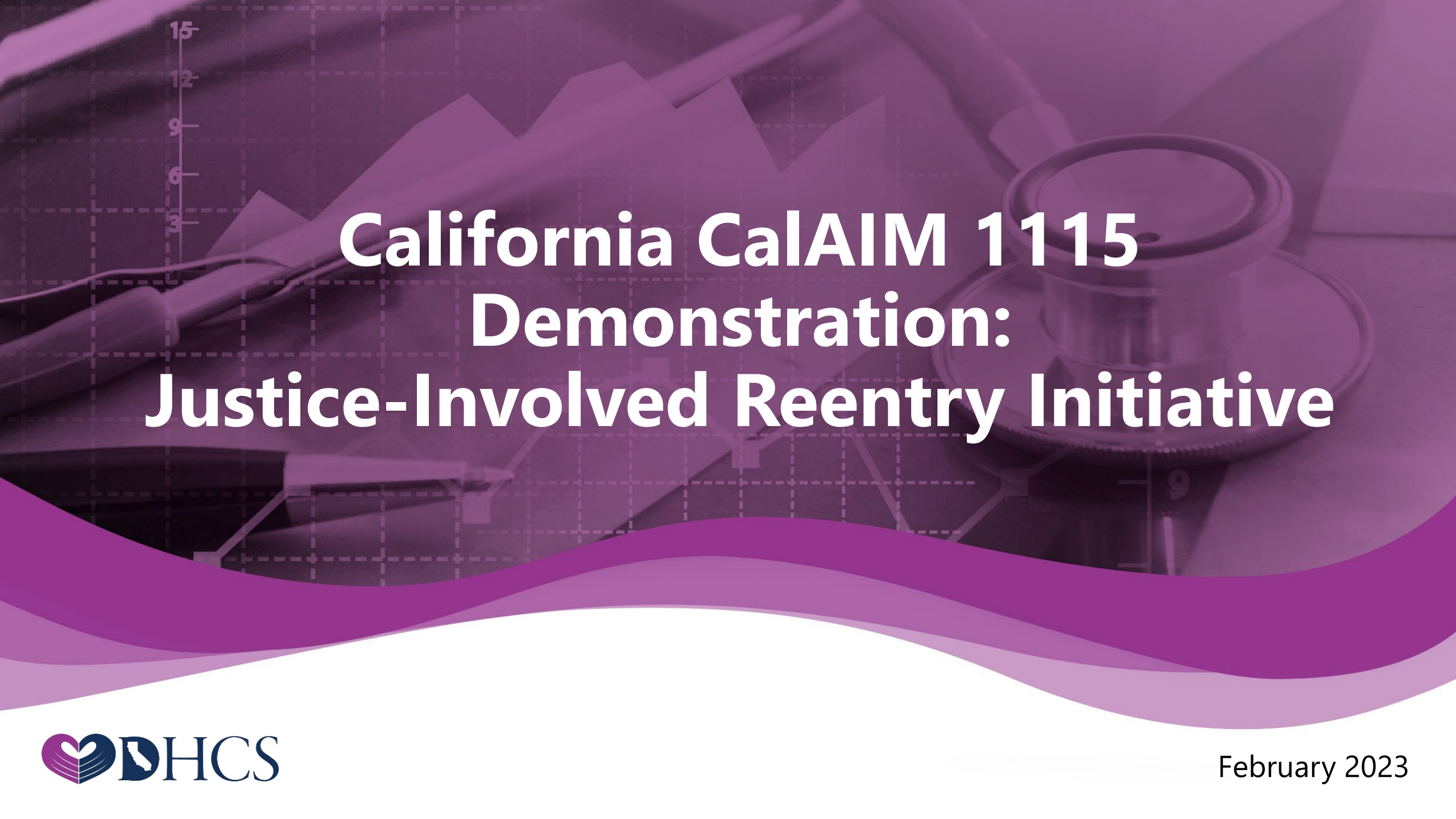
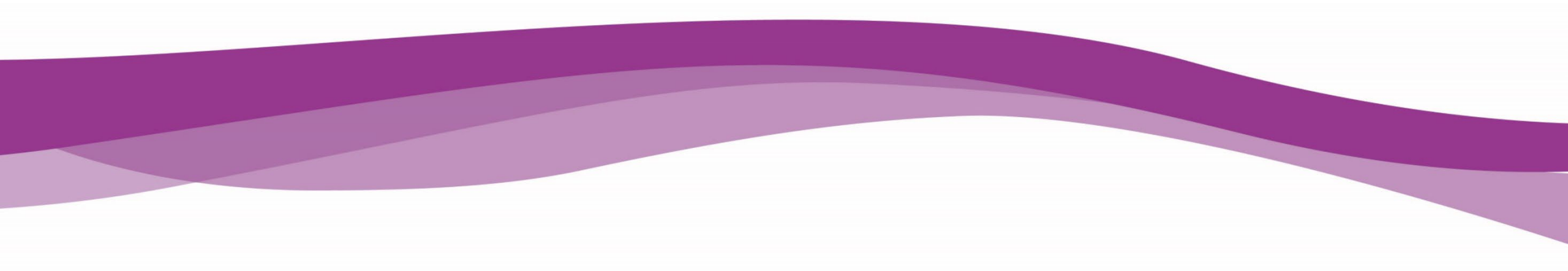




California CalAIM 1115 Demonstration: Justice-Involved Reentry Initiative

National Context and Demonstration Rationale and Goals



National Context for California's 1115 Demonstration Request

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 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.
- 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 to provide pre-release services.

Rationale for Providing Pre-Release Services

California has received approval to authorize federal Medicaid matching funds for select Medicaid services for eligible justice-involved individuals in the 90-day period prior to release from incarceration in prisons, county jails and youth correctional facilities.



