DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850

State Demonstrations Group

October 2, 2024

Tyler Sadwith
State Medicaid Director
Department of Health Care Services
Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of updates submitted to the Reentry Demonstration Initiative Implementation Plan (IP) for California's section 1115 demonstration project entitled, "California Advancing and Innovating Medi-Cal (CalAIM)" (Project No. 11-W-00193/9). We have determined the Reentry Demonstration Initiative IP updates are consistent with the requirements outlined in the demonstration Special Terms and Conditions (STCs) and are therefore approving them. A copy of the approved Reentry Demonstration IP is enclosed and will be incorporated into the STCs as updated Attachment CC.

We look forward to our continued partnership on the CalAIM section 1115 demonstration. If you have any questions, please contact your CMS project officer, Diona Kristian. Ms. Kristian can be reached by email at Diona.Kristian@cms.hhs.gov.

Sincerely,

[redacted]

Angela D. Garner
Director
Division of System Reform Demonstrations

cc: Cheryl Young, State Monitoring Lead, Medicaid and CHIP Operations Group

Enclosure: Attachment CC: Reentry Demonstration Initiative Implementation Plan

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Revised: October 2, 2024

Attachment CC: Reentry Demonstration Initiative Implementation Plan

Introduction:

On January 26, 2023, the Centers for Medicare & Medicaid Services (CMS) granted approval of California's request to amend the Section 1115(a) demonstration waiver "California Advancing and Innovating Medi-Cal (CalAIM)" to provide limited coverage for services furnished to a subset of incarcerated individuals for up to 90 days immediately prior to their expected dates of release.[1]

CalAIM Demonstration Special Term and Condition (STC) 9.9 requires California to submit a Reentry Demonstration Initiative Implementation Plan (hereinafter "Implementation Plan"). The following Implementation Plan details California's approach for meeting the five milestones outlined in STC 9.9 and additional conditions articulated in the CMS State Medicaid Director (SMD) Letter# 23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated."[2]

The Implementation Plan, effective October 1, 2024, is organized around the following five Section 1115 Demonstration Waiver milestones:

1. Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.
2. Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.
3. Promoting continuity of care.
4. Connecting to services available post-release to meet the needs of the reentering population.
5. Ensuring cross-system collaboration.

For each milestone, the Implementation Plan describes (1) a summary of how the State already meets any expectation and specific activities related to each milestone, and (2) any actions needed to be completed by the State to meet all the expectations for each milestone, including the persons or entities responsible for completing these actions and the timelines and activities the State will undertake to achieve the milestone.

- DHCS is readying its systems and processes for a go-live in October 2024 and will commence conducting readiness assessments for facilities starting in the spring/summer of 2024. All facilities must go live by October 1, 2026. Nothing in

[1] 11-W-00193/9: "California CalAIM Demonstration." Available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca1.pdf.
[2] SMD# 23-003, "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who are Incarcerated," April 17, 2023. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf.

this approval will supersede the state's compliance actions to meet all CAA of 2023 Section 5121 implementation requirements and timelines.

In addition to this Implementation Plan, DHCS released the "Policy and Operational Guide for Planning and Implementing CalAIM Demonstration Reentry Initiative" (hereinafter "Policy and Operational Guide") in October 2023.. (The expectation is that the Policy and Operational Guide will be updated as new policy and operational requirements are identified.) The Policy and Operational Guide provides detailed policy requirements and operational expectations for implementation of the CalAIM Demonstration Reentry Initiative. The audience of the Policy and Operational Guide is the State's implementation partners, including, without limitation, correctional facilities, county behavioral health agencies, county social service agencies/offices),[3] Medi-Cal Managed Care Plans (MCPs), Mental Health Plans (MHPs)/Drug Medi-Cal and Drug Medi-Cal Organized Delivery Systems (DMC/DMC-ODS), and community-based providers. The Policy and Operational Guide will be updated on an ongoing basis as implementation partners begin the process of standing up the CalAIM Demonstration Reentry Initiative.

[3] County social service agencies/offices are responsible for processing Medi-Cal applications and enrollment.

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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

STC 9.9.a. The State must describe its plans to fully effectuate, no later than two years from approval of the expenditure authority, a state policy to identify Medicaid- eligible individuals or individuals who would be eligible for CHIP, except for their incarceration status, and suspend a beneficiary's eligibility or benefits during incarceration. It must describe its processes to undertake robust outreach to ensure beneficiary and applicant awareness of the policy and assist individuals with Medicaid application, enrollment, and renewal processes. Other aspects to be included in the Implementation Plan related to this milestone include the State's plan to make available a Medicaid and/or managed care plan identification number or card to an individual, as applicable, upon release; and establish processes to allow and assist all individuals who are incarcerated at a participating facility to access and complete a Medicaid application, including providing information about where to complete the Medicaid application for another State, e.g., relevant State Medicaid agency website, if the individual will be moving to a different State upon release.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
1.a. Implement a State policy for a suspension strategy during incarceration (or implement an alternative	***Current State:*** Effective January 1, 2023, all California county social services agencies/offices were required to suspend, rather than terminate, Medicaid coverage for the duration of an individual's incarceration.[4,5] Both adult and youth coverage is suspended for the duration of incarceration.[6,7] State guidance, published in November 2022, provides information related to implementing DHCS' Medicaid benefit suspension and unsuspension (activation) policies, including guidance on

[4] See ACWDL 21-22 (October 28, 2021) for more information on suspension of Medi-Cal benefits for youth.
[5] Public Health Omnibus Bill, SB 184 (Chapter 47, Statutes of 2022), amended Welfare and Institutions Code § 14011.10(d).
[6] Public Health Omnibus Bill, Senate Bill (SB) 184 (Chapter 47, Statutes of 2022) amended Welfare and Institutions Code § 14011.10(d) in 2022.
[7] Under SB 184, beginning January 1, 2023, Medi-Cal benefits for adults must be kept in suspended status until the individual is no longer an inmate of a public institution. For individuals under the age of 21 or Former Foster Youth (FFY) under the age of 26, under the federal SUPPORT Act and State law (Welfare & Institutions Code § 14011.10 (e)(1) & (2)), the State and counties are prohibited from terminating Medicaid eligibility because the individual is an inmate of a public institution.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
proposal to ensure that only allowable benefits are covered and paid for during incarceration, while ensuring coverage and payment of full benefits as soon as possible upon release), with up to a two-year glide path to fully effectuate.	suspension timelines for individuals with short-term stays.[8,9] The following summarizes the State's policy and operational approach: • Through the benefit suspension process, the correctional facility reports the member's incarceration status to the county; the social services agency/office will change an individual's Medi-Cal status from "active" to "suspended." While in the suspension period, the individual will be eligible to receive inpatient hospitalization and pre-release services (for no more than 90 days) only. Individuals receive a notice of action when their Medi-Cal coverage is suspended and again upon reactivation. • If inpatient hospital services are required during an individual's incarceration, the correctional facility can submit an application for the county or State Medi-Cal Incarceration Eligibility Program (MCIEP). MCIEP occurs at both a State and county level and allows Medi-Cal reimbursement for inpatient hospital stays of 24 or more hours for incarcerated individuals who are determined eligible for Medi-Cal. • All individuals found eligible for pre-release services, including individuals who were incarcerated for 28 days or less, will be assigned a specific aid code that will ensure the only services that will be provided and paid for are Reentry Demonstration Initiative services. DHCS required social services agencies/offices, County Sheriff's Departments and County Probation Departments to complete and submit readiness assessments in November 2022, through which they attested to their readiness to implement pre-release Medi-Cal application processes.[10] DHCS also implemented a monitoring plan to assess compliance with the mandate, including suspension and unsuspension processes, and ongoing implementation of the mandate.

[8] See ACWDL 22-26 (October 28, 2022) for more information on suspension/unsuspension for individuals incarcerated and released to different counties, the annual renewal policy, change in circumstance redeterminations, and notices of action.
[9] See ACWDL 22-27 (November 10, 2022) for more information on pre-release application processes for juvenile and adult inmates of county correctional facilities and county youth correctional facilities.
[10] See MEDIL 22-46 and MEDIL 22-47 (November 10, 2022) for more information on the Pre-Release Medi-Cal Application Mandate Readiness Assessments for County Social services agencies/offices and County Sheriff's Departments and County Probation Departments.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	Future State: Planned Activities and Associated Timelines: • DHCS required all counties to be in full compliance with the CalAIM Medi-Cal Pre-Release Application mandate by June 30, 2023; this mandate includes implementing suspension and reactivation processes described above. • Beginning July 2023, DHCS will implement enforcement actions, including requiring counties that are not in compliance to complete an ongoing Plan of Action and Milestones (POAM) and provide DHCS with bi-monthly updates until they are deemed compliant. (Ongoing, beginning July 2023) • To support tracking of implementation progress and monitoring, DHCS will also require social services agencies/offices, County Sheriff's Departments, and County Probation Departments to submit Pre-Release Medi-Cal application data on a quarterly basis, starting November 1, 2023.[11] **(November 2023)** • DHCS will continue to monitor and evaluate the State's pre-release suspension processes and make program changes, as needed, as pre-releases go live.[12] **(Ongoing)** • DHCS will continue to monitor and evaluate compliance with suspension processes and provide ongoing technical assistance to implementation stakeholders, including correctional facilities and county social services agencies/offices, as needed. **(Ongoing)**
	Challenges and Mitigation Approaches: • **Challenge**: Under Welfare and Institutions Code Section 14011.10(d), social services agencies/offices must suspend, rather than terminate, coverage for Medi-Cal members who are incarcerated for the duration of their incarceration. However, suspending Medi-Cal coverage for all incarcerated Medi-Cal members—and the time lags associated with doing so—may result in situations where individuals re-enter the community without active Medi-Cal, especially for those who were only incarcerated for several hours or days. ○ **Mitigation Approach**: For individuals likely subject to a short-term stay of incarceration, the benefit suspension will only be activated after the individual has

