

Serving the Justice-Involved Population as a CalAIM ECM Provider

August 8, 2023

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Agenda

- 1. Welcome and Introductions
- 2. Learning Objectives
- 3. CalAIM Justice-Involved (JI) Initiatives
- 4. 90-Day Pre-Release Services
- 5. Enhanced Care Management (ECM)
- 6. Serving the JI Population of Focus
- 7. Next Steps
- 8. Resources
- 9. Questions



Welcome and Housekeeping

This webinar is being recorded

Attendance will be tracked via log-in

Send a message to the host if you cannot hear or see the slides

After the webinar you will get a copy of the PowerPoint and recording link

Participants are automatically MUTED. Please communicate via the chat



If we are unable to address your questions in today's webinar, we will address your questions in an upcoming forum



Welcome and Introductions







Karen Richmond Medi-Cal Regional VP

Today's Presenter



Rebekah Kharrazi, MPH, CPH Senior Consultant Health Management Associates

WHO IS ON TODAY'S CALL?

1. What entity do you represent?

- Sheriff's Office
- Probation Office
- California Department of Corrections and Rehabilitation
- County Behavioral Health
- County Social Services
- Community-Based Organization
- Federally Qualified Health Centers
- Providers (including hospitals and provider organizations)
- Tribal
- Other

2. What type of CalAIM provider are you?

- ECM Provider
- CS Provider
- ECM and CS Provider
- Not an ECM or CS Provider

Complete the pop-up questions on your screen!

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Learning Objectives

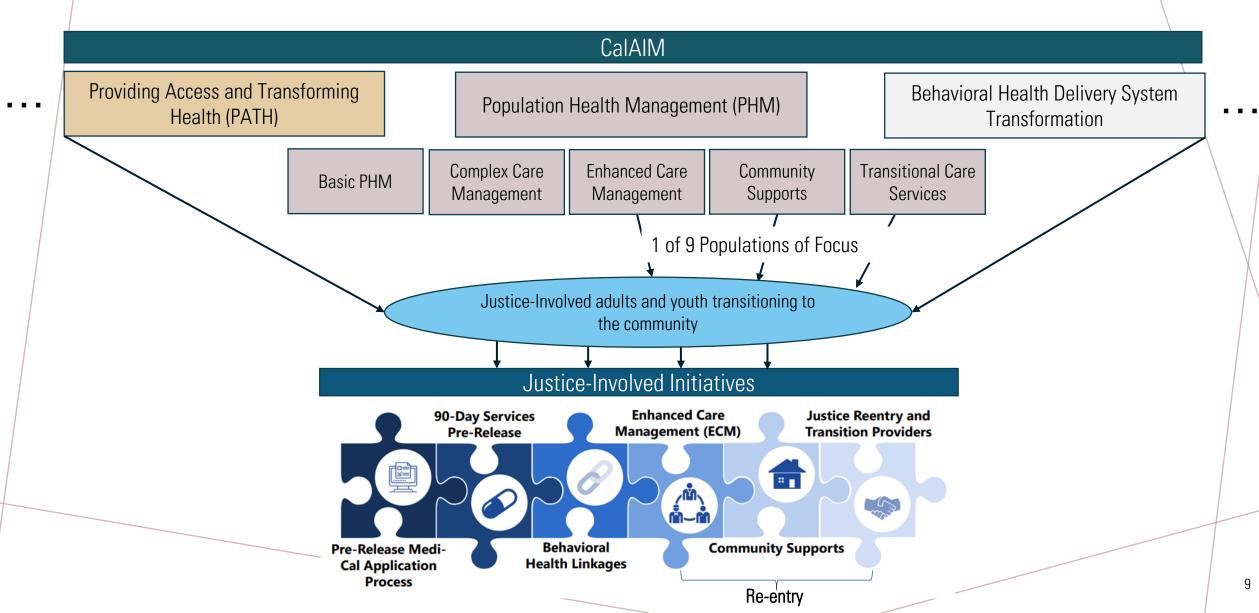
At the end of this webinar, participants will have the ability to:

- 1. Understand the changing Medi-Cal landscape that will impact justice-involved (JI) individuals in California
- 2. Understand the unique requirements for serving eligible JI individuals as an Enhanced Care Management (ECM) Provider



