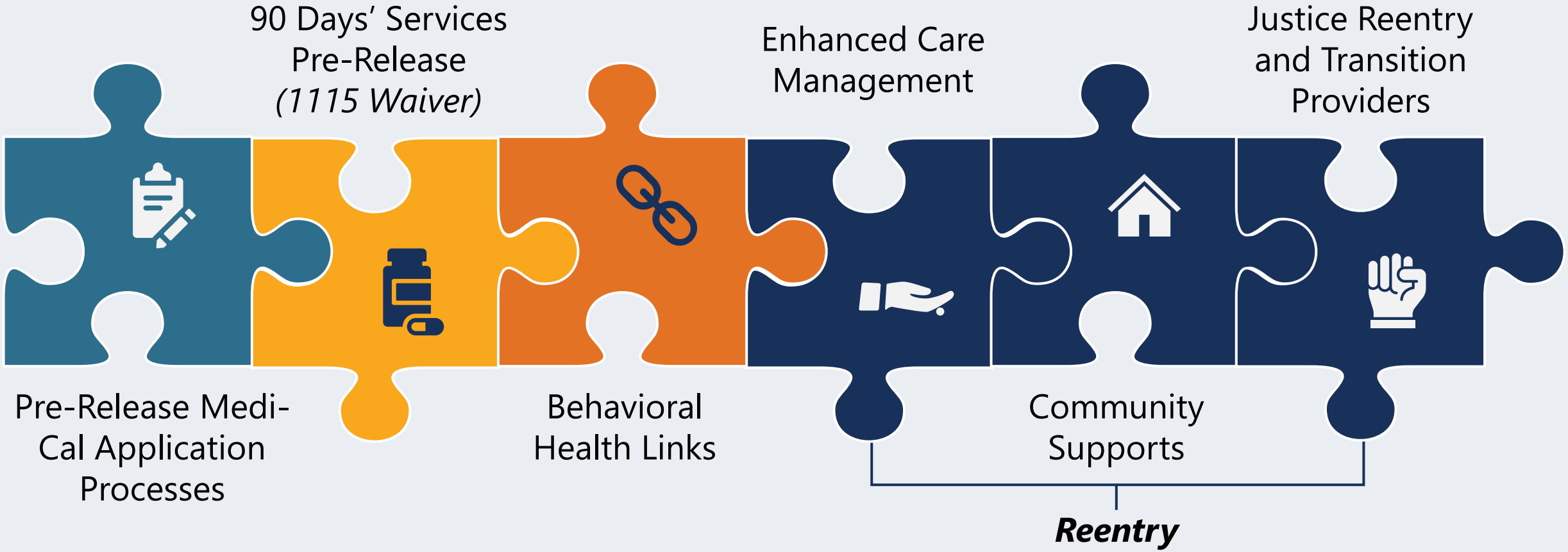
Provide behavioral health intervention and use medications for stabilization and addiction treatment for SUDs, with the goal of reducing decompensation, suicide-related deaths, overdoses, and overdose-related deaths in the near-term post-release

Improve coordination and communication between correctional systems, Medicaid and CHIP systems, managed care plans, and community-based providers

Reduce post-release acute care utilizations such as emergency department (ED) visits and inpatient hospitalizations and all-cause deaths through robust pre-release identification, stabilization, and management of serious physical and behavioral health conditions with increased receipt of preventive and routine physical and behavioral health care

The Reentry Initiative is Comprised of Pre-Release and Reentry Components

Initiatives Include:



Eligibility Criteria for Pre-Release Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- ✓ Be part of a Medi-Cal or Children's Health Insurance Program (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
  - Human Immunodeficiency Virus/Acquired Immunodeficiency (HIV/AIDS)
  - Pregnant or Postpartum

Note: All Medi-Cal/CHIP eligible youth that are:

- Incarcerated at a youth correctional facility;
- Under 21 and incarcerated at an adult jail; or
- Former foster youth under 26 and incarcerated at an adult jail

Are eligible to receive pre-release services and do not need to demonstrate a health care need.

