DHCS | PATH

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Tri-Counties
CalAIM PATH Collaborative
June 26, 2024

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Welcome!

Introductions in the chat

- Name

- Organization

- Your role in CalAIM implementation

June Collaborative Agenda

Topic	Time
Welcome and Introductions	**5**
DHCS Guest Presentation: CalAIM Justice-Involved Initiative	**20**
Justice-Involved Initiative Discussion	**10**
Managed Care Plan Updates	**15**
Resources, Updates, and Survey	**10**
Next Steps and Closing	**5**
Optional Office Hours	**45**

2024 Aim Statement and Drivers

The Collaborative will increase the number of members referred to ECM and Community Supports, and the number of those successfully enrolled in and utilizing services.

Build education and awareness of CalAIM among members, providers, and community partners	**Strengthen the provider network to serve all Populations of Focus**	**Increase ECM & Community Supports referrals and care coordination among providers**

The CalAIM Justice-Involved Initiative is Comprised of Pre-Release and Reentry Components

CalAIM justice-involved initiative 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.

Initiatives Include:

90 Days Services Pre-Release *(1115 Waiver)*

Enhanced Care Management

Justice Reentry and Transition Providers

Pre-Release Medi-Cal Application Processes

Behavioral Health Links

Community Supports

Reentry
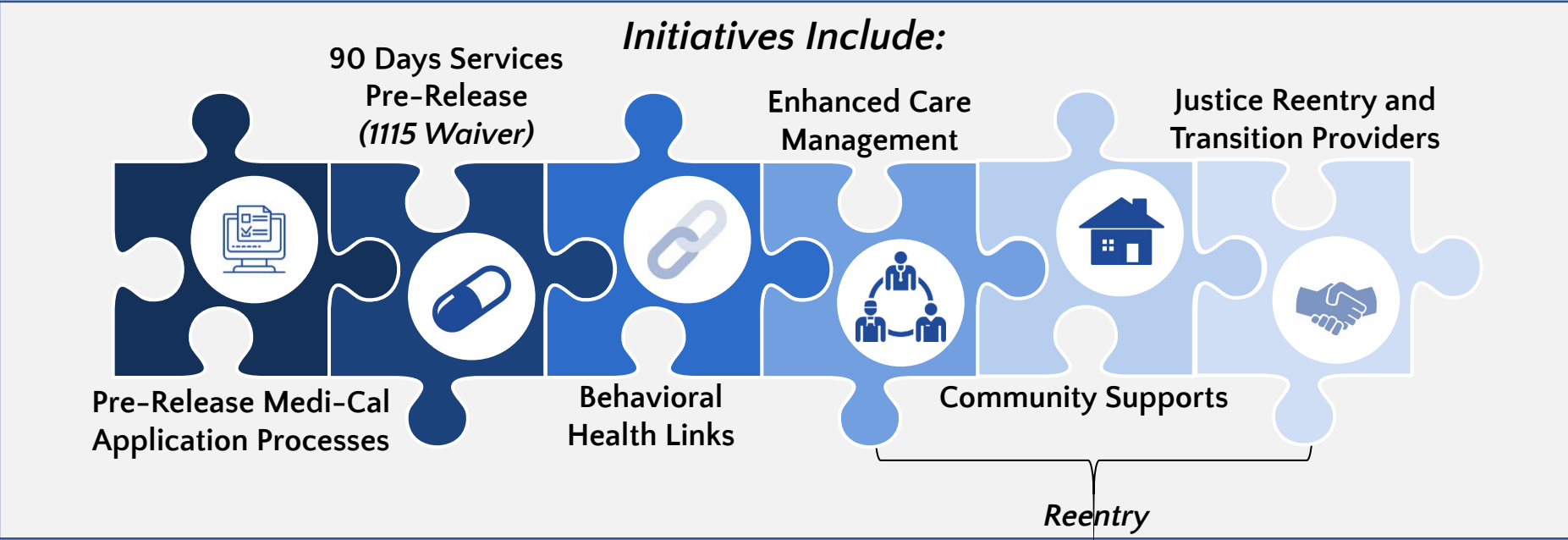
Justice–Involved Initiative Timeline

January 1, 2023
- Pre-Release Medi-Cal Application Mandate: requires all counties to facilitate enrollment in Medi-Cal for individuals who are incarcerated

January 1, 2024
- Enhanced Care Management for the Population of Focus for Adults and Youth who are transitioning from incarceration

October 1, 2024-September 30, 2026
- 2-Year Period for Correctional Facilities to Go Live with 90-Day Pre-Release Services
- Correctional Facilities will have a six-month readiness assessment review and approval process prior to the go-live date.