CalAIM Justice Involved (JI) Initiatives Overview

CalAIM Justice-Involved Initiatives Overview



CalAIM Justice-Involved Initiatives Goal



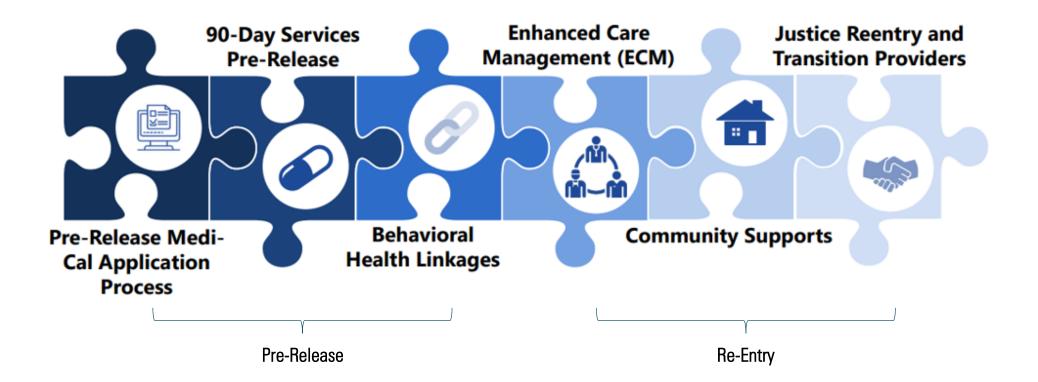
Advance health equity: The issue of poor health, health outcomes, and death for incarcerated people is a health equity issue because Californians of color are disproportionately incarcerated—including for mental health and SUD-related offenses. These individuals have considerable health care needs but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

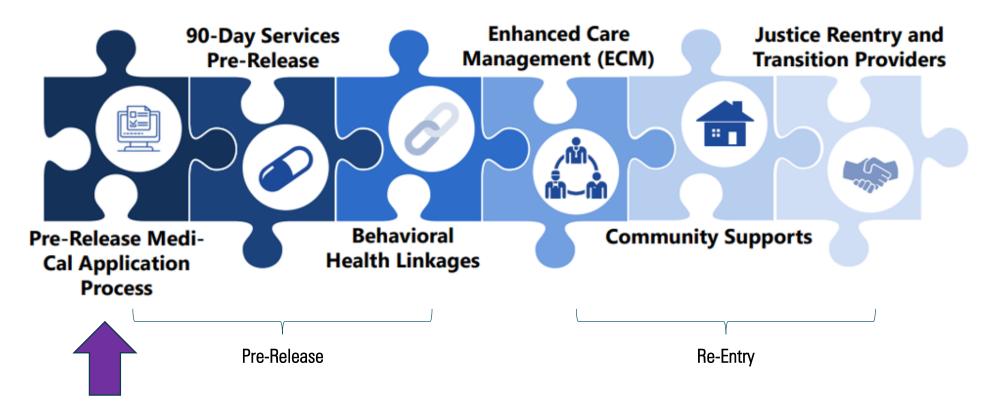


Improve health outcomes: By implementing this initiative, California aims to provide a targeted set of services in the pre-release period to establish a supportive community reentry process, help individuals connect to physical and behavioral health services upon release, and ultimately improve physical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

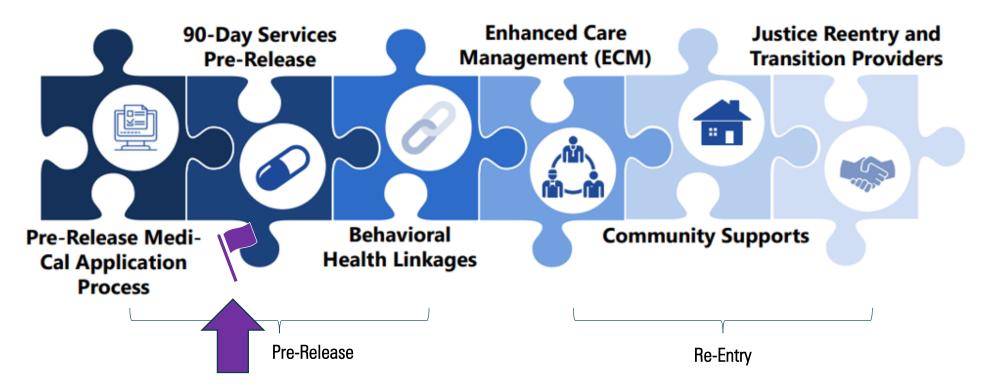


Serve as a model for the rest of the nation: California is the first state to receive approval for this initiative. We hope our model will serve as a blueprint for the dozen additional states with pending justice-involved 1115 waivers.