The intent of the demonstration is to **build a bridge to community-based care for justice-involved Medi-Cal members**, offering them services to stabilize their condition(s) and establishing a re-entry plan for their community-based care prior to release.



This demonstration is **part of California's comprehensive initiative to improve physical and behavioral health care for the justice-involved population** and builds on the State's substantial experience and investments on ensuring continuity of Medi-Cal coverage and access to care for JI populations.



With its 1115 demonstration, California will directly test and evaluate its expectation that **providing targeted pre-release services to Medi-Cal-eligible individuals will avert the unnecessary use** of inpatient hospitals, psychiatric hospitals, nursing homes, emergency departments and other forms of costly and inefficient care that otherwise would be paid for by Medi-Cal.

Justice-Involved Reentry Initiative Goals

The demonstration approval represents a first-of-its-kind section initiative, focused on improving care transitions for incarcerated individuals.

With the implementation of this demonstration, DHCS hopes to achieve the following:



Advance health equity: The issue of poor health, health outcomes, and death for incarcerated people is a health equity issue because Californians of color are disproportionately incarcerated—including for mental health and SUD-related offenses. These individuals have considerable health care needs but are often without care and medications upon release.



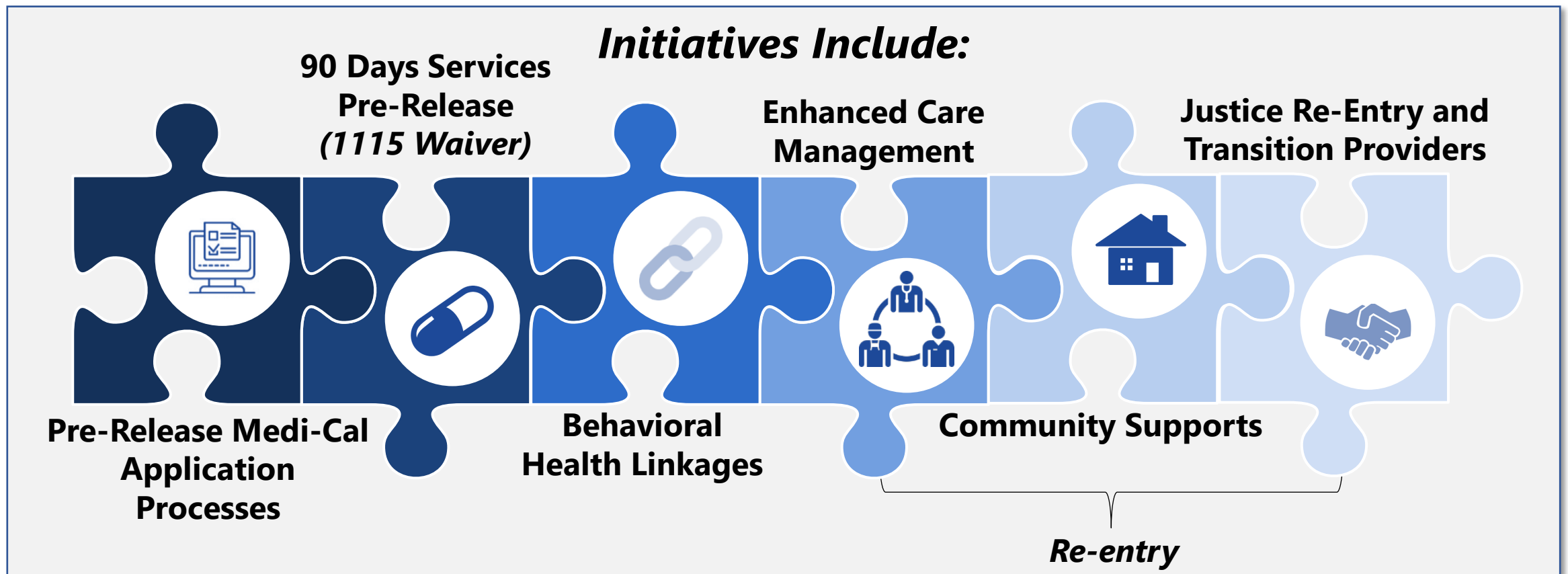
Improve health outcomes: By implementing this initiative, California aims to provide a targeted set of services in the pre-release period to establish a supportive community reentry process, help individuals connect to physical and behavioral health services upon release, and ultimately improve physical and behavioral health outcomes.



Serve as a model for the rest of the nation: California is the first state to receive approval for this initiative. We hope our model will serve as a blueprint for the dozen additional states with pending justice-involved 1115 waivers.

The Justice-Involved Reentry Initiative is One Component of the CalAIM Justice-Involved Initiative

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



DHCS Has Been Actively Working With Implementation Partners

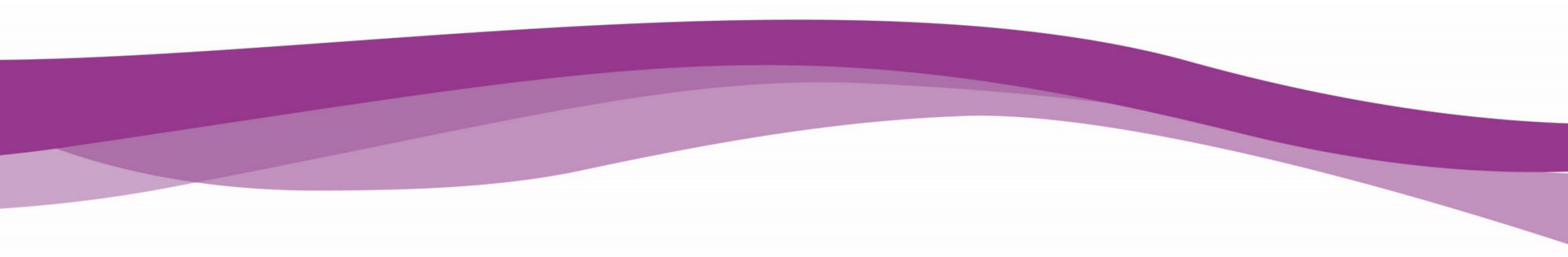
Over the past 18 months, DHCS has actively met with its Justice-Involved Advisory Group and one-on-one with implementation partners, to inform the 1115 Demonstration negotiations and provide input on policy and operational guidance.