Covered Pre-Release Services

- Reentry **care management** services;
- **Physical and behavioral health clinical consultation** services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- **Laboratory and radiology** services;
- **Medications and medication administration;**
- **Medication assisted treatment/medications for addiction treatment (MAT),** for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by **community health workers** with lived experience.
- **Covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan).
- **Durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

Timeline Considerations for Short-Term Stays

To mitigate challenges related to unknown release dates and short-term stays, DHCS established a short-term model to ensure correctional facilities are providing services, including care management, to individuals with short-term stays.

Care Management Task	Short-Term Model Timing Expectation
Contact and assign the individual's pre-release care manager (in-reach or embedded).	Best Practice: Within 2 business days of JI Aid Code activation Requirement: Within 8 days of JI Aid Code activation
Complete the Health Risk Assessment and Goals and Objectives.	Requirement: Within 8 days of JI Aid Code activation for embedded care managers. Within 10 days of JI Aid Code activation for in-reach care managers.
Complete the Reentry Care Plan.	Requirement: Within 14 days of JI Aid Code activation.
Ensure a Warm Handoff between the pre-release care manager, post-release ECM provider, and the individual.	Requirement: At any point prior to release. If release date is known, at least 14 days prior to release. In event of unexpected release, within 1 week of release.

Short Term Model Scenario: Patient Journey

Maria is booked into the county jail for a minor charge. Maria has been incarcerated several times this year and has previously been released within 72 hours of intake.

1. **At intake:** First the CF staff should verify Maria's Medi-Cal enrollment through the DHCS eligibility verification system (EVS) or in collaboration with the county SSD and confirms that she is already enrolled and active an MCP. Next the county jail staff should screen Maria and enter required information into the JI Screening Portal (e.g., projected release date, health care need criteria for pre-release services). This allows DHCS to activate the JI Aid Code to allow the billing of Maria's pre-release services.
    - As a best practice, the CF staff also reviews Maria's records and learns that she had previously been screened and found eligible for Medi-Cal pre-release services during her last incarceration and was diagnosed with hypertension and prescribed Lisinopril.
2. **During the initial screening,** CF staff confirms with Maria that she is still taking Lisinopril and ensures that her medication needs have not changed. The staff also checks that Lisinopril will be available to Maria at a community pharmacy upon release and that the current prescription is aligned with available drugs in the Medi-Cal Rx contracted drug list.
3. **Within 24 hours of JI Aid Code activation**, Maria is prescribed a supply of Lisinopril that is dispensed to her during her stay as a keep on person drug. *The dispensing pharmacy bills Medi-Cal Rx for the full supply of medication provided to Maria.*

Short Term Model Scenario: Patient Journey *(continued)*

4. **Within 2 business days of JI Aid Code activation**, CF staff should contact the JI Liaison at Maria's assigned MCP for a pre-release ECM provider assignment and request that her current JI ECM Lead Care Manager provide pre-release services while she is incarcerated within two days of JI Aid Code activation. CF staff then contacts the assigned ECM provider to schedule an in-reach appointment within first 8 days of JI Aid Code activation to update Maria's Health Risk Assessment (HRA) and develop a re-entry care plan. *Medicaid admin match will be utilized for scheduling work.*

Maria is released after 72 hours.

Due to her short stay, Maria was unable to meet with her assigned ECM Lead Care Manager before release, so the CF staff gives her an ECM Flyer that describes the Medi-Cal ECM benefit and lists the name and phone number of her ECM provider and MCP. Upon release, the CF provides Maria with a full supply of Lisinopril, billed to Medi-Cal Rx) in hand as well as a prescription to take to a local pharmacy.

5. **Within 24 hours of Maria's release**, the CF staff reaches out to her assigned ECM provider to notify them and the MCP of Maria's release as a best practice. The ECM provider is responsible for engaging Maria in the community within two business days of release, as a best practice.