[11] See MEDIL 23-24 (April 13, 2023) and Erratum to MEDIL 23-24 (I 23-24E (ca.gov) for more information on reporting requirements for pre-release application data.
[12] See MEDIL 23-24 (April 13, 2023) for more information on DHCS' monitoring plan for the CalAIM mandated pre-release Medi-Cal application process implementation.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	been incarcerated for at least 28 days. The objective of this approach is to minimize gaps in coverage and ensure the individual has access to full benefits as quickly as possible upon release. Additionally and as noted, individuals found eligible for pre-release services, including those who were incarcerated for 28 days or less, will be assigned a specific aid code to ensure the only services that will be provided and paid for are Reentry Demonstration Initiative services. As noted above, DHCS will also continue to monitor and evaluate the State's pre-release suspension processes and make program changes, as needed. • **Challenge**: Some incarcerated individuals with suspended Medi-Cal may not have their coverage unsuspended upon community reentry due to communication delays or unclear understanding of roles and responsibilities between correctional facilities and social services agencies/offices, among other factors. ○ **Mitigation Approach**: DHCS is requiring that correctional facilities make every effort to notify the social services agency/office a week prior to the individual's expected release date, if known, and no later than one business day before the expected release date. If the release is unplanned, correctional facilities must make best efforts to notify social services agencies/offices within 24 hours of the unplanned release. DHCS is also specifying the specific data elements that must be communicated from the correctional facility to the social services agency/offices to support coordination (e.g., individual's full name (and any known aliases), date of birth, client identification numbers/Social Security numbers, and known/estimated release date). DHCS is also requiring that social services agencies/offices see the release from incarceration is reported, activate coverage within one business day of notification with the ultimate goal of ensuring the individual can access benefits upon release. As noted above, DHCS will also continue to monitor and evaluate compliance with suspension processes and provide ongoing technical assistance to implementation stakeholders, including correctional facilities and county social services agencies/offices as needed.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
1.b. Ensure that any Medicaid-eligible person who is incarcerated at a participating facility but not yet enrolled is afforded the opportunity to apply for Medicaid in the most feasible and efficient manner and is offered assistance with the Medicaid application process in accordance with 42 CFR § 435.906 and § 435.908. This could include applications online, by telephone, in	***Current State:*** State prisons already have standardized Medicaid application processes in place, consistent with State policy and CMS sub-regulatory guidance. Effective January 1, 2023, correctional facilities and social services agencies/offices were mandated to implement pre-release Medi-Cal application processes.[13] • County jails and youth correctional facilities are in various States of readiness to implement pre-release Medi-Cal application processes. All County Welfare Directors' Letter (ACWDL) 14-24 describes policies and procedures for the pre-release Medi-Cal application process for State prisons.[14] • ACWDL 22-27 provides detailed guidance and directives for implementing the mandatory pre-release Medi-Cal application process for county social services agencies/offices and county correctional facilities.[15] • As part of the technical assistance provided to correctional facilities and social services agencies/offices, DHCS developed and shared minimum Medi-Cal application and enrollment processes to ensure all potentially eligible individuals are screened for Medi-Cal eligibility at or near intake or at minimum of 135 days prior to release when the release date is known.[16,17] • Correctional facilities or their designated entity are expected to facilitate and submit, and social services agencies/offices must receive and process, pre-release Medi-Cal

[13] In accordance with Penal Code Section 4011.11 and as outlined in ACWDL 22-27 (November 10, 2022).
[14] See ACWDL 14-24 (May 6, 2014) for more information on the State inmate pre-release Medi-Cal application process.
[15] See ACWDL 22-27 (November 10, 2022) for more information on pre-release application processes for juvenile and adult inmates of county correctional facilities and county youth correctional facilities.
[16] A slide deck that provides an overview of the pre-release Medi-Cal application mandate is available here. An issue brief titled Strategies for Conducting Pre-Release Medi-Cal Enrollment in County Jails brief describing best practices for pre-release Medi-Cal enrollment can be found here.
[17] A slide deck that provides an overview of the pre-release Medi-Cal application mandate is available here. An issue brief titled Strategies for Conducting Pre-Release Medi-Cal Enrollment in County Jails brief describing best practices for pre-release Medi-Cal enrollment can be found here.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
person, or via mail or common electronic means in accordance with 42 CFR § 435.907. All individuals enrolled in Medicaid during their incarceration must be provided notice of any Medicaid eligibility determinations and actions pursuant to 42 CFR § 435.917 and § 431.211.	applications from individuals in correctional facilities submitted online, via mail, telephone, or fax. • In accordance with Medicaid regulations, ACWDL 22-27, requires social services agencies/offices to notify applicants of the outcome of their eligibility determination through an eligibility determination notice (aka Notice of Action) and issue a Benefits Identification Card (BIC), both sent to the community address listed on the Medi-Cal application or on file. Social services agencies/offices and correctional facilities are expected to work together to ensure processes are in place for individuals to receive all communications sent by the Social services agency/office to the applicant.[18] • The State has also worked to establish data-sharing processes between social services agencies/offices and correctional facilities, including allowing correctional facilities to access the State's electronic eligibility verification systems.[19] • DHCS is encouraging correctional facilities or their designees to leverage an Accelerated Enrollment (AE) portal for incarcerated individuals for whom it would be infeasible to complete the Medi-Cal application and enrollment process before the individual's release date (e.g., individuals with very short incarcerations or unpredictable release dates). The AE process provides Medi-Cal applicants with temporary full-scope benefits while their self-attested eligibility information, including income, is being verified; those benefits continue until the final eligibility determination is made on the application. • DHCS also requires that individuals are afforded the right to request a fair hearing (in writing, online, and by telephone, but not in person) regarding any adverse actions related to Medicaid coverage or services. For individuals who remain incarcerated during their scheduled fair hearing date, correctional facilities are required to implement a process by

[18] See ACWDL 22-27 (November 10, 2022) for more information on pre-release application processes for juvenile and adult inmates of county correctional facilities and county youth correctional facilities.
[19] See MEDIL 23-13 (March 6, 2023) for more information on the Eligibility Verification System and its utilization by county correctional facilities and county youth correctional facilities.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	which the incarcerated individual can attend the hearing by telephone, at minimum, or virtually if the individual is able to participate via videoconferencing. Many correctional facilities already have capabilities in place to support telephone or virtual court hearings, and DHCS expects these facilities to leverage this existing infrastructure to support Medi-Cal fair hearings. • In order to support planning for and implementation of pre-release Medi-Cal applications, DHCS provided two rounds of capacity building Providing Access and Transforming Health Initiative (PATH) grant funding to correctional facilities and social services agencies/offices.[20,21] The first round of capacity building grant funding supported collaborative planning activities (e.g., collaborative planning sessions, identification of operational gaps, and hiring processes for staff to support pre-release application processing). The second round of capacity building grant funding supported implementation and administration activities related to pre-release Medi-Cal applications (e.g., IT systems upgrades, physical infrastructure modification, development of protocols and procedures, and staff training to coordinate pre-release applications).
	Future State: Planned Activities and Associated Timeline: • County and youth correctional facilities and social services agencies/offices were required to be in full compliance with the pre-release Medi-Cal application mandate by June 30, 2023. In order to ensure compliance with this mandate, DHCS is requiring that all counties report pre-release application data on a quarterly basis beginning November 2023.[22] **(Ongoing, beginning November 2023)** • DHCS will continue to monitor compliance with the pre-release application mandate throughout the implementation of pre-release services. **(Ongoing)** • DHCS will provide ongoing technical assistance to stakeholders, as needed. **(Ongoing)**
	Challenges and Mitigation Approaches:

[20] Guidance regarding the first round of capacity building grant funding can be found here.
[21] Guidance regarding the second round of capacity building grant funding can be found here.
[22] See MEDIL 23-24 (April 13, 2023) for more information on policies and procedures for county Medicaid eligibility departments and county correctional facilities to document implementation efforts of the pre-release Medicaid mandate.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach

	• **Challenge:** Because individuals are incarcerated, they will not be able to submit applications in person, and submissions via online portals and telephones may be restricted due to the unique nature of correctional facilities. While DHCS provided clear guidance in the Policy and Operational Guide that these standards for enrollment pathways do apply in all correctional facilities, the State cannot guarantee all pathways will be available in every facility.
	  ○ **Mitigation Approach:** The State will monitor Medi-Cal enrollment against the expectation that standards for enrollment pathways apply in all correctional facilities and will work with correctional facilities and social services agencies/offices to continue to refine operational processes related to Medi-Cal enrollment in correctional settings.
	• **Challenge:** Individuals will be afforded the right to request a fair hearing, and many correctional facilities already have capabilities in place to support telephone or virtual hearings. While these expectations, guidance, and standards apply and the State will monitor for compliance with them, the State cannot guarantee these processes will be implemented in every instance given the unique nature of carceral settings. For example, the State may observe increased rates of no-shows to fair hearings for incarcerated individuals (compared to individuals in the community) due to facility lockdowns and other factors that contribute to high rates of canceled visits in the correctional setting, broadly.
	  ○ **Mitigation Approach:** DHCS will monitor the number of fair hearing requests of individuals who were found ineligible for Medi-Cal and pre-release services and the rates of no-shows and will work with correctional facilities to continue to refine operational processes related to requests for fair hearings.