Justice-Involved Advisory Group members include:

- CDCR/California Correctional Health Care Services (CCHCS) which delivers health care services in State prisons
- County Jails, including correctional officers and correctional health staff
- Chief Probation Officers of California (CPOC)/County Youth Correctional Facilities
- Board of State and Community Corrections (BSCC)
- County Welfare Directors Association (CWDA)
- County Social Service Departments (SSDs)
- County Behavioral Health Department (including working group of county behavioral health directors)
- Council on Criminal Justice and Behavioral Health (CCJBH)
- Office of Youth and Community Restoration (OYCR)
- Reentry Providers (including TCN, STOP, Healthright360, WestCare, and Amity Foundation)
- Medicaid managed care plans
- Individuals with lived experience
- Community based organizations

Eligibility Criteria, Covered Services and Capacity Funding

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Eligibility Criteria for Pre-Release Services

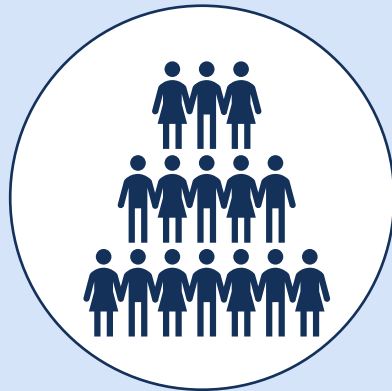
Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback (See Appendix).

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



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.*

Covered Pre-Release Services

The pre-release services authorized under the Justice-Involved Reentry Initiative include the following services currently covered under DHCS's Medicaid and CHIP State Plans. DHCS worked extensively with stakeholders to develop definitions for each of the covered services (See Appendix).

- Reentry case 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;
- 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.



In addition to the pre-release services specified above, qualifying members will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

Pre- and Post-Release Care Management to Support Re-Entry

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

Enhanced Care Management (ECM)	Behavioral Health Linkages	Warm Handoff Requirement
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.	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, specialty mental health, and SUD). » Share information with the individual's health plan (e.g., MCPs, SMHS, DMC-ODS) or program (i.e., DMC).	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 member and pre- and post-release care managers (if different) to: » Establish a trusted relationship. » Develop and review care plan with member. » Identify outstanding service needs.

*Implementation partners include social services departments, post-release care manager (if different from pre-release care manager, MCPs, and county behavioral health agencies

Providing Access and Transforming Health (PATH) Capacity Building Program

The approved CalAIM 1115 waiver authorizes \$410 million for PATH Justice-Involved Capacity Building Program to support collaborative planning and IT investments intended to support implementation of pre-release and reentry planning services in the 90 days prior to release.



Funding from the PATH Justice-Involved Capacity Building Program will provide implementation grants to correctional facilities (or their delegates), county behavioral health agencies, community-based providers, probation officers, sheriff's offices, and other implementation stakeholders.



Funding is intended to support eligible entities as they stand-up processes, protocols, and IT system modifications that are necessary to implement or modify processes to support the provision of pre-release services.

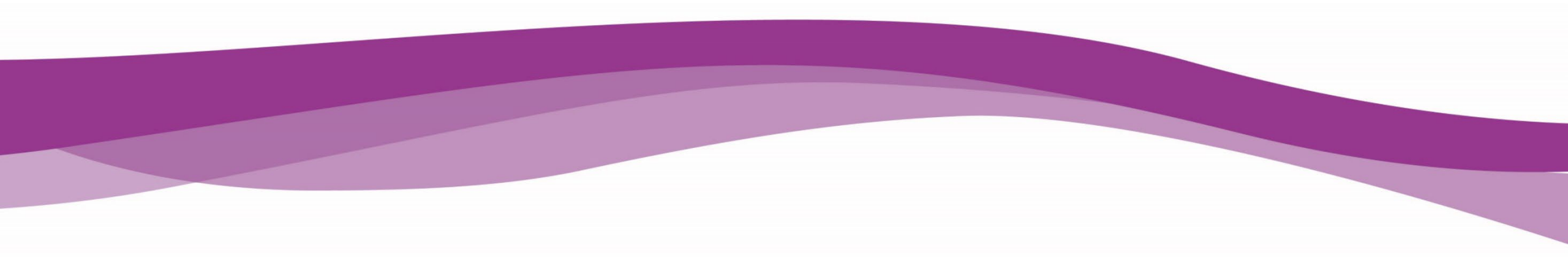


This funding can be used for investments in personnel, capacity, or IT systems that are needed to effectuate pre-release service processes.



DHCS will provide detailed guidance on PATH applications.

Monitoring and Evaluation

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Objectives of Providing Services Prior to Release

By bridging relationships between community-based providers and justice-involved populations prior to release, California seeks to improve the chances these individuals receive stable and continuous care in the most appropriate and cost-effective settings.