Eligible Correctional Facilities

» State law requires the following correctional facilities to provide Medi-Cal services in the 90-days prior to release:

- State Prisons
- County Jails, Detention Centers, Detention Facilities
- County Youth Correctional Facilities

» Pre-release services will only be provided to individuals prior to leaving a correctional facility and reentering the community.

» 90-Day Pre-Release Services do **not** include:

- State forensic mental health hospitals (i.e. Department of State Hospital facilities)
- City Jails
- Federal Prisons

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).

### 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**, <u>and</u>

✔ 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 Medi-Cal/CHIP eligible youth incarcerated at a youth correctional facility are eligible 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
- Former foster care youth up t
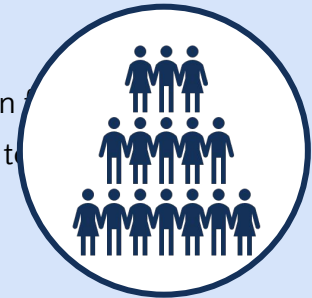
CHIP Eligible:

- Youth under 19
- Pregnant or postpartum

Covered Pre-Release Services

- 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;
- 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.

In addition to the pre-release services specified above, qualifying individuals 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.

Behavioral Health (BH) Links

To promote continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to facilitate referrals/links to post-release behavioral health providers and share information with the individual's health plan.

BH Links Requirements:

To operationalize behavioral health links for individuals who will receive services through SMHS/MHPs, DMC, and DMC-ODS, DHCS has laid out the following minimum requirements for CFs, county behavioral health agencies, and pre-release care management providers/post-release ECM providers:

Correctional Facilities (CF)

- Leverage existing processes to screen and identify individuals who may qualify for a BH link.
- County CFs will be expected to screen for this need at intake; CDCR will be expected to leverage existing treatment plans to screen for need.

Behavioral Health Links minimum requirements are detailed in **Section 11.4 of the Policy and Operational Guide.**
Source: <u>CA Penal Code 4011.11(h)(5)</u>

Pre-Release Care Manager

- Review all available records related to the individual's behavioral health care.
- If a screening was not already performed, complete the standardized behavioral health screening to identify behavioral health needs.
- Determine if a BH link is needed
- Build the care plan.

County Behavioral Health Agency

- Enter into agreements or amend current agreements as needed, by mutual consent, with the CFs to provide or support in-reach provision of pre-release services related to reentry behavioral health treatment.
- Within 14 days prior to release (if known) and in coordination with the pre- and/or post-release care manager:
    - Ensure processes are in place for a professional-to-professional clinical handoff between the correctional behavioral health provider, a county behavioral health agency provider, and the member (as appropriate).

Enhanced Care Management

Enhanced Care Management (ECM)

ECM is a Medi-Cal benefit to support comprehensive care management for Members with complex needs. Individuals who are eligible for pre-release services will be eligible to receive ECM under the Individuals Transitioning from Incarceration Population of Focus.

- ECM is interdisciplinary, high-touch, person-centered, and provided primarily through in-person interactions with Members where they live, seek care, or prefer to access services.

- DHCS' vision for ECM is to coordinate all care for eligible Members, including across the physical, behavioral, and dental health delivery systems.

- Every MCP Member enrolled in ECM will have a dedicated care manager.

- ECM is available to MCP Members who meet ECM "Population of Focus" definitions; Members may opt out at any time.

Seven ECM Core Services

Outreach and Engagement

Member and Family Supports

Comprehensive Assessment and Care Management Plan

Health Promotion

Enhanced Coordination of Care

Comprehensive Transitional Care

Coordination of and Referral to Community and Social Support Services

ECM for the JI POF will go live for all counties on January 1, 2024. ECM for the JI POF went live on January 1, 2022 in 17 counties that had Whole Person Care programs that served the JI population (see Appendix)

ECM Eligibility Criteria for the Individuals Transitioning from Incarceration POF Aligns with Eligibility for Pre-Release Services

To ensure continuity of services in the pre- and post-release period, all individuals who receive pre-release services may receive ECM post-release. In addition, individuals may receive ECM even if they did not receive pre-release services.