6. **Within 24 hours of Maria's release**, the CF staff documents Maria's release date in the JI Screening Portal, by confirming the release date in the JI Screening Portal. DHCS is able to terminate the JI Aid Code and ensure full Medi-Cal eligibility is turned on for use in the community.

Key Takeaways and Best Practices for the Short-Term Model

Counties have told DHCS about challenges and best practices for implementing the short-term model

Key Takeaways from Stakeholders

- Be realistic about what can be accomplished in the first 24 hours
- Implement a "test day" prior to go-live to confirm processes and procedures for medications in hand upon release
- Work with partners to provide in-reach services

CF Best Practices from the P&O Guide

- Obtain necessary **consents as part of the intake process**.
- **Leverage existing health records** and signed **consent forms** for those who have previously been incarcerated.
- Initiate a **connection to a previously assigned ECM provider**, as available.
- **Determine the needed medications** for SUD for the incarcerated individual during the **initial intake process**.
- **Contact the care manager within two business days** of activating the JI aid code.

Pre-Release Services Go-Live Timelines

County Jails and Youth Correctional Facilities

October 1, 2024
- Santa Clara County
- Yuba County
- Inyo County

January 1, 2025
(Pending Approval)
- Sacramento County
- Siskiyou County
- San Joaquin County
- San Mateo County

CDCR will go-live starting in February 2025

Additional county correctional facilities will phase-in on a quarterly basis through October 2026

State Prisons

Partners Involved in Reentry Service Delivery

Reentry services will be delivered by a mix of correctional and community-based providers with support from Managed Care Plans.

County and State Correctional Facilities

- Medi-Cal Eligibility, Applications, and Suspensions
- Pre-Release Services (e.g., pre-release care management, clinical consultation, medications, MAT

County Behavioral Health Agencies

- Pre-Release Behavioral Health In-Reach Services
- Behavioral Health Links

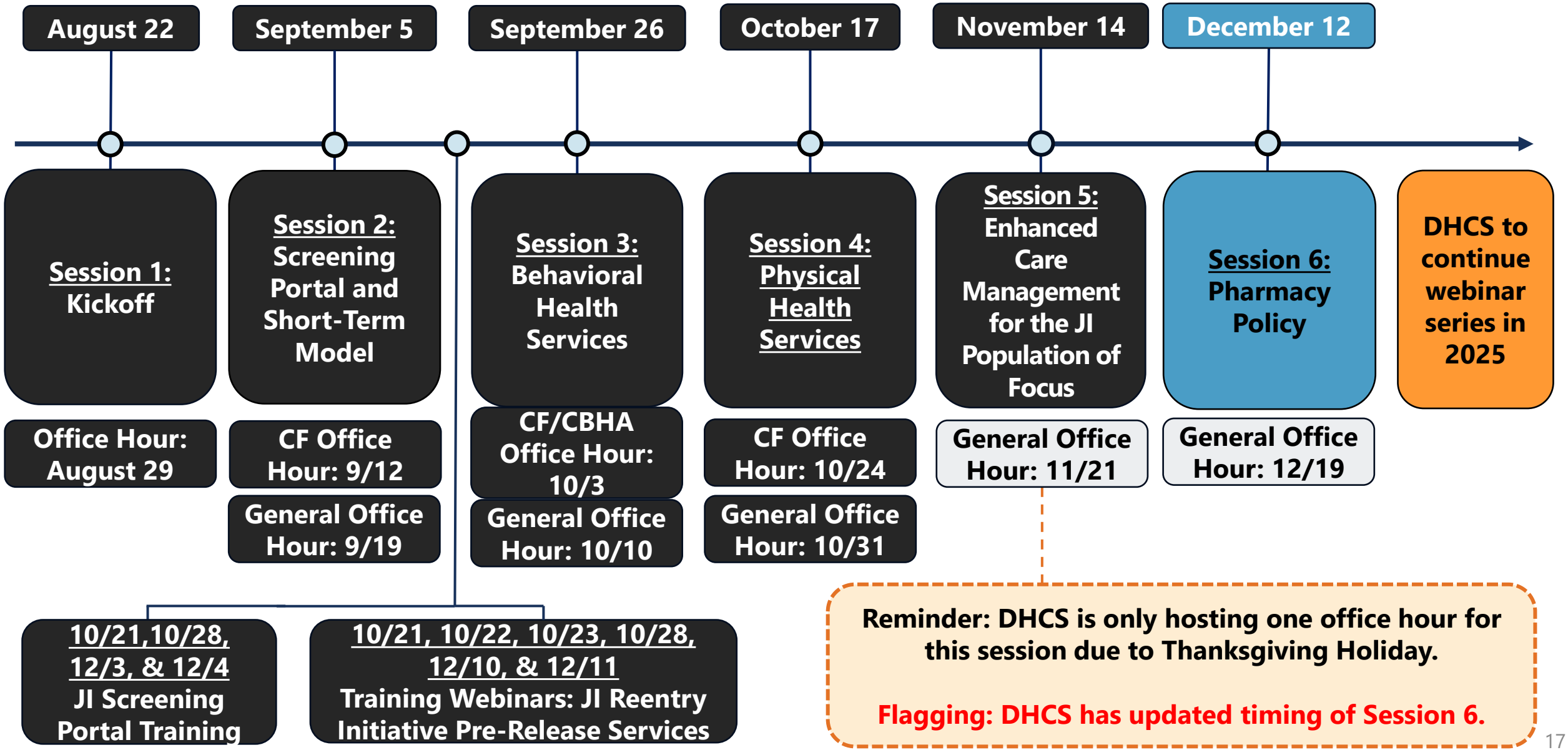
Community Based Providers and Pharmacies