Under the Justice-Involved Reentry Initiative, California expects to achieve the following goals:

- ✓ **Increase Medi-Cal coverage**, continuity of coverage, and appropriate service uptake.
- ✓ **Improve access** to services prior to release and improve transitions and continuity of care into the community upon release.
- ✓ **Improve coordination and communication** between correctional systems, State and county systems, managed care plans and community-based providers.
- ✓ **Increase investments** in health care and related services in order to maximize successful reentry post release.
- ✓ **Improve connections** between carceral settings and community services upon release to address physical health, behavioral health, and health related social needs.
- ✓ **Provide intervention** for certain behavioral health conditions and use stabilizing medications with the goal of reducing decompensation and deaths.
- ✓ **Reduce post-release acute care utilizations** such as ED visits and inpatient hospitalizations and all-cause deaths

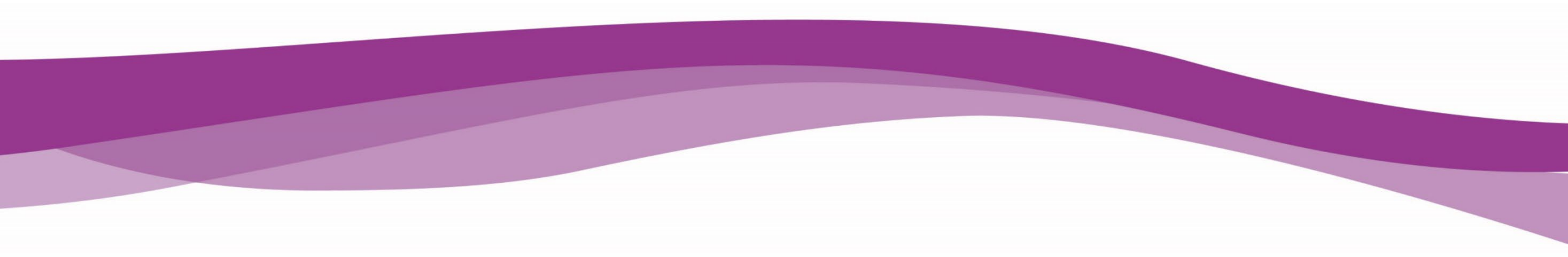
Proposed Evaluation Framework

DHCS recognizes that the pre-release services would represent a major new initiative for both California and the Biden Administration. Additionally, Congress and states around the country will be very interested in how the initiative is implemented and its effectiveness.

As such, DHCS is planning a robust evaluation of this intervention which will examine a number of factors, which may include, but are not limited to:

- ☑ The time from incarceration to onset of pre-release services, take up of services, pre-incarceration utilization patterns, and differences in these factors between different types of facilities (state prisons, county jails, youth correctional facilities).
- ☑ Utilization of specific pre-release services, including use of MAT, behavioral health management, prescriptions filled, receipt of durable medical equipment.
- ☑ Actual impacts of pre-release services for engaged enrollees (as compared to enrollees who did not engage in pre-release services) on health outcomes for Medi-Cal members; inpatient and emergency department utilization post-release; and Medi-Cal expenditures.
- ☑ Duration of Medi-Cal eligibility and enrollment for the eligible justice-involved population in the months following release.

Implementation Plan and Readiness Assessment Process

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Reentry Demonstration Initiative Implementation Plan

California is required to submit a Reentry Demonstration Initiative Implementation Plan to describe, at a minimum, the state's approach to implementing the initiative, including timelines for meeting critical implementation stages or milestones, as applicable, to support successful implementation.

California will be required to provide detailed information related to the following milestones and actions, no later than 120 days after the Demonstration's approval:

 **Milestone 1:** Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.

 **Milestone 2:** Covering and ensuring access to the expected minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.

 **Milestone 3:** Promoting continuity of care to ensure access to services both pre- and post-release.

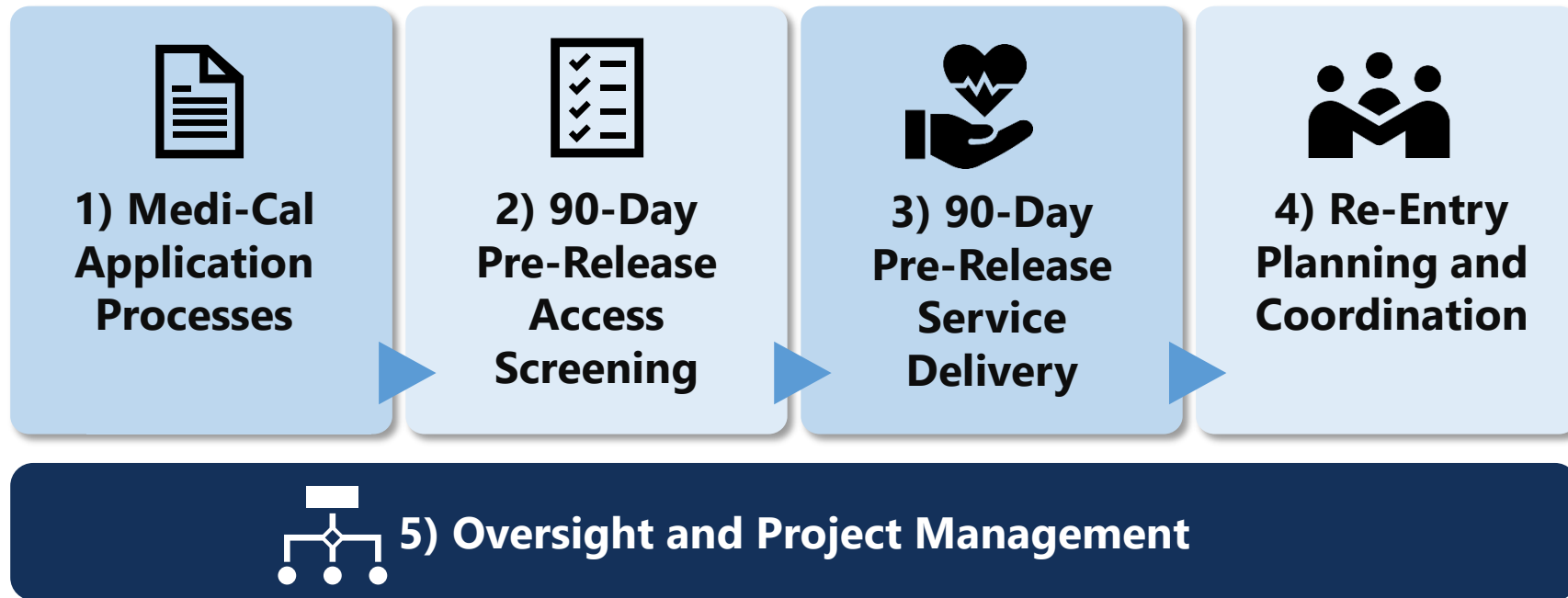
 **Milestone 4:** Connecting to services available post-release to meet the needs of the reentering population.