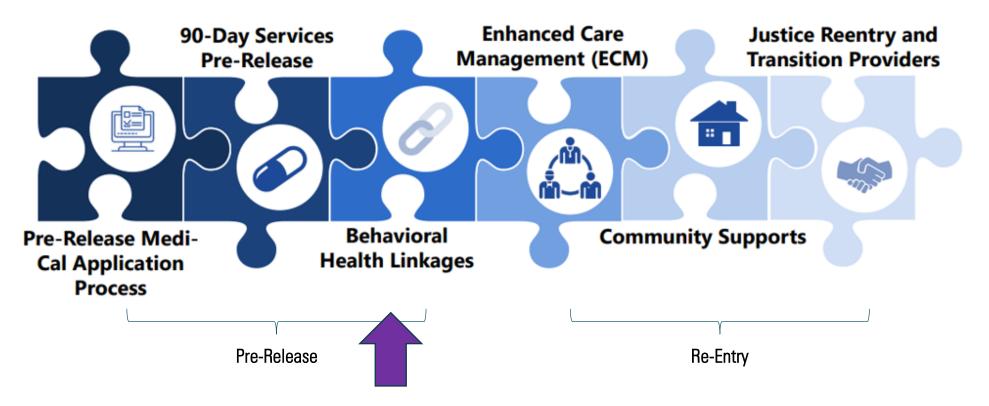




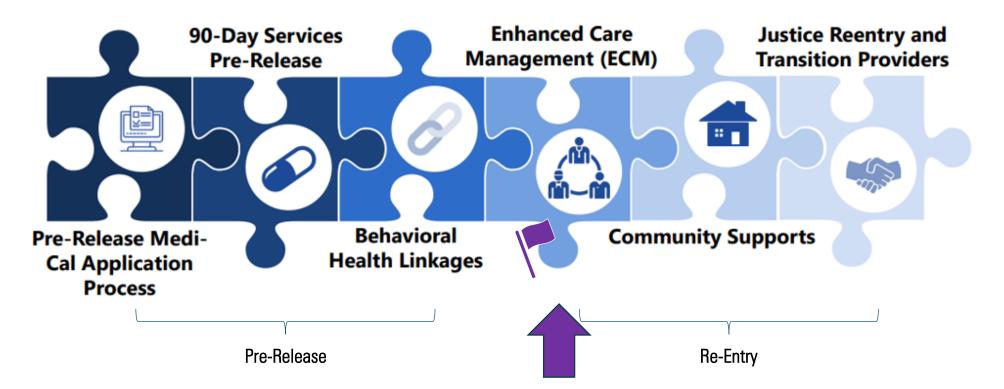
Medi-Cal enrollment for eligible individuals prior to release



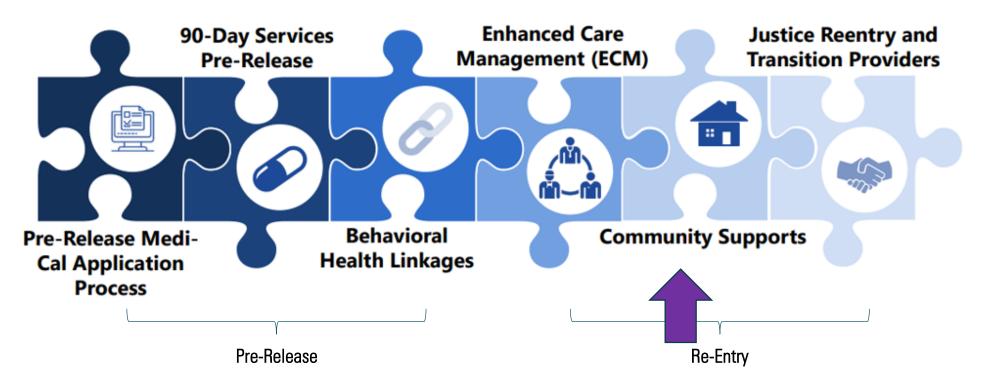
Medi-Cal coverage for certain services prior to release



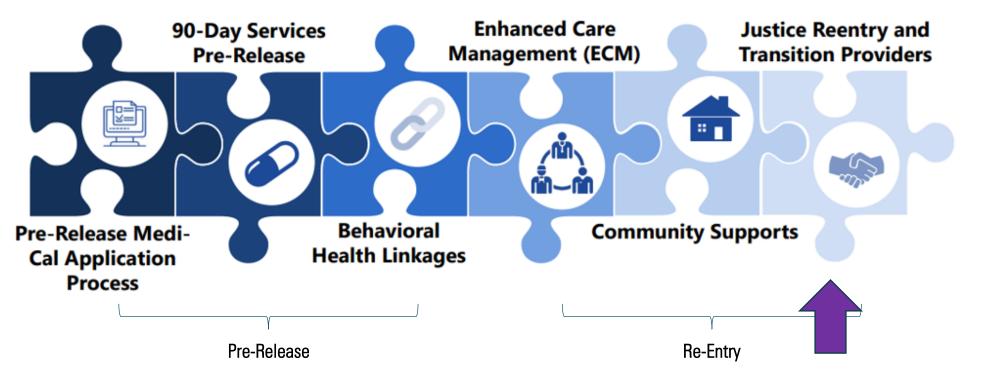
Collaboration between pre- and post-release behavioral health providers



Case management for individuals with complex needs (managed care plan benefit for select "Populations of Focus")



Supports to address individuals' social needs, including food and housing (optional for managed care plans to implement)



Experienced and trusted providers play an important role

90-Day Pre-Release Services

90-Day Pre-Release Services Overview

California is first in the nation to receive approval from the Federal government to offer a targeted set of services to incarcerated and detained individuals on Medicaid (Medi-Cal) 90 days prior to release



The intent of the demonstration is to **build a bridge to community-based care for justiceinvolved 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.