1.c. Ensure that all individuals at a participating facility who were enrolled in Medicaid prior to their incarceration	***Current State:*** • As described in Section 1.a, social services agencies/offices must suspend coverage for Medi-Cal members who are incarcerated for the duration of their incarceration. Individuals who were enrolled in Medi-Cal at the time of incarceration will not need to reapply for Medi-Cal. Once correctional facilities report the beneficiary's incarceration release date to the social services agency/office, Medi-Cal benefits will be activated upon release.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
are offered assistance with the Medicaid renewal or redetermination process requirements in accordance with 42 CFR § 435.908 and § 435.916. All individuals enrolled in Medicaid during their incarceration must be provided notice of any Medicaid eligibility determinations and actions pursuant to 42 CFR § 435.917 and § 431.211.	• Effective January 1, 2023, annual redeterminations are not required for individuals who are incarcerated if they are the only individual on their Medi-Cal case. If the incarcerated member is part of a household, the household will still be subject to an annual redetermination.[23] • Upon the individual's release, a redetermination would only be required if one had not been completed within the 12 months prior to the release date, barring any other known changes in circumstance which would require a change of circumstance redetermination under existing policy. • For instances when redeterminations are required, social services agencies/offices are required to notify applicants of the outcome of an eligibility determination through a Notice of Action sent to the community address listed on the Medi-Cal application or on file. DHCS expects social services agencies/offices and correctional facilities to collaborate to ensure that individuals receive all communications sent by the Social services agency/office to the applicant. • DHCS, in partnership with social services agencies/offices, will continue to work with correctional facilities to ensure annual and change of circumstance redeterminations are completed, as needed.
	Future State: Planned Activities & Associated Timelines: • DHCS will continue monitoring compliance with redetermination processes throughout the implementation of pre-release services. **(Ongoing)** • DHCS will provide ongoing technical assistance to stakeholders, as needed. **(Ongoing)**
	Challenges and Mitigation Approaches: • **Challenge:** As described above in Section 1.a., potential time lags in suspending Medi-Cal coverage for incarcerated Medi-Cal members could result in situations where individuals re-enter the community without active Medi-Cal, especially for those who were incarcerated for a short period.

[23] See ACWDL 22-26 (October 28, 2022) for more information on suspension/unsuspension for individuals incarcerated and released to different counties, the annual renewal policy, change in circumstance redeterminations, and notices of action.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	○ **Mitigation Approach:** For individuals likely subject to a short-term stay of incarceration, the benefit suspension will be activated only after the individual has been incarcerated for at least 28 days to ensure gaps in coverage are minimized and the individual has access to full benefits as quickly as possible upon release. • **Challenge**: As described above, communication delays between correctional facilities and social services agencies/offices, confusion about roles and responsibilities or other breakdowns in suspension process protocols or timelines could result in incarcerated individuals re-entering the community with their Medi-Cal coverage still suspended. ○ **Mitigation Approach**: DHCS is requiring that correctional facilities make every effort to notify the social services agency/office a week prior to the individual's expected release date, if known, and no later than one business day before the expected release date. If the release is unplanned, correctional facilities must make best efforts to notify social services agencies/offices within 24 hours of the unplanned release. DHCS has specified the specific data elements that the correctional facility must share with the social services agency/office support coordination. DHCS is also requiring that social services agencies/offices the release from incarceration is reported, activate coverage within 1 business day of notification. DHCS will continue to monitor compliance with suspension processes and provide ongoing technical assistance to implementation stakeholders, including correctional facilities and county, social services agencies/offices as needed.
1.d. Implement a State requirement to ensure that all Medicaid-enrolled individuals who are	***Current State:*** • As outlined in State guidance, social services agencies/offices are required to notify applicants of the outcome of their eligibility through an eligibility determination notice (aka Notice of Action) and issue a BIC.[24]
	Future State: Planned Activities & Associated Timelines:

[24] See MEDIL 23-13 (March 6, 2023) for more information on the Eligibility Verification System and its utilization by county correctional facilities and county youth correctional facilities. See ACWDL 22-27 (November 10, 2022) for more information on pre-release application processes.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
incarcerated at a participating facility have Medicaid and/or managed care plan cards or some other Medicaid and/or managed care enrollment documentation (e.g., identification number, digital documentation, instructions on how to print a card) provided to the individual upon release, along with information on how to use their coverage (coordinated with the requirements	• Social services agencies/offices will work with correctional facilities to issue a BIC prior to release; social services agencies/offices and correctional facilities will develop processes to issue a temporary BIC when individuals have short-term stays. DHCS will auto-assign incarcerated individuals who receive pre-release services to an MCP to ensure coverage and access to services upon re-entry into the community. Once coverage is unsuspended and MCP enrollment activated upon release, MCPs will be required to send standard member materials, including a BIC, to each new or re-enrolled member's residence. **(DHCS IT system changes to support the Reentry Initiative will be in place by October 1, 2024[25]. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on the correctional facilities' go-live date. For more information on go-live dates and readiness assessment requirements please see Appendix.)** • DHCS included guidance for pre-release and re-entry care managers in the Policy & Operational Guide that requires the care managers to ensure that the individual has received the BIC as part of the re-entry care planning process and warm handoff (described in Section 2.c. and 3.d.). **(October 2023)** • DHCS will continue monitoring compliance of the requirement to ensure individuals are able to receive Medicaid-related communication and materials prior to and throughout the implementation of pre-release services.[26] **(Ongoing)** • DHCS will provide ongoing technical assistance to stakeholders, as needed. **(Ongoing)** ***Challenges and Mitigation Approaches:***

25 While minimal viable products for system updates will be ready by October 1, 2024, there will be subsequent IT system builds and phases for full project implementation.

[26] See MEDIL 23-24 (April 13, 2023) for more information on policies and procedures for county Medicaid eligibility departments and county correctional facilities to document implementation efforts of the pre-release Medicaid mandate.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach

under milestone #3 below).	• **Challenge:** Correctional facilities and social services agencies/offices may face challenges with timely issuance and receipt of BICs, particularly for those individuals who are incarcerated for a short period.
	  ○ **Mitigation Approach:** As noted, social services agencies/offices are required to work with the correctional facility to issue a temporary paper BIC to the individual while they are incarcerated so that they can access Medi-Cal immediately upon release. A permanent BIC must also be mailed to the community address listed on the Medicaid application or on file.
	  ○ Individuals will be auto-assigned to an MCP for when they are released into the community. The MCP will send all plan materials and the plan card to the community address listed on the Medicaid application or on file. DHCS will require pre-release and post-release care managers to ensure that the individual has received the Medi-Cal BIC as part of re-entry planning and (where applicable) the warm handoff process, and the plan card in the post-release period.
	  ○ Lastly, DHCS published an issue brief on strategies for conducting pre-release Medi-Cal enrollment in county jails, which outlines best practices for ensuring BICs are issued in a timely manner.[27]

1.e. Establish processes to allow and assist all individuals who are incarcerated at a	***Current State:*** • As outlined in 1.b., correctional facilities and social services agencies/offices are mandated to implement pre-release Medi-Cal application processes. • As part of this mandate, DHCS developed and distributed technical assistance materials[28] and a Policy and Operational Guide chapter that describes expectations that Medi-Cal

[27] Strategies for Conducting Pre-Release Medi-Cal Enrollment in County Jails, updated August 9, 2022; available here: https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/Issue-Brief-Strategies-PreRelease-MediCal-Enrollmentin-County-Jails-8-18-22.pdf

[28] A slide deck that provides an overview of the pre-release Medi-Cal application mandate is available here. An issue brief titled Strategies for Conducting Pre-Release Medi-Cal Enrollment in County Jails brief describing best practices for pre-release Medi-Cal enrollment can be found here.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
participating facility to access and complete a Medicaid application, including providing information about where to complete the Medicaid application for another State (e.g., relevant State Medicaid agency website, if the individual will be moving to a different State upon release).	application processes should occur in correctional facilities at or near intake in order to ensure all potentially eligible individuals are screened for and enrolled in Medi-Cal. ***Future State: Planned Activities & Associated Timelines:*** • The Policy and Operational Guide includes clear guidance to reentry care managers to provide individuals who may be moving to a different State upon release with Medicaid application information (e.g., State Medicaid agency website or hotline number) to the State in which they will reside. **(October 2023)** • DHCS will continue monitoring compliance with the pre-release application mandate throughout implementation of pre-release services. **(Ongoing)** • DHCS will continue to provide ongoing technical assistance to stakeholders, as needed. **(Ongoing)** ***Challenges and Mitigation Approaches:*** • **Challenge:** As noted above, incarcerated individuals are not able to submit applications in-person and, due to the unique nature of correctional settings, use of online portals and telephones may be subject to restrictions. ○ **Mitigation Approach:** DHCS will provide clear guidance around expectations for the pre-release application process and for reentry care to managers to provide Medi-Cal application information to individuals who may be moving to a different State upon release. DHCS will monitor Medicaid enrollment to ensure compliance with pre-release application requirements and work with correctional facilities and social services agencies/offices to continue to refine relevant operational processes.