 **Milestone 5:** Ensuring cross-system collaboration.

Correctional Facility Readiness Assessment Approach

As a condition of the Demonstration, all prisons, jails and youth correctional facilities will be required to demonstrate readiness to participate in the justice-involved initiative prior to going live with pre-release services.

DHCS will launch a readiness assessment process that will focus on five key areas needed to operationalize 90-day pre-release services:



Note: An abbreviated readiness process will also be established for County social service departments to ensure eligibility and enrollment processes facilitate pre-release services.

Readiness Assessment Submission Process

- **Readiness assessments will be completed at the agency level** on behalf of all facilities and will be based on agency attestations of readiness.
- **Facilities can leverage PATH dollars to support the planning activities** necessary to demonstrate readiness.
- **Agencies will submit their readiness assessments across all five readiness focus areas at least five months prior to their go-live date.**
 - **Some readiness assessment elements within the focus areas are categorized as Minimum Requirements**, indicating that the correctional agency must have the capability in place in order to go-live with pre-release services. Elements that are not flagged as Minimum Requirements must still be supported, but DHCS may use discretion when reviewing these elements to determine whether an agency is ready to go-live.
- **DHCS' JI team will lead the readiness assessment and evaluation process** using a structured scoring rubric organized around *Pass*, *Conditional Pass*, and *Fail* grades.
 - Focus on 5 key areas (*more information on next slides*)
 - Facilities that receive a *Pass* grade, or in some circumstances a *Conditional Pass* grade, will begin to go live on the go-live date or the first day of the following quarter.

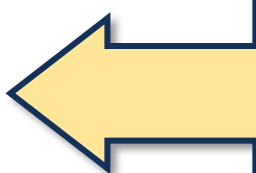
Readiness Focus Area #1: Medi-Cal Application Processes

Focused on processes to screen for Medi-Cal eligibility and current enrollment and support individuals in applying for coverage, in coordination with the county social services department (SSD).

Readiness Elements

- ☑ **Screening** process and support model to screen for current Medi-Cal enrollment and eligibility in coordination with County SSD.
- ☑ **Application support** process to support individuals in applying for Medi-Cal coverage and submitting an application.
- ☑ **Unsuspension** process and data sharing capability to notify the SSD of the individual's release to reactivate coverage

Note: all elements in this focus area are minimum requirements.



Screening and application timelines will vary based on facility type:

- » **County jails and youth correctional facilities** will be expected to begin pre-enrollment processes at or close to intake.
- » **State prisons** will be expected to begin pre-release enrollment as early as 210 days prior to release.

Readiness Focus Area #2:

90-Day Pre-Release Access Screening

Focused on processes to screen individuals for 90-day pre-release service eligibility and sharing information with the SSD that the individual met the access criteria in order to activate the pre-release services aid code.

Readiness Elements

- ☑ **Screening** process and support model to screen for eligibility for 90-day pre-release services.
- ☑ **Eligibility notification to state eligibility system** with a list of individuals who are eligible/ineligible for 90-day pre-release services so that the State can activate the aid code that will allow providers to bill Medi-Cal for pre-release services.
- ☑ **Release notification to state eligibility system** with a list of individuals who are released from custody.

Note: all elements in this focus area are minimum requirements.

Pre-release service access screening process timelines will vary based on facility type.

- » **County jails and youth correctional facilities** will be expected to implement processes at or close to in-take, along with Medi-Cal application processes.
- » **State prisons** will be expected to begin pre-release access criteria screening as early as 210 days prior to release.
- » **All correctional facilities** will need to have processes in place to document if a patient qualifies for pre-release services within their applicable data systems (e.g., electronic health record system).
 - » *Best Practice:* Leverage facility data to flag individuals who are incarcerated multiple times within 12 months and have previously qualified for pre-release services to expedite their enrollment.

Readiness Focus Areas #3-5: Service Delivery, Re-Entry Planning, and Oversight



Other readiness focus areas will address pre-release service delivery, re-entry planning and coordination (including warm handoffs to post-release providers), and program oversight and project management.

Readiness Elements

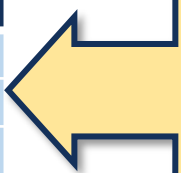
*(*indicates that the element is a Minimum Requirement)*

 #3. Pre-Release Service Delivery	 #4. Re-Entry Planning and Coordination	 #5. Oversight and Project Management
✓ *Pre-release care manager assignment process using the ECM JI provider directory ✓ Consultation scheduling process and support for in-person or virtual consultations ✓ *Support for medications and MAT during pre-release ✓ *Support for medications upon release ✓ Support for DME upon release ✓ *Medi-Cal billing to support provider billing for pre-release services	✓ *Release date notifications to the individual's stakeholders, including care managers and managed care plan ✓ *Re-entry care management warm handoff to post-release care manager, if different from pre-release care manager ✓ *Re-entry behavioral health warm handoff to post-release behavioral provider or health care manager, if different from pre-release provider or care manager	✓ *Staffing structure and plan to support each readiness element and ongoing compliance ✓ Governance structure for partnership collaboration (e.g., SSD, service providers, care management organizations) ✓ *Reporting and oversight processes to collect, monitor and report on DHCS required measures <i>(additional information forthcoming)</i>

Summary: Correctional Agency Readiness Assessment

Below is an overview of the readiness elements within each focus area, which will be framed as questions for correctional agencies to describe the general readiness, capabilities, and infrastructure of their facilities.