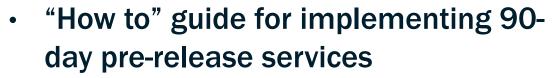


With its 1115 demonstration, California will directly test and evaluate its expectation that **providing targeted pre-release services to Medi-Cal-eligible individuals will avert the unnecessary use** of inpatient hospitals, psychiatric hospitals, nursing homes, emergency departments and other forms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

California Department of Health Care Services

Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative

> DRAFT FOR STAKEHOLDER REVIEW: June 2023



- Remains in draft form
- Final version expected in August 2023



https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM -JI-Policy-and-Operations-Guide-Stakeholder-Comment-June-2023.pdf

Where will 90-Day Pre-Release Services be Provided?

County Adult Correctional Facilities

Sheriff's Offices

County Youth Detention Facilities

Probation Offices

State Prisons

California Department of Corrections and Rehabilitation

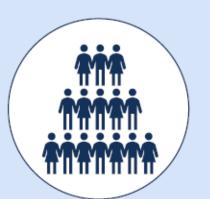
Who is Eligible for 90-Day Pre-Release Services?

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 (for adults):
 - 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.

What Services are Covered Under 90-Day Pre-Release?

- 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.

Purpose of Care Management for Justice-Involved Individuals



Support the coordination of services delivered during the pre-release period and upon reentry

Ensure smooth linkages to services and supports



Ensure arrangement of appointments and timely access to appropriate care delivered in the community **Coupled with evidence-based approaches, such as:**

- Trauma-informed care
- peer support
- family reunification

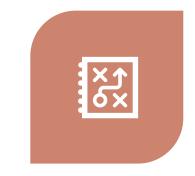
discussed on prior webinars in this series

Pre-Release Care Manager Requirements









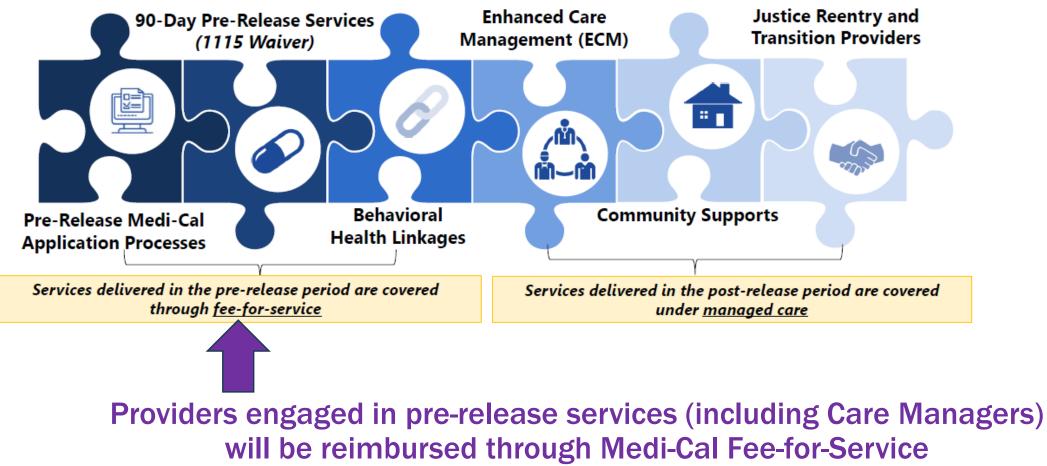
Completion of wholeperson needs assessment (documented in medical record) Creation of care linkages and coordination with community-based providers and services Participation in warm handoff encounter (when the pre-release care manager is different from post-release care manager) Completion of a reentry care plan (documented in medical record)

Behavioral Health Linkages

- Screening for behavioral health needs
- Initiation of behavioral health services
 during incarceration/detention
- Link pre- and post-release behavioral health providers
- Ensure smooth transition and continuity of care (critical!)



90-Day Pre-Release Services Reimbursement Model



DHCS CalAIM MCP TA Meeting, April 25, 2023

90-Day Pre-Release Services Summary

- Transformation of care in California correctional facilities is coming soon
 - Standardization of services across facilities
 - Medi-Cal coverage for targeted services
- Timeline (determined by correctional entities)
 - No earlier than April 1, 2024
 - No later than March 31, 2026
- Key Partners
 - Correctional facilities (Sheriff, Probation, CDCR)
 - County agencies (Behavioral Health, Social Services, Etc.)
 - Health care providers
 - Community-based reentry providers

Enhanced Care Management

CalAIM Care Management Continuum

ECM is a community-based managed care benefit!



Enhanced Care Management (ECM) is for the highest-need Members and provides intensive coordination of health and health-related services.