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

STC 9.9.b. The State must describe its plan to implement a screening process to identify individuals who qualify for pre-release services, consistent with the qualifying criteria outlined in these STCs. The State must detail how the facilities will ensure that beneficiaries can access the demonstration benefit package, as clinically appropriate. The State must describe its approach and plans for implementing processes to assure that all pre-release service providers, as appropriate for the provider type, have the necessary experience and training, and care managers have knowledge of (or means to obtain information about) community-based providers in the communities where individuals will be returning upon release. Further, as applicable, the State must establish State requirements for carceral health providers who are not participating in Medicaid or CHIP that are similar to Medicaid provider standards, as well as program integrity standards to ensure appropriate billing.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
2.a. Implement State processes to identify individuals who are incarcerated who qualify for pre-release services under the State's proposed demonstration design (e.g., by chronic condition, incarceration in a participating facility).	***Current State:*** • DHCS developed detailed definitions for its pre-release eligibility criteria, which are available in Attachment W of the approved 1115 Demonstration.[29] • DHCS does not yet have State processes in place to identify individuals who are incarcerated who qualify for pre-release services. • DHCS is administering a PATH capacity building funds process to support correctional facilities in their implementation processes. Correctional facilities may use PATH funds to establish a screening process.
	Future State: Planned Activities & Associated Timelines: Correctional facilities will be responsible for operationalizing the pre-release screening process to identify adults eligible for pre-release services, guidance to implementing partners that is further outlined in the state's Policy and Operational Guide. Note, all youth (defined as youth in youth correctional facilities and youth under the age of 21 or former foster youth in an adult facility) will be eligible for pre-release services and will not need to be screened. To implement these requirements, DHCS will:

[29] Please see Attachment W in the CalAIM Reentry Demonstration approval available here.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	• Require that the correctional facility screen all incarcerated Medi-Cal eligible adults for any qualifying conditions in accordance with minimum requirements specified in the Policy & Operations Guide. **(The Policy and Operations Guide was released in October 2023. DHCS IT system changes to support the Reentry Initiative will be in place by October 1, 2024. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities' go-live date. For more information on go-live dates and readiness assessment requirements please see Appendix.)** • Allow flexibility for correctional facilities in how they implement the screening process, so long as they are screening for all eligibility criteria (including for behavioral health linkages), and allow individuals to be screened or otherwise identified as qualifying for pre-release services/behavioral health linkages at any time during incarceration (e.g., as part of initial screening at booking, as part of a later screening, through available medical records/diagnoses information, and through self-attestation). Screening tools for behavioral health linkages must be validated, State-approved screening instruments or another State-approved option. DHCS is also exploring how to develop a standardized screening process that will be developed and released at a future date. **(The Policy and Operations Guide was released in October 2023. DHCS IT systems changes to support the Reentry Initiative will be in place by October 1, 2024. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities' go-live date. For more information on go-live dates and readiness assessment requirements please see Appendix.)** • Encourage correctional facilities to leverage existing health screening and assessment processes that are already in place to screen individuals for eligibility to receive pre-release services (e.g., based on information collected through a facility's existing screening/assessment processes). **(Correctional facility processes will be phased in over a two year period, beginning as soon as**

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	October 2024 and no later than October 2026, depending on correctional facilities' go-live date) • Require correctional facilities to demonstrate how they will meet this requirement as part of the readiness assessments. No correctional facility will be able to bill for pre-release services until it demonstrates that it has a screening process that meets policy and operational requirements. **(DHCS released a draft readiness assessment template in October 2023 for stakeholder comment and plans to release the final readiness assessment tool in late 2023/early 2024. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities' go-live date)** • Develop a pre-release services eligibility screening portal for correctional facilities to use to support screening and identification of qualifying individuals. This technical solution, known as the Justice-Involved Screening Portal, will allow correctional facilities to document eligibility for pre-release services, triggering the appropriate aid code for the individual's case in State Medicaid systems. The Portal will also allow the facility to access information about an individual's Medicaid eligibility, status of any other aid codes that may be active, and managed care enrollment, as applicable, to support service delivery. **(DHCS systems to support the Reentry Initiative will be in place by October 1, 2024. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities' go-live date)** • Memorialize the minimum requirements for the pre-release screening process in the Policy and Operational Guide. **(October 2023)** • Monitor against pre-release screening requirements and make program changes, as needed, as pre-release services are implemented and needed changes are identified. **(Ongoing, beginning in October 2024)** • Provide technical assistance to stakeholders, as needed. **(Ongoing)**

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach

	Challenges and Mitigation Approaches:
	• **Challenge:** Given the prevalence of short-term stays and unpredictable release dates, particularly in county jails and county youth correctional facilities, correctional facilities may face operational challenges in screening all individuals who are incarcerated for only a short period of time.
	  ○ **Mitigation Approach:** DHCS has developed detailed "short-term stay" operational guidance and expectations for correctional facilities providing services to individuals who are expected to have short term stays. The expectations seek to take into account the inherent constraints in the corrections environment and articulates minimum requirements and best practices based on the duration of the JI individual's stay within the correctional facility. DHCS will require that individuals are screened for pre-release services eligibility as close to intake as possible to ensure that individuals have access to as much of the full 90 days of pre-release services as possible. DHCS will monitor compliance with these requirements, through qualitative (e.g., survey) and quantitative (e.g., claims data related to screening) data.
	• **Challenge:** While DHCS is allowing flexibility in screening tools to allow correctional facilities to leverage the existing health screening and assessment processes already in place, variation in screening tools may result in some individuals not being appropriately identified for pre-release services.
	  ○ **Mitigation Approach**: DHCS will provide to correctional facilities the minimum requirements each screening process should have to ensure individuals are properly screened for pre-release service eligibility. DHCS will monitor rates of individuals deemed eligible for pre-release services across correctional facilities to identify discrepancies that may indicate issues with screening processes or tools at a given facility. Dependent on lessons learned from initial implementation experiences and related data,

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	DHCS develop a standardized screening process to be implemented at a future date.

2.b. Cover and ensure access to the minimum short-term, pre-release benefit package, including case management to assess and address physical and behavioral health needs and HRSN, MAT services for all types of SUD as clinically appropriate with accompanying counseling, and a 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release, to Medicaid-eligible individuals identified as participating in the Reentry Section 1115 Demonstration Opportunity.	***Current State:***
	DHCS developed definitions for its targeted pre-release services as listed below. Additional details are available in Attachment W of the approved 1115 waiver.[30]
	• **Case Management:** Case management 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) ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community.
	• **Medication-Assisted Treatment (MAT):** Covered services for MAT are as follows:
	  ○ 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

[30] Please see Attachment W in the CalAIM Reentry Demonstration approval available here.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
In addition, the State should specify any additional pre-release services that the State proposes to cover for beneficiaries.	counseling; patient education; and prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT. ○ Note that as part of the approved Reentry 1115 Demonstration, California received approval that MAT services may be provided by correctional facilities that are not Drug Medi-Cal (DMC)-certified providers as otherwise required under the State Plan for the provision of the MAT benefit. Without this authority, correctional facilities that are not DMC-certified providers would have experienced additional challenges in providing MAT services. • **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 members after release. Note that behavioral health clinical consultation services may be provided by correctional facilities that are not certified mental health organizations or agencies as otherwise required under the State Plan. Please note that peer support specialists are a provider type that would fall under this benefit. This provider type is distinct Medi-Cal Peer Support Specialist services under the SMHS and DMC-ODS programs. Counties can voluntarily opt-in to provide this service in one or both county behavioral health delivery systems (SMHS, and DMC or DMC-ODS).

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach

	• **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.
	• **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 the approved Medicaid State Plan).
	  ○ DME consistent with Medi-Cal State Plan requirements.
	
	DHCS is administering a PATH capacity building funds process to support correctional facilities in their implementation processes. Correctional facilities may use PATH funds to establish processes and infrastructure needed to deliver pre-release services. .

	Future State: Planned Activities & Associated Timelines: *Readiness Assessments*. To support implementation of the pre-release services benefit package, DHCS will implement a correctional facility Readiness Assessment and provider enrollment processes, issue necessary guidance including around provision of pre-release services for individuals with short-term stays, and track duration of pre-release services against 90-day limits, among other activities. Implementation activities will take place in accordance with the timelines described below. To ensure the delivery of services in the pre-release period, and as required by the demonstration's STCs, DHCS established policy will require all correctional facilities to demonstrate their readiness to be able to provide pre-release services in order to participate in the Reentry Demonstration Initiative prior to going live with pre-release services. (See Section 5.a. for more details on readiness assessments.)