Focus Areas	Readiness Element	Minimum Requirement for Pass or Conditional Pass?
1: Medi-Cal Application Processes	1a: Screening	Minimum Requirement
	1b: Application Support	Minimum Requirement
	1c: Unsuspension	Minimum Requirement
2: 90 Day Pre-Release Eligibility Screening	2a: Screening	Minimum Requirement
	2b: Eligibility Notification to State Eligibility System	Minimum Requirement
	2c: Release Notification to State Eligibility System	Minimum Requirement
3: 90 Day Pre-Release Service Delivery	3a: Pre-release Care Manager Assignment	Minimum Requirement
	3b: Consultation Scheduling	
	3c: Virtual/In-Person Consultation Support	
	3d: Support for Medications	Minimum Requirement
	3e: Support for Medication Assisted Treatment	Minimum Requirement
	3f: Support for Prescriptions Upon Release	Minimum Requirement
	3g: Support for Durable Medical Equipment Upon Release	
	3h: Medi-Cal Billing	Minimum Requirement
4: Re-Entry Planning and Coordination	4a: Release Date Notification	Minimum Requirement
	4b: Re-Entry Care Management Warm Handoff	Minimum Requirement
	4c: Re-Entry Behavioral Health Warm Handoff	Minimum Requirement
5: Oversight and Project Management	5a: Staffing Structure and Plan	Minimum Requirement
	5b: Governance Structure for Partnerships	
	5c: Reporting and Oversight Processes	Minimum Requirement

- 
- » Elements flagged as Minimum Requirement indicates that the correctional agency must have the capability in place in order to go live with pre-release services.
 - » Elements that are not flagged as Minimum Requirements must still be supported, but DHCS may use discretion when reviewing these elements to determine whether an agency is ready to go live.

Readiness Submission Process



Each Agency within a county will be required to complete and return readiness assessments to DHCS

- **Agencies will attest to readiness through DHCS-provided readiness assessment templates.**
 - To streamline the process, agencies may leverage information from their PATH II Capacity Building Program progress reports to populate relevant sections of the readiness assessment.
- **Agencies must submit all their information at least five months prior to their proposed go-live date (see timeline).**
- **DHCS recognizes that some agencies may not have all the required capabilities in place** for all five focus areas (and/or for all their facilities) at the time of submitting their readiness assessment.
 - In these instances, agencies will be asked to describe their plan for achieving readiness by (or shortly after) the planned go-live date.

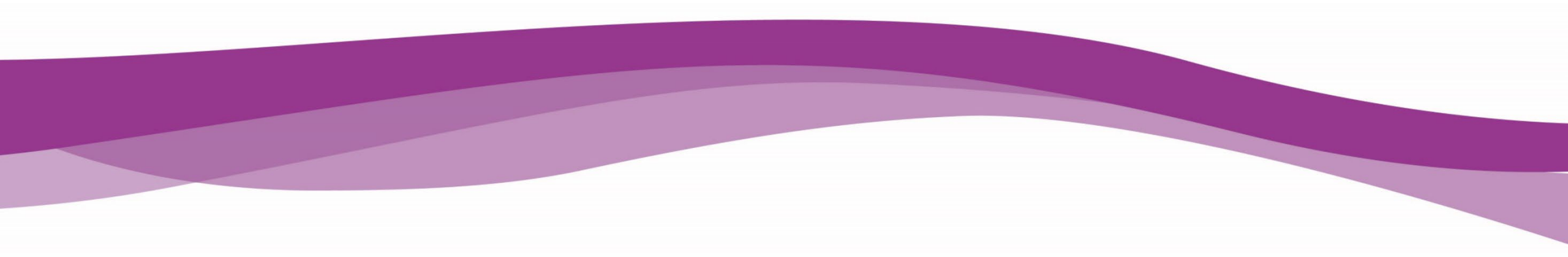
DHCS Readiness Evaluation Approach

- **DHCS will determine a score based on the correctional agency's attestation of their readiness in each focus area** (see Scoring Rubric).
- For approval to go-live with pre-release services, **a correctional agency must receive a "Pass" or a "Conditional Pass" in all five focus areas**, indicating that the agency has at least partial readiness with a defined plan to achieve readiness by or shortly after go-live.
 - Since assessments are completed at the agency-level, in some cases a conditional pass that shows partial readiness may indicate that some facilities may not be ready to go-live and others are ready.
 - In these cases, DHCS will work with the agency to provide partial approval to allow facilities that are ready to go-live, rather than requiring them to wait until the remaining facilities in the county are ready.
- **If an agency receives a "Fail" in any focus area, DHCS will engage the correctional agency on corrective actions** to work towards readiness by the proposed or a future go-live date.

Readiness Assessment Scoring Rubric

 Pass	Response is complete and indicates total or almost total readiness in the focus area.
 Conditional Pass	Response is complete and indicates partial readiness with a defined plan to achieve readiness by or shortly after the go live date.
 Fail	Response is incomplete , the provided response did not sufficiently address the question, or the provided response did not indicate readiness or define a plan to achieve readiness by or shortly after the go live date.