Complex Care Management (CCM) is for Members at **higher- and medium-rising risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions.

Basic Population Health Management (BPHM). BPHM is the array of programs and services for **all** MCP Members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

ECM Core Services



Outreach and Engagement



Comprehensive **Assessment and Care Management Plan**



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Enhanced **Coordination of**

Services

Care **Coordination of and Referral to Community and Social Support**



Member and **Family Supports**



Health Promotion



Comprehensive Transitional

Care

Similar to services provided by Pre-Release Care **Managers**

Community Supports

- Community-based supports to address individuals' social needs
- Medically appropriate, costeffective alternative services or settings
- Managed care plans are strongly encouraged (but not required) to offer
- ECM providers support linkages

- **1**. Housing Transition Navigation Services
- 2. Housing Deposits
- 3. Housing Tenancy and Sustaining Services
- 4. Short-Term Post-Hospitalization Housing
- 5. **Recuperative Care (Medical Respite)**
- 6. **Respite Services**
- 7. Day Habilitation Programs
- 8. Nursing Facility Transition/Diversion to Assisted Living Facilities
- 9. Community Transition Services/Nursing Facility Transition to a Home
- 10. Personal Care and Homemaker Services
- **11.** Environmental Accessibility Adaptations (Home Modifications)
- 12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
- 13. Sobering Centers
- 14. Asthma Remediation

Who is Eligible for ECM Services?

January 1, 2024: statewide launch for individuals transitioning from incarceration

CN	I Population of Focus	Adults	Children & Youth
1	Individuals Experiencing Homelessness	\checkmark	\checkmark
2	Individuals At Risk for Avoidable Hospital or ED Utilization	\checkmark	\sim
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	\sim	\sim
4	Individuals Transitioning from Incarceration	\checkmark	\checkmark
5	Adults Living in the Community and At Risk for LTC Institutionalization	\checkmark	
6	Adult Nursing Facility Residents Transitioning to the Community	\checkmark	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		~
8	Children and Youth Involved in Child Welfare		\sim
9	Birth Equity Population of Focus	\sim	\checkmark

DHCS Launching Enhanced Care Management (ECM) for Children and Youth Webinar, June 23, 2023

ECM Eligibility Criteria for JI Population of Focus (and 90-day Pre-Release Services)

Individuals transitioning from correctional setting (or who have transitioned within the past 12 months):

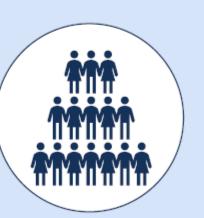
Medi-Cal Eligible:

CHIP Eligible:

Pregnant or postpartum

Youth under 19

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Criteria for Pre-Release Medi-Cal Services
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 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.

Eligibility criteria to receive ECM services under the JI POF are the same as to receive pre-release services, so everyone who is eligible to receive pre-release services will also be eligible to receive ECM.

What Entities Provide ECM Services?

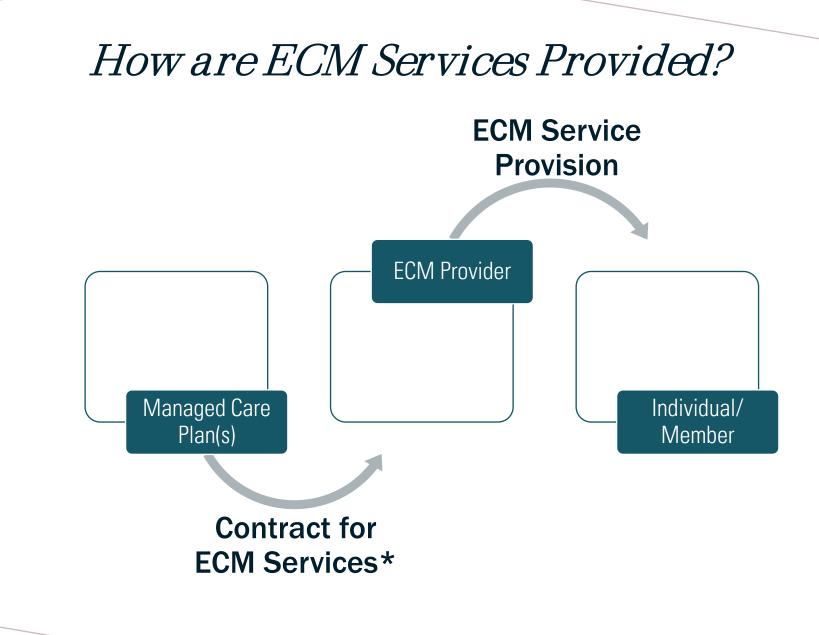
County, City, or Local Government Agencies

Providers (including hospitals and provider organizations)