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	• DHCS will require that correctional facilities submit their readiness assessments to DHCS at least five months prior to their proposed go-live date. As part of the correctional facility readiness assessment, DHCS will assess correctional facilities' ability to provide pre-release services to individuals who are eligible. **(April 2024-Septemberl 2026)** Correctional facilities will need to demonstrate readiness related to Medi-Cal application and suspension processes as well as the following pre-release service provision-related activities: 1. **90-Day Pre-Release Eligibility and Behavioral Health Linkage Screening** a. Screening for Pre-Release Services b. Screening for Behavioral Health Linkages 2. **90-Day Pre-Release Service Delivery** a. Medi-Cal Billing and Provider Enrollment b. Support of Pre-Release Care Management c. Clinical Consultation d. Virtual/In-Person In-Reach Provider Support e. Support for Medications f. Support for MAT g. Support for Prescriptions Upon Release h. Support for DME Upon Release 3. **Reentry Planning and Coordination** a. Release Date Notification b. Care Management Reentry Plan Finalization c. Reentry Care Management Warm Handoff d. Reentry Behavioral Health Linkage 4. **Oversight and Project Management** a. Staffing Structure and Plan b. Governance Structure for Partnerships c. Reporting and Oversight Process

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach

	Provider Enrollment Processes
	• In order for correctional facilities to deliver and be reimbursed for targeted pre-release services (e.g., care management, medications, MAT, and labs/radiology), DHCS will require that each pharmacy and facility enroll through the Medi-Cal provider process. **(January 2024-September 2026)**
	  ○ Correctional facilities will enroll in Medi-Cal through the following provider enrollment pathways:
	  ▪ *Correctional Pharmacy Enrollment:* DHCS will require that each State prison, county jail, youth correctional facility with an on-site pharmacy, and any pharmacy located in or out of state that is contracted to provide pre-release prescription services to eligible incarcerated individuals, enroll as a Medi-Cal pharmacy. Enrollment will be location-specific, and only one pharmacy per site must enroll.
	  ▪ *Correctional Provider Enrollment:* DHCS will require that each State prison, county jail, and youth correctional facility enroll as a Medi-Cal provider under the Medi-Cal exempt from licensure clinic status. Enrollment will be location-specific, and only one provider enrollment per site will be required. The clinic that is enrolled in Medi-Cal within the correctional facility must oversee all billing submitted to DHCS, with the exception of community-based, in-reach providers who will be separately enrolled as Medi-Cal providers and directly bill DHCS for services.
	  ○ All providers delivering pre-release services within the correctional facility will be licensed, registered, certified, or otherwise appropriately credentialed consistent with Medicaid State Plan requirements. Correctional facilities will be required to attest and provide documentation, as necessary, that the providers delivering Medi-Cal services meet those requirements as part of the readiness assessment.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	○ A limited number of correctional facility-based providers who order, prescribe, or refer services and medications and operate under the exempt from licensure clinic status may not be required to enroll in Medi-Cal but will be required to meet the State's Medi-Cal provider participation requirements. ○ DHCS will monitor and regulate all employed and contracted providers under this demonstration through the following mechanisms: ▪ *Monitoring of the exempt from licensure clinic:* All providers will bill under either the pharmacy or exempt from licensure clinic status. As part of the exempt from licensure clinic provider agreement, facilities must attest to compliance with a number of program integrity measures including, but not limited to: billing for claims with an NPI that was registered with CMS; not engaging in conduct contrary to the public health, welfare, safety or fiscal integrity of the Medi-Cal program; ensuring compliance with non-discrimination clauses; agreeing to maintain in good standing liability insurance; making, keeping and maintaining record keeping consistent with state and federal regulations; upon request, making available copies of records to DHCS, the Attorney General and the Secretary; ensuring confidentiality of beneficiary medical records; disclosing all information as required by Federal Medicaid laws and regulations and any other information required by DHCS; and attesting that it shall not engage or commit provider fraud, waste and abuse. ▪ *Monitoring individual providers' ordering and prescribing activities:* DHCS will conduct oversight and monitoring of such providers who are not enrolled in Medi-Cal but are referring, ordering, or prescribing under the correctional facility exempt from licensure clinic. DHCS will continue to require individual level NPIs of the ordering, referring, or prescribing providers on all orders, referrals (as required), and prescriptions. DHCS will track the DME orders and prescriptions

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	(covered as pre-release services) for unusual prescribing and ordering processes. ○ Pre-release care management may be provided by embedded care managers or in-reach care managers and will be reimbursed on a fee-for-service (FFS) basis. To ensure continuity between the pre- and post-release periods, community-based care managers who will serve the justice-involved population must agree to enroll as FFS Medi-Cal providers and be willing to, at minimum, conduct in-reach warm handoffs with an embedded pre-release care manager. *Provider Payment Process* • Pre-release covered services will be delivered, claimed, and paid for via Medi-Cal's FFS delivery system. FFS claims may be submitted through normal processes utilizing Medi-Cal Rx for pharmacy services; CA-MMIS for clinical services including care management, clinical consultations, MAT, CHW services, laboratory, and radiology. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics may bill and claim within the FFS system, which is supplemental to the prospective payment system (PPS) and not subject to reconciliation, for any in-reach pre-release services. Costs associated with JI pre-release services and billed through the FFS system will be excluded from any future calculations of the PPS rate. • DHCS will allow both providers embedded/contracted in the correctional facility (including care managers and physical and behavioral health clinical consultants) and community-based providers (including care managers/ECM providers and physical and behavioral health clinical consultants) to provide pre-release services. DHCS will provide billing and claiming guidance, including which NPI to bull under and which CPT codes to use in the Policy and Operations Guide and in Medi-Cal provider manuals. • DHCS will provide tiered rates for in-reach, in-person visits (e.g., for care management, clinical consultation, and CHWs) to account for the unique additional

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	complexities and time for individual providers to pass through security clearance and deal with appointment cancellations due to lockdowns or other unique correctional facility challenges. • DHCS will develop five bundled payments for care management services. DHCS will provide guidance on billing care management bundles in the Policy and Operations Guide and in Medi-Cal provider manuals. *Issuance of Operational Guidance for Short-Term Stays and Care Manager Responsibilities* • To support the provision of services to individuals who have short stays in correctional facilities and unpredictable release dates (e.g., non-sentenced individuals in jails or youth in county youth correctional facilities), DHCS will issue clear guidance via the Policy and Operational Guide on how to provide pre-release services to individuals with short-term stays and/or unknown release dates. **October 2023)** ○ The Policy and Operational Guide includes minimum requirements and timelines for correctional facilities to provide Medi-Cal screening, pre-release eligibility screening, provision of pre-release services, and reentry planning and coordination as well as best practices based on duration of stay at a correctional facility. The Policy and Operational Guide will provide specific timelines for meeting minimum requirements in the Short-Term model and will be updated on an on-going basis. • In addition to information on the readiness assessment and short-term model, DHCS included clear guidance for care managers in the Policy & Operations Guide regarding care manager roles and responsibilities to ensure correctional facilities and in-reach providers are able to deliver pre-release services against required timelines. **(October 2023)** *Monitoring the Duration of Pre-Release Services*

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	• DHCS will track the duration of service provision to ensure coverage of pre-release services does not exceed 90 days per facility stay, per incarceration. **(DHCS will provide clear guidance to correctional facilities on starting, pausing, resetting, and tracking the number of days in a pre-release period in forthcoming guidance on the Provider Portal (Spring 2024). Correctional facility processes will be phased in over a two-year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities' go-live date.)** For example: ○
	Challenges and Mitigation Approaches: ○ **Challenges:** Correctional facilities may experience challenges implementing components of the pre-release benefit package. For example: ▪ *Case Management:* Correctional facilities will need to establish new operational processes and infrastructure to enable required coordination with a diverse group of stakeholders including MCPs, county behavioral health agencies, and community-based providers. Additionally, correctional facilities that choose to use embedded providers will need to clearly define roles and responsibilities with community-based care managers prior to warm handoffs to ensure reentry care plan includes accurate details on community-based resources. • ***Mitigation Approach:*** DHCS will require all correctional facilities to pass/conditionally pass a readiness assessment, which will include defined processes for care management delivery, including detailed protocols for warm handoffs based on their care management delivery systems (i.e., either embedded or in-reach care management models); additional information on a conditional pass can be found in section 5.a.. DHCS will also encourage all correctional facilities and