Adults Transitioning from Incarceration

Adults who:

1. Are transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) or transitioned within the past 12 months

AND

2. Have at least one of the following conditions:

i. Mental Illness
ii. Substance Use Disorder
iii. Chronic Condition/ Significant Clinical Condition
iv. Intellectual/ Developmental Disability (I/DD)
v. HIV/AIDS
vi. Traumatic Brain Injury
vii. Pregnancy/Postpartum

Children and Youth Transitioning from a Youth Correctional Facility

» Children and youth who are transitioning from a youth correctional facility or transitioned within the past 12 months.

» No further criteria are required to be met for Children and Youth to qualify for this ECM Population of Focus.

Source: CalAIM Enhanced Care Management Policy Guide (December 2022)

ECM JI POF Provider Network Development

ECM JI POF Network Development – Network Sufficiency

January 1, 2024, Post Release services for ECM for the Individuals Transitioning from Incarceration Population of Focus went live. In addition to normal ECM requirements (enumerated in the <u>ECM Policy Guide</u>), DHCS established several requirements for MCPs to build their provider network.

Network Sufficiency Requirements

MCPs must demonstrate network sufficiency to serve the JI POF by having sufficient contracts in place to meet the projected need.

✔ MCPs must collaborate to project their anticipated needed ECM Care Manager hours, by quarter based on JI ECM client numbers and workload.

✔ MCPs must put contracts in place to meet the projected need, by quarter.

Best Practices

- Partner with jails, youth correctional facilities, probation and parole to identify organizations that serve the JI population.
- Reach out to established organizations that serve the JI population (see appendix).
- Contract with organizations that employ individuals with lived experience.

ECM JI POF Network Development – FFS Enrollment

Provider FFS Enrollment Requirements

To ensure continuity between the pre- and-post release periods, JI ECM providers must agree to enroll as FFS Medi-Cal providers.

JI ECM Providers must be willing to:

✔ Offer FFS pre-release care management services as an in-reach care manager; **or**

✔ Conduct in-reach warm handoffs with embedded pre-release care management providers (e.g., correctional facility providers) billed FFS (minimum requirement).

Note: All JI ECM providers must agree to provide FFS Medi-Cal services by the time that their county correctional facilities go

Reminder: Pre-release services will be provided FFS.

ECM JI POF Network Development –
100% Network Overlap Across All MCPs in a County

100% Network Overlap Requirements

✔ JI ECM providers contract with all MCPs in the county, which will result in the plans having 100% network overlap for JI ECM providers.

✔ DHCS will require MCPs to work collaboratively to develop their JI ECM provider networks to ensure 100% network overlap across providers.

✔ MCPs must collaborate to develop a contract template through which JI ECM providers would contract with all plans in the county.

Best Practices

- Leverage PATH collaborative planning tables to (a) identify all JI ECM providers in the county and attest to the state that they have agreed on list and (b) agree on contract terms (not including rates).

Questions?

CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

DHCS

Q&A

Managed Care Plan Updates

Resources and Updates

ECM & Community Supports Job Aid

CalAIM ECM and Community Supports Guide

Types of Community Supports Available in San Luis Obispo and Santa Barbara:

Housing Navigation
Assistance with finding, applying for, and securing permanent housing.

Recuperative Care (Medical Respite)
Short-term residential care if you are discharged from a hospital and without stable housing.

Housing Deposits
Assistance with housing fees, including security deposits and utility setup, such as gas and electricity.

Caregiver Services (Respite Services)
Short-term relief for your caregivers, either where you live or at an approved facility.

Housing Tenancy & Sustainability
Support to keep your housing, such as help with landlord issues, annual certification, and connections to local resources to prevent eviction.

Medically Supportive Food/Medically Tailored Meals
Deliveries of nutritious groceries or prepared meals along with vouchers for healthy food and/or nutrition education.

Personal Care and Homemaker Services
Support for daily activities like bathing, feeding, meal preparation, grocery shopping, and going to medical appointments.

Sobering Centers
Short-term sobriety support in a safe environment with access to basic care, temporary housing, meals, counseling, and connection to additional services.