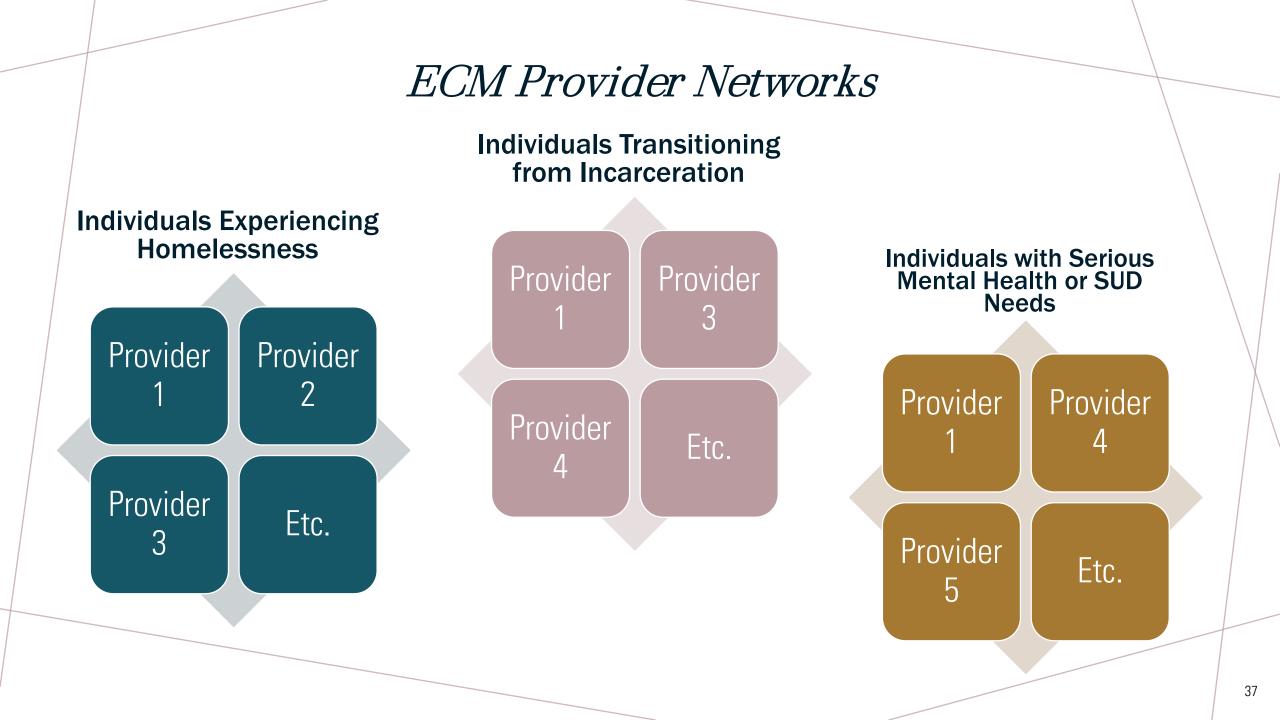
Medi-Cal Tribal and Designee of Indian Health Program Community Based Organizations

Federally Qualified Health Centers

Others



*Please contact your MCP(s) if you are interested in serving the JI Population of Focus



CALAIM ENHANCED CARE MANAGEMENT POLICY GUIDE

Updated July 2023

https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf

Serving the Justice-Involved Population Of Focus

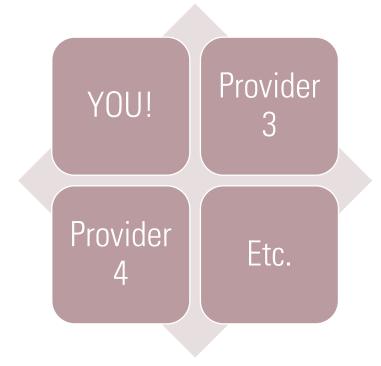
How do I Serve Justice-Involved Individuals Under CalAIM?

BECOME AN ECM PROVIDER TO:

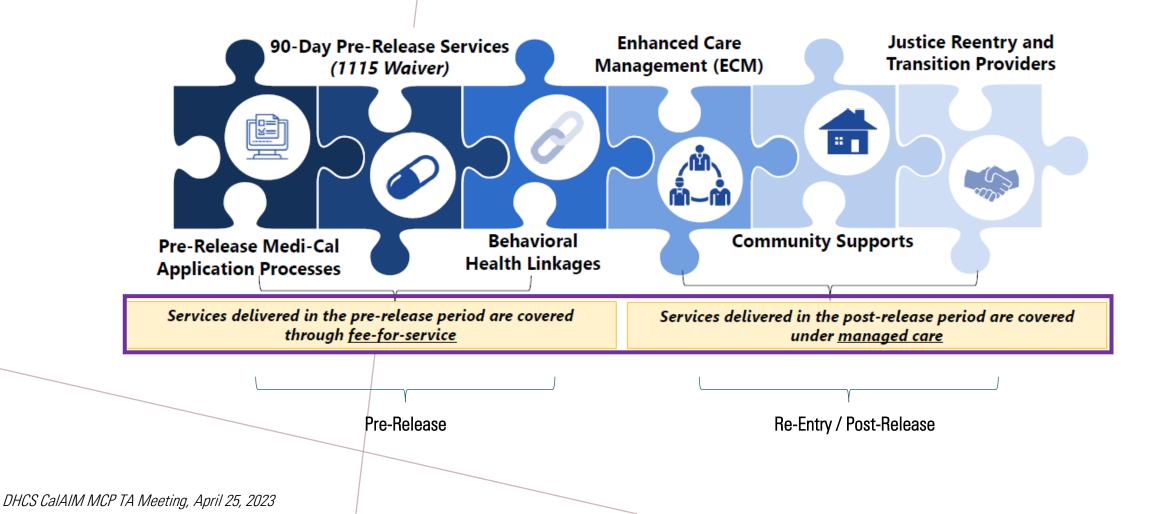
- Provide Pre-Release Care Management (through in-reach or warm handoffs)
- Provide Post-Release Care Management (aka ECM services)