Reentry Initiative Reinvestment Plan

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Reentry Initiative Reinvestment Plan Overview

As outlined in the STCs, to the extent that the reentry demonstration initiative covers services that are the responsibility of and were previously provided or paid by the carceral facility or carceral authority with custody of qualifying members, the state must reinvest all new federal dollars, equivalent to the amount of FFP projected to be expended for such services.

- California will submit a reinvestment plan that **defines the amount of reinvestment required over the term of the demonstration**, based on an assessment of the amount of projected expenditures for which reinvestment is required.
- CMS and DHCS have identified two categories of pre-release services for determining whether and how much reinvestment may be required when net new savings are realized, including:
 - **“New services”** which had not previously been provided by carceral settings prior to the demonstration; and
 - **“Existing services”** which would be newly-Medicaid-matched under the demonstration, but would have been provided by carceral settings prior to the demonstration.
- **FFP projected to be expended for new services covered under the reentry demonstration initiative is not required to be reinvested.**

Allowable Reentry Reinvestments

Allowable reinvestments include, but are not limited to:



New services covered under the reentry demonstration initiative;



Improved access to behavioral and physical community-based health care services and capacity;



Improved access to and/or quality of carceral health care services;



Improved health information technology and data sharing;



Increased community-based provider capacity;

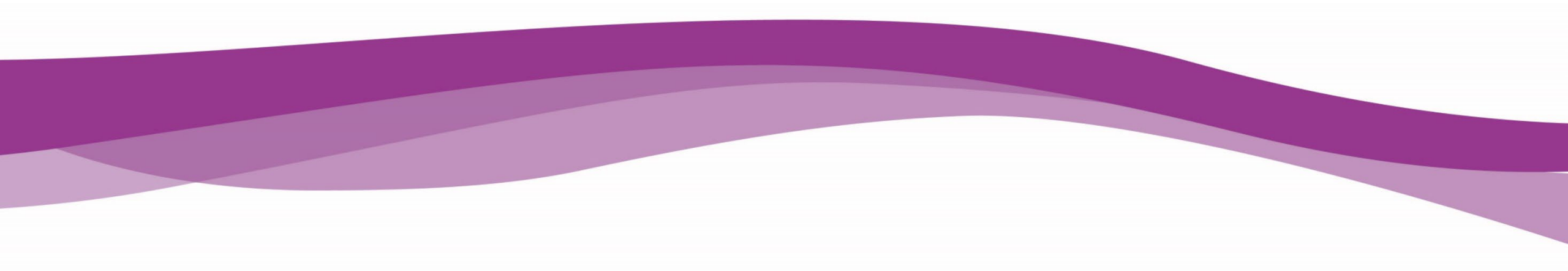


Expanded or enhanced community-based services and supports; and



Any other investments that aim to support reentry, smooth transitions into the community, divert individuals from incarceration or re-incarceration, or better the health of the justice-involved population

Appendix



Sources from Health Care Needs for Justice-Involved Populations

Sources:

1. [Five Ways the Criminal Justice System Could Slow the Pandemic](#)
2. [Release from Prison — A High Risk of Death for Former Inmates](#)
3. [How Have States Addressed Behavioral Health Needs through the Justice Reinvestment Initiative?](#)
4. [Release From Prison — A High Risk of Death for Former Inmates](#)
5. [The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019](#)
6. [Analysis of 2017 Inmate Death Reviews in the California Correctional Healthcare System, 2018](#)
7. [Improving In-Prison Rehabilitation Programs, Legislative Analyst's Office; The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019](#)

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, screen for access criteria for the pre-release services, assign a care manager, meaningfully engage with the individual, and set up medications and DME for release.

Building Trusted Relationships	Pre-Release Management and Stabilization	Connecting to Services Post-Release
The 90-day period allows a care manager to visit multiple times with the individual while they are incarcerated. This ensures enough time to: » Develop a transition plan with care manager and member » Coordinate care » Support stabilization upon re-entry » Build familiarity and trust in a way that ensures continuity once an individual reenters the community	The 90-day period allows for: » Better management of ambulatory care sensitive 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) that could reduce decompensation and overdoses post-release	The 90-day period allows for: » Sufficient time to coordinate seamless hand-offs to community-based physical and 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 to enable seamless hand-offs

DHCS understands that many individuals will not have a known release date, and many will be released in less than 30 days. DHCS will work with correctional facilities to implement a short-term model that aims to provide services immediately.

Mental Illness and Substance Use Disorder

Qualifying Criteria	Definition
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 member has one or both of the following: a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities; AND/OR b. A reasonable probability of significant deterioration in an important area of life functioning; AND ii. The member’s condition as described in paragraph (i) is due to either of the following: a. 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 b. A suspected mental disorder that has not yet been diagnosed.
Substance Use Disorder	A person with a “Substance Use Disorder” shall either: i. Meets SUD criteria, according to the criteria of the current editions of the Diagnostic and/or Statistical Manual of Mental Disorders and/or the International Statistical Classification of Diseases and Related Health Problems; OR ii. Has a suspected SUD diagnosis that is currently being assessed through either National Institute of Drug Abuse (NIDA)-modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), American Society of Addiction Medicine (ASAM) criteria, or other state-approved screening tool.