Day Habilitation Programs
Mentoring to develop skills, such as using public transportation, cooking, cleaning, and managing personal finances.
For individuals experiencing homelessness

Short-Term Post Hospitalization Housing
Temporary housing after leaving inpatient care settings, including those for SUD treatment, mental health, correctional facilities, and more.

Home Modifications *
Home updates that help improve health, safety, and independence, such as ramps, grab-bars, wider doorways, and stair lifts.

Asthma Remediation *
Home updates to help prevent acute asthma episodes through filtered vacuums, dehumidifiers, air filters, and better ventilation.

Nursing Home Diversion to Assisted Living *
Help with transferring to assisted living and receive services like daily living support, medication oversight, and 24-hour onsite direct care staff, instead of going to or staying in a nursing facility.

Nursing Facility Transition to a Home *
Assistance returning home from a nursing facility, such as funding for security deposits, utility set-up fees, and health-related appliances like hospital beds.

Available after July 1, 2024

Explaining Enhanced Care Management (ECM) Services to a Member:
Your dedicated Lead Care Manager will coordinate health and health-related services, offering care on the phone, in-person, and/or where you live.

Your Lead Care Manager can:
- Find doctors and make appointments

ECM does not replace:
- **Your benefits**: It's an additional benefit for Medi-Cal members.

CalAIM ECM and Community Supports Guide

Types of Community Supports Available in Ventura:

Housing Navigation
Assistance with finding, applying for, and securing permanent housing.

Recuperative Care (Medical Respite)
Short-term residential care if you are discharged from a hospital and without stable housing.

Housing Deposits
Assistance with housing fees, including security deposits and utility setup, such as gas and electricity.

Caregiver Services (Respite Services)
Short-term relief for your caregivers, either where you live or at an approved facility.

Housing Tenancy & Sustainability
Support to keep your housing, such as help with landlord issues, annual certification, and connections to local resources to prevent eviction.

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Day Habilitation Programs
Mentoring to develop skills, such as using public transportation, cooking, cleaning, and managing personal finances.
For individuals experiencing homelessness
Only for Kaiser Permanente members, starting July 2024

Explaining Enhanced Care Management (ECM) Services to a Member:
Your dedicated Lead Care Manager will coordinate health and health-related services, offering care on the phone, in-person, and/or where you live.

Your Lead Care Manager can:
- Find doctors and make appointments

ECM does not replace:
- **Your benefits**: It's an additional benefit for Medi-Cal members.

New second page describes populations of focus

Individuals who meet the criteria for one or more of these 9 populations of focus are eligible for <u>Enhanced Care Management (ECM):</u>

Individuals Experiencing Homelessness:
- Adults with complex physical, behavioral, or developmental needs.
- Children, youth, and families with members under 21 years old experiencing homelessness.

Individuals At Risk for Avoidable Hospital or Emergency Department Utilization:
- Adults with 5 or more avoidable ED visits or 3 or more avoidable unplanned hospital or nursing facility stays in the past year.
- Children and youth with 3 or more avoidable ED visits or 2 or more avoidable unplanned hospital or nursing facility stays in the past year.

Individuals with Serious Mental Health and/or Substance Use Disor...
- Adults facing significant challenges with mental health or substance use ... one complex social factor impacting their health and one or more of the... institutionalization, overdose, or suicide; primarily seeking care from cris... stays; or 2 or more ED visits or hospitalizations due to mental health or s...
- Children and youth experiencing significant challenges with mental heal... disorders.

Individuals Transitioning from Incarceration:
- Adults recently released from prison, jail, or correctional facilities in the ... the following: mental illness, substance use disorder (SUD), chronic or si... condition, intellectual or developmental disability, traumatic brain injury ...
- Children and youth recently released from youth correctional facilities i...

Adults in the Community at Risk for Long-Term Care Institutionalization:
- Adults in the community who meet skilled nursing facility criteria or need lower-acuity skilled nursing, face at least one complex social or environmental health factor that affects health, and can remain in the community with comprehensive support.

Adult Nursing Facility Residents Transitioning to the Community:
- Nursing facility residents who are interested in moving out, likely candidates to do so successfully, and able to reside continuously in the community.

Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs:
- Children and youth in CCS or CCS WCM facing at least one complex social factor affecting their health.

Children and Youth Involved in Child Welfare:
- Children and youth meeting any of the following: currently in foster care, received foster care in the last year, aged out of foster care up to age 26, eligible for or in California's Adoption Assistance Program, or receiving or have received California's Family Maintenance program in the last year.