Note: MCPs will assess all providers to ensure they can serve the JI POF => please contact your Health Net point of contact for more information

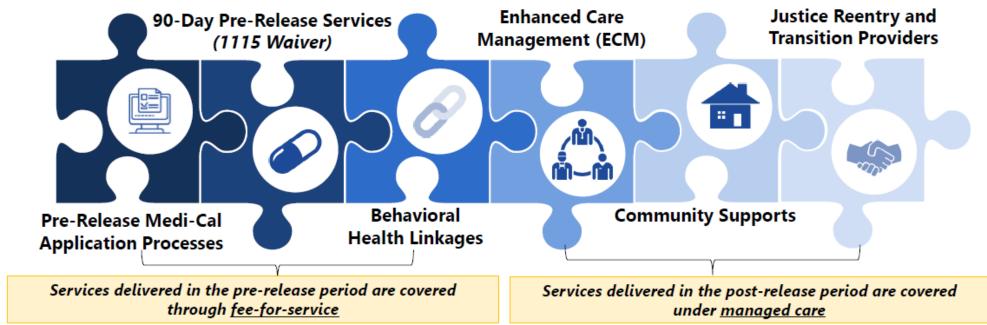
Individuals Transitioning from Incarceration



Care Management Reimbursement



Care Management Models: Pre- and Post-Release





Who Assigns the Care Manager?

Correctional facilities assign the care manager and select among the ECM provider network

Individuals Transitioning from Incarceration

In-Reach Model

Provide pre-release care management and stay with individual postrelease as their ECM provider

Embedded Model

Engage in warm handoff during pre-release and provide ECM services release Provider Provider 3

Etc.

Provider

Care Management for JI Individuals Summary

Care Management Model	Pre-Release (Pre-Release Care Management)	Post-Release (Community-Based Care Management aka ECM Services)
In-Reach	 ECM Provider serves as Pre-Release Care Manager* Fee-for-service reimbursement (requires enrollment as a fee-for-service Medi-Cal provider) 	 ECM Provider serves as Community-Based Care Management Provider* (same as Pre- Release Care Manager) Managed care reimbursement (requires MCP contract)
Embedded	 Correctional facility (or their vendor) serves as Pre-Release Care Manager ECM Provider engages in "warm handoffs" to support transition to post-release ECM services Fee-for-service reimbursement (requires enrollment as a fee-for-service provider Medi-Cal) 	 ECM Provider serves as Community-Based Care Management Provider* Managed care reimbursement (requires MCP contract)

*Assigned by correctional facility among the ECM Provider Network

Managed Care Plan Requirements for the JI POF ECM Network

Establish a network of ECM providers that meet minimum requirements to service the JI population of focus

Pursue overlap and ensure network sufficiency of the JI ECM provider network across MCPs in each County

Publish JI ECM provider network directory (for use by correctional facilities to assign a Care Manager)

DHCS Draft Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative, June 12, 2023

Managed Care Plan Requirements for the JI POF ECM Network

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Publish JI ECM provider network directory (for use by correctional facilities to assign a Care Manager)



JI ECM Providers are expected to contract with all MCPs

DHCS Draft Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative, June 12, 2023

Enroll through State-Level Medi-Cal Enrollment Pathway enroll as Fee-For-Service Medi-Cal Provider through PAVE*	Ensure Each Member is Assigned a Lead Care Manager In reach model: same as PRCM Embedded model: warm handoff with PRCM	Provide Culturally Appropriate and Timely In-Person Care Management Activities	Use Care Management System or Process Supporting Documentation of Integrated Services and Information
Have Formal Agreements/ Processes to Engage and Cooperate with Other Entities to Coordinate Care including with correctional facilities	Have Experience Serving the POF MCPs will prioritize contracting with providers employing individuals with lived experience, including CHWs	Have Experience Providing Core ECM-Like Services	Submit Claims, or Invoices, for the Provision of ECM-related Services to MCP