Chronic Condition/Significant Non-Chronic Clinical Condition

Qualifying Criteria	Definition
Chronic Condition / Significant Non-Chronic Clinical Condition	A person with a “Chronic Condition” or a “Significant Non-Chronic Clinical Condition” shall have ongoing and frequent medical needs that require treatment and can include one of the following diagnoses, as indicated by the individual, and may be receiving treatment for the condition, as indicated: • Active cancer; • Active COVID-19 or Long COVID-19; • Active hepatitis A, B, C, D, or E; • Advanced liver disease; • Advanced renal (kidney) disease; • Dementia, including but not limited to Alzheimer’s disease; • Autoimmune disease, including but not limited to rheumatoid arthritis, Lupus, inflammatory bowel disease, and/or multiple sclerosis; • Chronic musculoskeletal disorders that impact functionality of activities of daily living, including but not limited to arthritis and muscular dystrophy; • Chronic neurological disorder • Severe chronic pain • Congestive heart failure; • Connective tissue disease • 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 or more complex medications that requires monitoring (e.g. anticoagulation) therapy after reentry; • Cystic fibrosis and other metabolic development disorders; • Epilepsy or seizures • Foot, hand, arm, or leg amputee;

Chronic Condition/Significant Non-Chronic Clinical Condition (2 of 2)

Qualifying Criteria	Definition
Chronic Condition / Significant Non-Chronic Clinical Condition	• Hip/Pelvic fracture; • HIV/AIDS; • Hyperlipidemia • Hypertension • Incontinence • Severe migraine or chronic headache • Moderate to severe atrial fibrillation/arrhythmia • Moderate to severe mobility or neurosensory impairment (including, but not limited to spinal cord injury, multiple sclerosis, transverse myelitis, spinal canal stenosis, peripheral neuropathy); • Obesity • Peripheral vascular disease; • Pressure injury or chronic ulcers (vascular, neuropathic, moisture-related); • Previous stroke or transient ischemic attack (TIA); • Receiving gender affirming care; • Active respiratory conditions, such as severe bronchitis, COPD, asthma or emphysema • Severe viral, bacterial, or fungal infections • Sickle cell disease or other hematological disorders; • Significant hearing or visual impairment; • Spina Bifida or other congenital anomalies of the nervous system; • Tuberculosis; or • Type 1 or 2 diabetes.

I/DD, TBI, HIV, Pregnancy

Qualifying Criteria	Definition
Intellectual or Developmental Disability	A person with an “Intellectual or Developmental Disability” is a person who has a disability that begins before the individual reaches age 18 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” means 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” means a person who has 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” is a person who is either currently pregnant or within the 12-month period following the end of the pregnancy.

Definitions of Covered Services

Covered Service	Definition
Case Management	Case management will be provided in the period up to 90 days immediately prior to the expected date of release and is intended to facilitate reentry planning into the community in order to: (1) support the coordination of services delivered during the pre-release period and upon reentry; (2) ensure smooth linkages to social services and supports; and (3) and ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community. Services shall include: • Conducting a health risk assessment, as appropriate; • Assessing the needs of the individual in order to inform development, with the member, of a discharge/reentry person-centered care plan, with input from the clinician providing consultation services and correctional facility's reentry planning team; • While the person-centered care plan is created in the pre-release period and is part of the case management pre-release service to assess and address physical and behavioral health needs and HRSN identified, the scope of the plan extends beyond release; • Obtaining informed consent when needed to furnish services and/or to share information with other entities to improve coordination of care; • Providing warm linkages with designated managed care plan care managers (including potentially a care management provider, for which all individuals eligible for pre-release services will be eligible) which includes sharing discharge/reentry care plans with managed care plans upon reentry; • Ensuring that necessary appointments with physical and behavioral health care 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; • Provide a warm hand-off as appropriate to post-release case managers who will provide services under the Medicaid state plan or other waiver or demonstration authority; • Ensuring that, as allowed under federal and state laws and through consent with the member, data are shared with managed care plans, and, as relevant to physical and behavioral health/SMI/SUD 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 providers 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/reentry planning, as necessary, no later than 30 days from release.

Definitions of Covered Services

Covered Service	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 related to the qualifying conditions. Clinical consultation services are intended to support the creation of a comprehensive, robust and successful reentry plan, including: conducting diagnosis, stabilization and treatment in preparation for release (including recommendations or orders for needed labs, radiology, and/or medications); providing recommendations or orders for needed medications and durable medical equipment (DME) that will be needed upon release; and consulting with the pre-release care manager to help inform the pre-release care plan. Clinical consultation services are also intended to provide opportunities for members to meet and form relationships with the community-based providers who will be caring for them upon release, including behavioral health providers and enable information sharing and collaborative clinical care between pre-release providers and the providers who will be caring for the member after release, including behavioral health warm linkages. Services may include, but are not limited to: • Addressing service gaps that may exist in correctional care facilities; • Diagnosing and stabilizing individuals while incarcerated, preparing them for release; • Providing treatment, as appropriate, in order to ensure control of qualifying conditions prior to release (e.g., to suggest medication changes or to prescribe appropriate DME for post-release); • Supporting reentry 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 Medi-Cal State Plan

Definitions of Covered Services

Covered Service	Definition
Laboratory and Radiology Services	Laboratory and Radiology services will be provided consistent with the State Plan.
Medications and Medication Administration	Medications and medication administration will be provided consistent with the State Plan.
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. • Psychosocial services delivered in conjunction with MAT for OUD as covered in the State Plan 1905(a)(29) MAT benefit, and MAT for AUD and Non-Opioid Substance Use Disorders as covered in the State Plan 1905(a)(13) rehabilitation benefit, including assessment; individual/group counseling; patient education; prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT. Services may be provided by correctional facilities that are not DMC-certified providers as otherwise required under the State Plan for the provision of the MAT benefit.

Definitions of Covered Services

Covered Service	Definition
Community Health Worker Services	Community Health Worker Services will be provided consistent with the Community Health Worker State Plan.
Services Provided Upon Release	Services provided upon release include: • Covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with approved Medicaid State Plan). • DME consistent with Medi-Cal State Plan requirements.