Birth Equity Population of Focus:
- Black, American Indian, Alaska Native, or Pacific Islander adults or youth who are pregnant or have been pregnant in the last 12 months.

For more details on these eligibility criteria, please visit the <u>ECM Policy Guide</u>

bluepathhealth.com/tricountiespathresources

NOW LIVE: "PATHways to Success"

Learn about the difference PATH is making for organizations and the Medi-Cal members they serve across California.

PATH is Growing Local Partnerships and Strengthening Services for Members

June 14, 2024

For more than 20 years, Lifespring Home Nutrition has provided Southern Californians with special dietary needs access to nutritious, medically tailored meals (MTM) to heal their bodies and manage their...
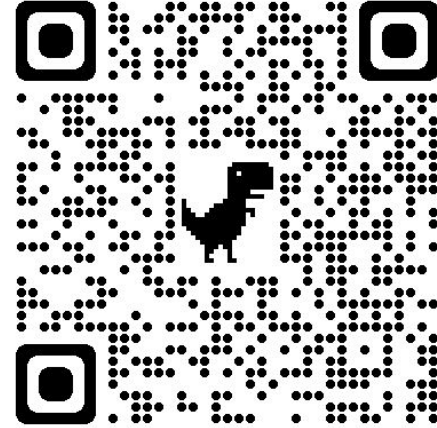
Read More

View All Success Stories

PATH CPI Participant Experience Survey

Please take a few minutes now to provide your valuable feedback!

Upcoming Events and Reminders

July Meetings

Ventura
Wednesday, July 17
11:00am

SLO & Santa Barbara
Wednesday, July 24
11:00am

CalAIM TA Marketplace

Thank you!
Questions or suggestions?
pathinfo@bluepathhealth.com

Office Hours

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 individual ▪ 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 individual 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 individual'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 (1 of 2)

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

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 <u>Section 4512 of the California Welfare and Institutions Code</u>.
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 individual, 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 individaul, 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 individuals 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.

2023 Aim Statement and Key Drivers

Increase eligible members authorized for ECM & Community Supports by 15%

Expand communication channels for providers and members

Improve provider capacity and administration

Increase ECM & Community Supports Care Coordination

Timeliness of Application Review

Recipient Eligibility Applications

Average review time was under 2 weeks, which was primarily dependent on the receipt of identity verification data and the quality of attestations submitted. Where an organization submitted a blank or incorrect attestation, the timeline from submission to approval was significantly longer.

Identity Verification 3 days	PCG Attestation Review – 3 days	DHCS Approval 1 week
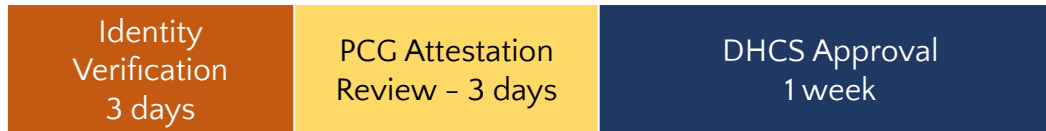
Project Eligibility Applications

Average review by PCG staff was 5 business days, followed by 5 business days to receive DHCS approval. This process proceeded quickly for most applicants, as the majority of requests were for Off-the-Shelf projects, for which the project goals are clearly defined and outlined. Projects with longer reviews at the PEA step of the process were due to unclear goals or applications that contained requests for multiple disparate projects.

PCG Review 1 week	DHCS Approval 1 week

Timeliness of Application Review (cont.)

Scopes of Work and Budgets (standard review)
Average review by PCG staff was 5 business days, followed by 5 business days to receive DHCS approval. This process proceeded quickly for most applicants, as the majority of requests were for Off-the-Shelf projects, for which the review is expedited, as project goals are clearly defined and outlined.

PCG Review 1 week	DHCS Approval 1 week

Scopes of Work (SOW) and Budgets (heightened scrutiny)
SOW and Budgets may be flagged for heightened scrutiny by the DHCS Team, if concerns are raised at the PEA stage, if there is a concern about duplication of funding from CITED or another grant, or if the project will produce member facing materials.

TA Marketplace Resources

For technical support or questions, please email
ta-marketplace@ca-path.com

[PATH TPA Website](#)

[DHCS CalAIM PATH Webpage](#)