- In-Reach Pre-Release Services, including Clinical Consultation
- Pre-Release Medications and Medications Upon Release

Managed Care Plans (MCPs) and Enhanced Care Management (ECM) Providers

- Pre-Release In-Reach Care Management (under fee-for-service) FFS
- Warm Handoffs & Post-Release ECM

Learning Collaborative Timeline



Reminder: DHCS is only hosting one office hour for this session due to Thanksgiving Holiday.

Flagging: DHCS has updated timing of Session 6.

Consolidated Appropriations Act (CAA)

Federal Consolidated Appropriations Act of 2023

Overview

- The Federal Consolidated Appropriations Act (FCAA), passed in December 2022, includes two provisions that impact incarcerated youth populations:
  - Section 5121, which requires pre- and post-release case management and screening/diagnostic services for post-disposition youth, is mandatory for all states.
  - Section 5122, which allows states to cover full scope Medicaid for pre-disposition youth, is optional for all states
- Both provisions have an effective date of January 1, 2025.

Impacted Population Under Section 5121:

- Medicaid/CHIP eligible youth who are:
  - Under 21 or
  - Former foster youth up to age 26
  - Post-adjudication

Because of the definition of youth under the FCAA, impacted populations could be incarcerated in youth or adult facilities.

Thank you!

Email us at CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

DHCS

Appendix

DHCS

Library of Resources

- DHCS Resources (Webinar Recording)
- Medi-Cal State Plan
- Medi-Cal Fee Schedule
- Medi-Cal Provider Manual
- Medi-Cal Rx Provider Manual
- All Plan Letters
- Specialty Mental Health Services
- Drug Medi-Cal Organized Delivery System
- Behavioral Health Information Notices
- Exempt from Licensure Clinic Application
  - Application Fee

- National Plan and Provider Enumeration System
  - Frequently Asked Questions
- PAVE Enrollment
- Step-by-Step Enrollment Instructions for ORP practitioners
- Enroll as a Medi-Cal Provider via the Provider Application and Validation for Enrollment
- New Provider Checklist
- JI Screening Portal training and 90-Day Pre-Release trainings

Short Term Model Scenario: Timeline

July 29

Maria is **booked into county jail** for a minor charge.

CF staff **verify Maria's Medi-Cal enrollment** and confirm she is enrolled and active in one of the county's MCPs.