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	counties to work collaboratively with all implementing partners, including MCPs, county behavioral health agencies, and community-based providers to establish processes and protocols that will be submitted to DHCS as part of the readiness assessment. ▪ *Medication Coverage During Pre-Release Period:* DHCS expects there will be some differences between drugs covered by Medi-Cal (as documented in the Medi-Cal Contract Drug List) and the drugs currently used by correctional facilities under their existing formularies. For example, some correctional facilities have stated they are unable to dispense medications in bottles due to safety concerns. Additionally, correctional facilities dispense some medications to individuals from a shared stock (e.g., from a non-patient specific bottle that is dispensed to multiple patients based on patient-specific orders). These medications are dispensed to individuals dose-by-dose in a patient-specific way, though the stock/shared bottle itself is not patient-specific. This medication distribution approach presents some challenges for correctional facility billing through Medi-Cal Rx, as the outpatient pharmacy benefit and federal regulations require that all billed medications be dispensed from the pharmacy in a specific patient manner. Correctional facilities will need to adjust their processes to comply with Medi-Cal Rx requirements. • ***Mitigation Approach:*** DHCS will work with correctional facilities to identify and minimize gaps by supporting the identification of alternative medications that correctional facilities can provide in lieu of those that are currently being used but are not covered by the Medi-Cal Contract Drug List.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	DHCS will also consider adding high-priority medications used by correctional facilities to the Medi-Cal Contract Drug List. DHCS will provide billing guidance on physician-administered drugs to ensure non-patient specific medications can be billed to Medi-Cal. Additionally, DHCS will allow pharmacies located in or out of state that are contracted to provide pre-release prescription services to eligible incarcerated individuals to enroll in Medi-Cal to be able to bill for medications in the pre-release period and upon release. ▪ *Support for Medications Upon Release*: Correctional facilities that already have on-site pharmacies or partnerships with community-based pharmacies will need to enroll in Medicaid and develop new processes to bill/claim Medi-Cal Rx (including prior authorization, as needed). Correctional facilities that do not provide any medications because they do not have on-site/partnership pharmacy will need to establish new processes for providing medications upon release. DHCS also understands there will be operational complexities associated with sending active medications to a community pharmacy to ensure continued access in the post-release period, specifically for individuals leaving prison who may have been incarcerated for a relatively longer period of time and do not have an established residence/pharmacy. • ***Mitigation Approach***: DHCS developed a list of best practices to support delivery of medications in-hand upon release that was included in the Policy and Operations Guide. These best practices were informed by discussions with county partners and include performing a medical checkout prior to release to ensure reentry with medications in-hand and storing medications to be dispensed upon reentry with an

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	individual's personal property. DHCS recognizes that implementation of best practices will vary based on the specific setting and individual content. DHCS is also requiring pre- and post-release care managers to coordinate to support the individual in transferring medication refill orders to the individual's preferred community pharmacy, as necessary. ▪ *Support for DME Upon Release:* Correctional facilities may have to establish new processes to purchase DME for specific patients (as many currently do not provide DME upon release or provide DME that was used by others within the correctional facility and purchased in bulk at a date outside of the 90-day pre-release period), develop new processes to bill/claim Medicaid for DME, including prior authorization as needed, secure space to store DME until individual is released, and ensure that care managers coordinate to ensure provision of DME. • ***Mitigation Approach:*** DHCS developed a model roles and responsibilities chart that was included in the Policy and Operations Guide that describes a potential approach for coordinating across relevant entities for the provision of DME upon release. • **Challenge**: Implementation partners that have not traditionally billed Medi-Cal (e.g., correctional facilities and community-based providers that will be providing in-reach and post-release care management services) will be enrolling in Medi-Cal and setting up new billing and claiming processes for the first time and may face challenges navigating related requirements. ○ **Mitigation Approach**: To mitigate challenges, DHCS will provide clear guidance on Medi-Cal provider enrollment and billing/claiming systems and processes to correctional facilities and other stakeholders who may be unfamiliar with related requirements; administer PATH capacity funds to

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach

	support the development of the infrastructure and processes needed for provider enrollment and billing/claiming; and offer targeted technical assistance to stakeholders, including correctional facilities and non-traditional community-based providers, to assist in the development or modification of billing systems as needed. DHCS is also working to develop a Medi-Cal enrollment pathway for community-based organizations that will serve as pre- or post-release care management providers and will establish a glidepath for this requirement to support non-traditional providers who may experience challenges or require additional assistance to enroll as FFS providers.
	• **Challenge:** The majority of individuals incarcerated in county correctional facilities will not have release dates and may be released unexpectedly, making it difficult for correctional facilities to identify a 90-day pre-release period.
	  ○ **Mitigation Approach:** DHCS will allow correctional facilities to pause and restart the 90-day pre-release period in certain circumstances, as outlined in the section above.
	• **Challenge:** The vast majority of county corrections incarceration stays is less than 30 days, giving correctional facilities limited time to initiate pre-release services.
	  ○ **Mitigation Approach:** DHCS developed detailed operational guidance for correctional facilities on navigating short-stay situations. DHCS expects all county facilities to begin pre-release services as soon as the individual is identified as eligible. DHCS provided a short-term model in the Policy and Operations Guide outlining the time period for when pre-release services should begin in order to ensure maximum access to services in a short time period.

	Current State:

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
2.c. Develop State process to ensure care managers have knowledge of community-based providers in communities where individuals will be returning upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar.	• DHCS does not yet have pre-release care management processes in place. ***Future State: Planned Activities & Associated Timelines:*** • Care management is a critical component of the State's Justice-Involved Reentry Initiative and essential to supporting individuals preparing for community reentry. DHCS will implement pre-release care management processes and requirements to ensure care managers have knowledge of and can connect individuals to community-based providers in the community to which they will return post-release, as described below. This minimum requirements for care managers is included in the Policy and Operations Guide. • DHCS will require that all individuals receiving pre-release services are assigned a pre-release care manager as close to being identified as eligible for pre-release services as possible (expected timeline requirements can be found in the Policy and Operational Guide). Pre-release care managers will either be in-reach, community-based care managers or embedded correctional facility providers. DHCS defines "in-reach care management model" as a model through which Medi-Cal-enrolled, community-based care management providers deliver care management services to individuals in correctional facilities, either in person or via telehealth. "Embedded care management" is a model through which the correctional facility employs or contracts with care managers to provide services in the correctional facility. All pre-release care managers will bill for services on a fee-for-service basis. Individuals who received pre-release service and who are eligible for managed care will be auto-assigned (with subsequent choice period) into a MCP and, upon release, qualify for the Enhanced Care Management (ECM) benefit.[31] • DHCS aims to maximize continuity of care management across the pre- and post-release periods. DHCS will strongly encourage correctional facilities to use a community-based, in-reach care manager that serves the individuals during both

[31] More information on CalAIM's enhanced care management benefit is available here: https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	their pre- and post-release periods, such as community-based ECM providers that will continue to provide ECM services to individuals following their reentry into the community.[32] If the correctional facility elects an embedded care management model, the pre-release care management provider will be required to facilitate a warm handoff to the community-based, post-release ECM care manager prior to release (ideally at least two weeks prior to release). DHCS will establish standard requirements for embedded care managers to implement warm handoffs with community-based care managers during the reentry process and will require that all warm handoff meetings include the individual and the pre- and post-release care managers. • As part of the warm handoff process, an embedded care manager is expected to work closely with the individual's assigned community-based, post-release ECM care manager and the individual to identify necessary community resources, as needed, and document them in the re-entry care plan. As part of the care model, embedded and community-based care managers should have information about providers in the communities in which the individual is being released, and the skill and resources to connect the individual to those providers. DHCS will require that the pre- and post-release care managers review the re-entry care plan with the individual as part of the warm handoff meeting. Upon release, individuals who receive reentry services and are eligible for Medi-Cal managed care will be auto-assigned (with subsequent choice period) to a MCP and qualify for ECM which will be delivered by community-based care managers with knowledge of providers available in the community to which the individual will be released.[33] • To facilitate assignment of community-based, in-reach care managers and post-release care managers, as part of the provider directory requirements under the Medi-Cal MCP contracts, DHCS will require MCPs to develop and maintain a list of care managers that have agreed to serve as pre-release care managers (via

[32] In the post-release period, once the individual is enrolled in managed care, the care management provider will provide ECM services.
[33] More information on CalAIM's enhanced care management benefit is available here: https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx.

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach

	fee-for-service) and post-release ECM providers (via managed care). MCPs will also be required to establish a publicly posted point-of-contact to whom correctional facilities, pre-release care management providers, and/or ECM providers can reach out for support related to provider networks and other issues.
	• Correctional facilities will be required to update their internal processes to accommodate the pre-release services care management model, including the use of the care manager provider directory and the MCP point-of-contact.
	• DHCS released the Policy and Operations Guide to stakeholders to support implementation of pre- and post-release care management to ensure individuals are able to access needed services upon their reentry into the community. **(October 2023)**
	• DHCS released an All Plan Letter that references the requirements as laid out in the Policy and Operations Guide. **(October 2023)**
	• DHCS is implementing a process for monitoring MCPs' implementation of ECM and Community Supports, and for following up through technical assistance and/or escalation – up to and including sanctions, as established in the MCP contract – where implementation deficiencies are seen. DHCS' oversight and monitoring process of ECM and Community supports will be strongly data-centered and implemented in a consistent way across the MCPs. Prior to launch of ECM for Justice Involved Population of Focus (effective January 2024) MCPs are required to submit a comprehensive Model of Care detailing their policies for implementing ECM and Community Supports in the counties in which they operate.
	  ○ Prior to go-live for the justice-involved ECM Population of Focus, MCPs must submit model of care responses pertaining to the new populations they are required to serve, with updated policies to be submitted to DHCS upon request. **(October 2023)**
	  ○ DHCS reviews and approves MOC submissions from each MCP. **(December 2023)**