*DHCS is developing Medi-Cal enrollment pathway for CBOs that serve as JI ECM providers in PAVE

Enroll through State-Level Medi-Cal Enrollment Pathway
enroll as Fee-For-Service Medi-Cal
Provider through PAVE

Ensure Each Member is Assigned a Lead Care Manager In reach model: same as PRCM Embedded model: warm handoff with PRCM

Have Formal Agreements/ Processes to Engage and Cooperate with Other Entities to Coordinate Care including with correctional facilities

Have Experience Serving the POF

MCPs will prioritize contracting with providers employing individuals with lived experience, including CHWs

- Fee-for-Service (FFS) Medi-Cal will cover Pre-Release Care Management services, including warm handoffs to ECM Providers
- ECM Providers will enroll in Medi-Cal as FFS CBO Providers
- PAVE Portal enrollment instructions
 are forthcoming

*DHCS is developing Medi-Cal enrollment pathway for CBOs that serve as JI ECM providers in PAVE

Enroll through State-Level Medi-Cal Enrollment Pathway enroll as Fee-For-Service Medi-Cal Provider through PAVE

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Have Formal Agreements/ Processes to Engage and Cooperate with Other Entities to Coordinate Care including with correctional facilities

Have Experience Serving the POF

MCPs will prioritize contracting with providers employing individuals with lived experience, including CHWs

- For in-reach model, the Pre-Release Care Manager will be the same as the ECM Provider (Community-Based Care Manager)
- For embedded model, the ECM Provider will engage in a warm handoff with the Pre-Release Care Manager pre-release

Enroll through State-Level Medi-Cal Enrollment Pathway enroll as Fee-For-Service Medi-Cal Provider through PAVE

Ensure Each Member is Assigned a Lead Care Manager In reach model: same as PRCM Embedded model: warm handoff with PRCM

- Regardless of the care management model, agreements/processes will need to be established with each correctional facility
- Further information forthcoming

Have Formal Agreements/ Processes to Engage and Cooperate with Other Entities to Coordinate Care including with correctional facilities

Have Experience Serving the POF

MCPs will prioritize contracting with providers employing individuals with lived experience, including CHWs

Enroll through State-Level Medi-Cal Enrollment Pathway enroll as Fee-For-Service Medi-Cal Provider through PAVE

Ensure Each Member is Assigned a Lead Care Manager In reach model: same as PRCM Embedded model: warm handoff with PRCM

Have Formal Agreements/ Processes to Engage and Cooperate with Other Entities to Coordinate Care including with correctional facilities

Have Experience Serving the POF

MCPs will prioritize contracting with providers employing individuals with lived experience, including CHWs

- Individuals with lived experience serve as trusted providers
- Employing individuals with lived experience is considered a best practice (rather than a requirement)

JI ECM Provider Checklist (Beginning January 1, 2024)









Establish contracts with all MCPs in your county

Enroll as a Fee-for-Service Medi-Cal Provider through PAVE Establish agreements/processes with correctional facilities Employ individuals with lived experience when possible



Capacity Building Funding Opportunities

Capacity Building Funding Opportunities

Capacity and Infrastructure Transition, Expansion, and Development (CITED) Initiative	Technical Assistance Initiative (TA Marketplace)	Collaborative Planning and Implementation Initiative (Regional Collaboratives)	Incentive Payment Program (IPP)
Direct funding to support the delivery of ECM and CS services	Virtual "marketplace" offering hands-on technical support and off-the-shelf resources from vendors to establish the infrastructure needed to implement ECM and CS	Funding for regional collaborative planning and implementation efforts to promote readiness for ECM and CS	Funding to support implementation and expansion of CalAIM provided through Managed Care Plans

Visit: https://www.dhcs.ca.gov/CaIAIM/Pages/CaIAIM-PATH.aspx

NEXT STEPS

- 1. Evaluate your organization's ability to serve as an ECM Provider for the JI population of focus
- 2. Meet with the MCP(s) in your county to discuss your interest in serving the JI population of focus as an ECM Provider
 - Existing Providers: meet with your Health Net point of contact
 - New Providers: <u>systems_of_care_group@healthnet.com</u>

Resources

California Department of Health Care Services

Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative

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https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM -JI-Policy-and-Operations-Guide-Stakeholder-Comment-June-2023.pdf CALAIM ENHANCED CARE MANAGEMENT POLICY GUIDE

https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf

QUESTIONS



LET US KNOW YOUR THOUGHTS

Are you ready to become a JI ECM Provider?

• Yes! Where do I sign up?

A B CO

- Yes, but want to learn more
- Not yet...
- Not applicable, I'm just here to learn

Complete the pop-up questions on your screen!

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THANK YOU!!!! Before You Go...

Please Complete the Evaluation of Today's Session

Once the webinar concludes, the survey will pop-up in a separate browser.

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