CF staff **screen Maria** and enter information into the **JI Screening Portal**. ★

DHCS **activates Maria's JI Aid Code** to start pre-release services.*

Legend

Patient Journey | CF Staff | DHCS | ECM Provider | ★ Bill CA-MMIS Fee-for-Service | ★ Bill Medi-Cal Rx Fee-For-Service | ★ Bill MAA Program

*Automated process.

Short Term Model Scenario 1: Timeline *(cont.)*

July 29

CF staff **reviews Maria's records** and learns that during her last incarceration, she was eligible for pre-release services, was **diagnosed with hypertension and prescribed Lisinopril.**

CF staff **confirms that Maria's medication needs haven't changed** and checks that Lisinopril will be available at a community Medi-Cal enrolled pharmacy and is aligned with the Medi-Cal Rx drug list.

July 30

Within 24 hours of JI Aid Code activation, **Maria is prescribed a supply of Lisinopril;** drug is provided as a drug that will be administered during her stay.

Legend

Patient Journey | CF Staff | DHCS | ECM Provider | Bill CA-MMIS Fee-for-Service | Bill Medi-Cal Rx Fee-for-Service | Bill MAA Program

Short Term Model Scenario: Timeline *(cont.)*

July 31

Within 2 business days of JI Aid Code activation, CF staff **contact the JI Liaison** at Maria's assigned MCP **for a pre-release ECM provider assignment*** and request that she be assigned to her current ECM provider while she is incarcerated. ★

CF staff contact the assigned ECM provider to **schedule an in-reach appointment** within the next 7 days to update Maria's HRA and create a re-entry plan. ★

Legend

Patient Journey | CF Staff | DHCS | ECM Provider | ★ Bill CA-MMIS Fee-for-Service | ★ Bill Medi-Cal Rx Fee-for-Service | ★ Bill MAA Program

*Must be a JI ECM Provider who can do CA-MMIS Fee-For-Service billing.

Short Term Model Scenario: Timeline *(cont.)*

August 1

Maria is released after 72 hours.

Due to her short stay, Maria was unable to meet with her ECM provider, so the CF gives her an **ECM flyer** with information about the ECM benefit, her MCP, and ECM provider.

Upon release, the CF provides Maria with a **fully supply of Lisinopril and a prescription** to take to a community Medi-Cal enrolled pharmacy.

CF staff **documents the release date** in the JI Screening Portal.

DHCS **removes JI Aid Code** and full Medi-Cal becomes primary.*

Legend

Patient Journey | CF Staff | DHCS | ECM Provider | Bill CA-MMIS Fee-for-Service | Bill Medi-Cal Rx Fee-for-Service | Bill MAA Program

*Automated process.

Short Term Model Scenario: Timeline *(cont.)*

August 2

Within 24 hours of Maria's release, CF staff **reaches out to the ECM provider to notify them of the release.**

The ECM provider is responsible for **engaging Maria in the community**.

Legend

Patient Journey | CF Staff | DHCS | ECM Provider | Bill CA-MMIS Fee-for-Service | Bill Medi-Cal Rx Fee-for-Service | Bill MAA Program

Summary of Section 5121

Under Section 5121 of the FCAA, Medicaid and CHIP programs must provide certain services to Medicaid/CHIP eligible youth who are incarcerated post-disposition.

Medicaid and CHIP programs are required to have a plan in place describing how mandatory coverage will go into effect on January 1, 2025, including:

- In the **30 days prior to release**, or within one week or as soon as practicable after release, **certain screenings and diagnostic services in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements** for Medicaid or the approved CHIP state plan, including behavioral health screenings or developmental, vision, hearing and dental screening and diagnostic services to eligible juveniles who are post adjudication in public institutions; and
- In the **30 days prior to release and for at least 30 days post release, targeted case management (TCM) services** for Medicaid, and case management services otherwise available under the approved CHIP state plan. This includes referrals to appropriate care and services in the geographic region of the home or residence for the eligible juvenile, where feasible.