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	○ Subsequent to the effective date of the Justice Involved Population of Focus, MCPs will be required to submit quarterly monitoring data through a Quarterly Implementation Monitoring Report. (Starting in Q1 2024) ○ DHCS supplements this data report with a wide range of secondary sources for monitoring, which includes, for example, extensive stakeholder feedback with multiple Advisory Groups. DHCS is committed to long-term monitoring and continuing technical assistance to MCPs. **(Ongoing)** • DHCS will monitor compliance with pre- and post-release care management requirements. **(The Policy and Operations Guide was released in October 2023. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities' go-live date; DHCS will monitor compliance on an on-going basis once the correctional facility goes live.)** • DHCS will provide ongoing technical assistance to implementation stakeholders as needed. **(Ongoing)**
	Challenges and Mitigation Approaches: • **Challenge:** Individuals may be released into a different county than the one in which they are incarcerated. This could present challenges for connecting them to community-based providers due to care managers' limited knowledge about providers and services in the county of release. ○ **Mitigation Approach:** DHCS requires that individuals be assigned a post-release care manager (and in-reach pre-release care manager, as applicable) that works in the county in which the individual will be released to ensure the care manager is familiar with and can connect the individual with community-based providers in the county of release. Post-release care managers are expected to collaborate with the pre-release care manager on development of the transitional care plan. If the post-release care manager is located in a different county than the correctional facility, warm handoffs may be provided via telehealth. Correctional facilities and pre-release care managers may also reach out to the established Justice-

CMS State Medicaid Director Letter Specific Requirements	Implementation Approach
	Involved MCP point-of-contact in the county of release for assistance in identifying community-based providers and coordinating services in the county to which the individual will be released. • **Challenge:** The pre- and post-release care managers may face challenges in facilitating the warm handoff during the pre-release period in some instances, such as when the individuals is released by court order earlier than expected or has a very short stay. ○ **Mitigation Approach:** DHCS will require that pre- and post-release care manager conduct the warm handoff in the community post-release within one week, and that the pre-release care manager shares the re-entry plan and other pertinent information with the post-release care manager and the assigned MCP within 24 hours of release (or as close to that timeline as possible). DHCS recommends as a best practice that post-release care managers meet the individual at release if possible, or, if that is not possible, within one to two days of release.

Milestone 3: Promoting continuity of care

STC Language: The State must describe its process to ensure that beneficiaries receive a person-centered plan for coordination post-release to address health needs, as well as HRSN and LTSS, as applicable. The State must detail its plans and timeline for implementing State policies to provide or facilitate timely access to post-release medical supplies, equipment, medication, additional exams, or other post-release services to address the physical and behavioral health care needs identified during the care management assessment and the development of the person-centered care plan. The State must describe its processes for promoting and ensuring collaboration between care managers, providers of pre-release services, and providers of post-release services to ensure that appropriate care coordination is taking place. As applicable, the State must also describe the planning or projected activities to ensure that Medicaid managed care plan and county behavioral health plan contracts include requirements and processes for transfer of relevant health information from the carceral facility, community-based providers, and/or State Medicaid agency to the managed care plan to support continuity and coordination of care post-release.

Prompts	Summary
3.a. Implement a State requirement that individuals who are incarcerated receive a person-centered care plan prior to release to address any physical and behavioral health needs, as well as HRSN and consideration for long term services and supports (LTSS) needs that should be coordinated post-release, that were identified as part of pre-release care management activities and the development of the person-centered care plan.	***Current State:*** • DHCS does not have pre-release care management processes in place. • DHCS is administering a PATH capacity building funds process to support correctional facilities in their implementation processes. Correctional facilities may use PATH funds to set up pre-release and post-release care management processes. ***Future State: Planned Activities & Associated Timelines:*** Care management is a critical component of the State's Reentry Demonstration Initiative and is essential to supporting individuals in preparing for community reentry. As part of pre-release care management services for Medi-Cal enrolled individuals who are incarcerated, DHCS will require that pre-release care managers develop a transitional care plan with and for the individual. **(The Policy and Operations Guide was released in October 2023. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities' go-live date.)**

Prompts	Summary

	As outlined in the Policy and Operations Guide, DHCS will require that the transitional care plan include, at minimum:
	• A completed whole-person care plan assessment that includes an assessment of mental health, substance use, physical health, long-term services and supports (LTSS) needs, health related social needs (HRSN), and functional needs. This assessment must be completed by a licensed professional (e.g., RN care manager, LCSW). HRSN assessments should include the identification of needs the members may have upon release including but not limited to: housing; access to food or medically tailored meals; transportation needs; cell phone/smart phone access; social support including who should be included in care plan (e.g., family/friends/parole/probation).
	• A post-release service needs assessment, including assessment related to functioning in the community upon release such as HRSN; considerations for LTSS; medication management; scheduling community-based appointments; paying bills; and utilizing electronic communication.
	• Plans for post-release medications, including ensuring that the medications have undergone any prior authorizations (PAs) or other requirements for coverage, if necessary.
	• Plans for DME, including ensuring that DME prescriptions have undergone any treatment authorization reviews (TARs) or other requirements for coverage, if necessary.
	• Coordination, scheduling, and linkages to required reentry services, including:
	  ○ MAT and psychotropic medications.
	  ○ Identification of a primary care provider and follow-up appointment scheduled at appropriate time post-release.
	  ○ Required specialty, mental health, substance use, dental, and MCP community supports appointments.
	  ○ Community service referrals.
	  ○ HRSN referrals (e.g., nutrition, housing, transportation).

Prompts	Summary
	○ LTSS referrals. • Scheduled follow-up appointments with community-based providers, including primary care and others as clinically indicated, to ensure they have access to needed clinical services as soon as necessary and no later than 30 days from release. • Scheduled follow-up appointments with community-based providers, behavioral health services, and other aspects of discharge/reentry planning, as necessary, no later than 30 days from release. • Coordination of reentry logistics, including transportation. • Ensuring that, as allowed under federal and State laws and with consent from the beneficiary, data are shared with MCPs, county MHPs, DMC/DMC-ODS, and, as relevant, with physical and behavioral health providers to enable timely and seamless handoffs. • A plan for engagement of identified supports for the member (e.g., probation/parole officer, family, others). • A list of individuals/organizations that will receive the finalized transitional care plan prior to release. • Documentation of any additional consents needed to share information for seamless care. • As described in Section 2.c. and 3.d., DHCS will require that embedded pre-release care managers conduct a warm handoff with the community-based post-release care manager prior to an individual's release (or, if not possible prior to release, within one week of release). During the warm handoff, the pre- and post-release care managers will be required to review the re-entry care plan with the individual as part of the warm handoff meeting. **(The Policy and Operations Guide was released in October 2023. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities go-live date)** • DHCS released the Policy and Operations Guide to stakeholders to support implementation of pre- and post-release care management to

Prompts	Summary
	ensure individuals are able to access needed services upon their reentry into the community. **(October2023)** • DHCS also released an All Plan Letter that will reference the requirements as laid out in the Policy and Operations Guide. **(October 2023)** • DHCS will monitor compliance with requirements related to the transitional care plan **(DHCS will monitor compliance on an on-going basis once the correctional facility goes live.)** DHCS will provide ongoing technical assistance to implementation stakeholders as needed. **(Ongoing)**
	Challenges and Mitigation Approaches: • **Challenge:** Given the prevalence of short-term stays and unpredictable release dates, particularly in county jails and county youth correctional facilities, correctional facilities may face operational challenges in ensuring that individuals incarcerated for a short period receive a person-centered transitional care plan prior to release. ○ **Mitigation Approach**: As noted above, DHCS has developed detailed operational guidance for correctional facilities on navigating short-stay situations. DHCS expects all county facilities to begin pre-release services as soon as the individual is identified as eligible. DHCS provided a short-term model in the Policy and Operations Guide outlining time period for when pre-release services should begin in order to ensure maximum access to services in a short time period. DHCS defined the time period for which an initial health screening and health care need assessment must occur. During the initial health screening, if the individual appears to qualify for ECM under any Population of Focus eligibility criteria (including but not limited to the Individuals Transitioning From Incarceration Population of

Prompts	Summary
	Focus), the correctional facility will be required to provide the individual with an ECM informational flyer that describes Medi-Cal and ECM and lists the name and phone number of the individual's county ECM contact; this is meant to connect the individual to post-release care management services in instances in which an individual may be deemed eligible to receive pre-release services but released before the correctional facility is able to assign a pre- or post-release care manager or complete the transitional care plan. If the individual is released prior to the development or completion of the transitional care plan, the post-release ECM care manager will be required to develop the transitional care plan/ECM Care Management Plan.
3.b. Implement State policies to provide or facilitate timely access to any post-release health care items and services, including fills or refills of prescribed medications and medical supplies, equipment, appliances or additional exams, laboratory tests, diagnostic, family planning, or other services needed to address the physical and behavioral health care needs identified in the course of care management and the development of the person-centered care plan.	***Current State:*** • DHCS does not yet have processes in place to provide or facilitate timely access to post-release health care items and services. • DHCS is administering a PATH capacity building funds process to support correctional facilities in their implementation processes. Correctional facilities may use PATH funds to set up pre-release and post-release care management processes. ***Future State: Planned Activities & Associated Timelines:*** • As described in Section 3.a., as a component of transitional care planning, DHCS will require the pre-release care manager to coordinate and schedule necessary post-release health care services, including but not limited to fills or refills of prescribed medications and medical supplies as well as DME, diagnostic, family planning, primary care, specialty, mental health, substance use, dental, or other services. **(The Policy and Operations Guide was released in October 2023. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than**

Prompts	Summary
	October 2026, depending on correctional facilities' go-live date) For example: ○ *Medications in Hand Upon Release***.** Correctional facilities will be required to provide a full supply of prescribed medications in hand to eligible individuals upon their release from a correctional setting.[34] Correctional facilities will also be required to provide naloxone upon release and a clinically appropriate supply of MAT with follow-up to support overdose prevention. In addition to providing the medications in hand upon release, the correctional facility will be required to submit a prescription for any active medication to a community pharmacy as appropriate and feasible so that the individual has access to refills. Correctional facilities and pre-release care managers are required to work with the post-release care manager (if different) to submit prescriptions and transfer medication refill orders to the individual's preferred community pharmacy, near the individual's anticipated residence in the community, as clinically appropriate. DHCS understands concerns in implementing this policy for individuals with short-term stays; the Policy and Operational Guide will provide expected timelines for meeting minimum requirements in the Short-Term model and will be updated on an on-going basis. ○ *Durable Medical Equipment.* Correctional facilities will be required to screen for and provide necessary DME upon release for any individual who is incarcerated for longer than 14 days. Correctional facilities must ensure that, at a minimum, individuals who use DME reenter the community with a prescription for their DME in hand; the prescription should also be provided to the post-release ECM provider/care manager. Individuals entering the community with DME in hand should also be provided with

[34] Full supply is defined as the maximum amount that is medically appropriate and allowed by the Medi-Cal State Plan. DHCS will provide additional guidance on minimum requirements for short-term stays in the Policy and Operational Guide.

Prompts	Summary
	prescriptions for all necessary DME at the time of release in case the DME in hand is lost, stolen, or broken. ▪ For individuals requiring new DME upon their release in the community, the correctional facility, pre-release care manager, and post-release ECM provider/care manager will be required to coordinate to ensure that residential DME is in place when needed. If the necessary residential DME cannot be set up by the time of release, the provider prescribing the DME must share a copy of the prescription and necessary clinical documentation with the individual and the post-release ECM provider/care manager to be filled in the community. ○ *Behavioral Health Linkages.* As part of the Reentry Demonstration Initiative, DHCS will require correctional facilities, county behavioral health agencies, and Medi-Cal MCPs to implement behavioral health linkages to initiate behavioral health care services in the community and to ensure continuity in care management through professional-to-professional clinical handoffs.[35] The State mandate to implement behavioral health linkages requires State prisons, county jails, youth correctional facilities, county behavioral health departments, and Medi-Cal MCPs to implement processes for facilitated referrals and linkages to continue behavioral health treatment in the community for individuals who receive behavioral health services while incarcerated. ○ The State will provide services with reasonable promptness consistent with the unique circumstances and constraints of the carceral setting.

[35] Behavioral Health Linkage requirements are outlined in California Penal Code section 4011.11(h)(5) and consistent with the CalAIM behavioral health linkages initiative (see page 51 of the CalAIM Proposal and AB 133).

Prompts	Summary
	• DHCS detailed in the Policy and Operational Guide the requirements related to timeliness of provision of pre-release services and follow-up activities in the community. **(October 2023)** • DHCS will monitor reasonable promptness against these expectations **(DHCS will monitor compliance on an on-going basis once the correctional facility goes live)** • DHCS will work with correctional facilities and community-based providers to continue to refine operational processes. **(Ongoing)**
	Challenges and Mitigation Approaches: • **Challenges:** Correctional facilities and pre- and post-release care managers may face challenges in ensuring timely access to post-release items and services. For example: ▪ *Support for Medications Upon Release:* Correctional facilities that already have on-site pharmacies or partnerships with community-based pharmacies will need to enroll in Medicaid and develop new processes to bill /claim Medi-Cal Rx (including prior authorization as needed). Correctional facilities that currently do not provide any medications to have in-hand upon release because they do not have a pharmacy on-site or a partnership pharmacy will need to establish new processes for providing medications upon release. DHCS also understands there will be operational complexities associated with the requirement that the correctional facility send active medications to a community pharmacy to ensure continued access in the post-release period, specifically for individuals leaving prison who may have been incarcerated for a relatively longer period of time and do not have an established residence/pharmacy.

Prompts	Summary
	▪ *Support for DME Upon Release:* Correctional facilities will have to establish new processes to purchase DME for specific patients (as many currently do not provide DME or provide DME that was used by others within the correctional facility and purchased in bulk at a date outside of the 90-day pre-release period), develop new processes to bill /claim Medicaid for DME, including prior authorization as needed, secure space to store DME until individual is released, and ensure that care managers coordinate to ensure provision of DME. ○ **Mitigation Approaches:** DHCS will work with correctional facilities to refine operational processes, providing targeted technical assistance as needed. DHCS will also take targeted mitigation approaches to the challenges listed above, including: ▪ *Support for Medications Upon Release:* DHCS will require, at a minimum, that the care manager be able to facilitate the linkage to a community pharmacy near the individual's anticipated residence in the community for individuals leaving prison and assist with ensuring that the individual is able to obtain refills of needed medications in the community post-release. In order to ensure individuals have an established pharmacy in the community, DHCS will require, at a minimum, that the care manager will be able to facilitate this linkage for individuals leaving prison. DHCS does not expect the same operational complexities to exist for those with shorter stays who have preexisting relationships with outpatient pharmacies and permanent preexisting addresses, such as those leaving jails. ▪ *Support for DME Upon Release*: DHCS developed a model roles and responsibilities chart that was included in the Policy and Operations Guide that describes a potential

Prompts	Summary
	approach for coordinating across relevant entities for the provision of DME upon release. DHCS will also be closely monitoring the amount of DME that is provided to have in-hand and identify correctional facilities that may need more intervention or targeted technical assistance with assisting individuals in obtaining DME.
3.c. Implement State processes to ensure, if applicable, that managed care plan contracts reflect clear requirements and processes for transfer of the member's relevant health information for purposes of continuity of care (e.g., active prior authorizations, care management information, or other information) to another managed care plan or, if applicable, State Medicaid agency (e.g., if the beneficiary is moving to a region of the State served by a different managed care plan or to another State after release) to ensure continuity of coverage and care upon release (coordinated with the requirements under milestone #1 above).	***Current State:*** • DHCS does not yet have processes in place for the transfer of the member's relevant health information for the purposes of continuity of care. ***Future State: Planned Activities & Associated Timelines:*** DHCS will take a multi-pronged approach to ensure continuity of coverage, information sharing, and alignment across the pre- and post-release periods. • Pre-release services will be delivered on a fee-for-service basis. DHCS will require that everyone who is eligible for pre-release services be enrolled in managed care and deemed eligible for a post-release ECM care manager, who will be responsible for assisting the individual in connecting to services in the post-release period. **(The Policy and Operations Guide was released in October 2023. DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities go-live date)** ○ To ensure smooth reentry, continuity of care management relationships, and access to providers as soon as possible when the individual is released into the community, DHCS will (1) auto-assign individuals to a managed care plan based on the County of Residence in MEDS at the time of release (with choice period post-plan assignment) and (2) establish current month enrollment

Prompts	Summary
	(i.e., an individual would be enrolled in a MCP beginning the first of the month in which they are released). ○ DHCS will require that individuals be assigned a post-release care manager (and in-reach pre-release care manager, as applicable) that works in the county in which the individual will be released to ensure the care manager is familiar with and can connect the individual with community-based providers in the county of release. MCPs will be required to ensure that ECM providers can support the scheduling of community-based services for the individual post-release. • DHCS will require all pre-release care managers to share information gathered during the pre-release period, including the needs assessment and transitional care plan, with the individual, the post-release care manager, if they are different, during the warm handoff, and with the assigned MCP. MCPs will be required to have processes and data infrastructure in place to receive member data from the correctional facility and pre- and post-release care managers to support care for the individual in the post-release period. The elements of the transitional care plan that must be shared are described above. This information shall also include information related to all active prior authorizations and prescriptions. **(The Policy and Operations Guide was released in October 2023. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities go-live date)** • DHCS will update managed care contracts (Medi-Cal MCPs, county MHPs, County Drug Medi-Cal Organized Delivery System, and Drug Medi-Cal State Plan) to reflect the requirements described above. **(October 2024)** • DHCS released the Policy and Operations Guide that lays out requirements for information sharing across the pre- and post-release periods. **(October 2023)**

Prompts	Summary

	• DHCS is implementing a process for monitoring MCPs' implementation of ECM and Community Supports, and for following up through technical assistance and/or escalation – up to and including sanctions, as established in the MCP contract – where implementation deficiencies are seen. DHCS' oversight and monitoring process of ECM and Community supports will be strongly data-centered and implemented in a consistent way across the MCPs. Prior to launch of ECM for Justice Involved Population of Focus (effective January 2024) MCPs are required to submit a comprehensive Model of Care detailing their policies for implementing ECM and Community Supports in the counties in which they operate.
	  ○ Prior to go-live for the justice-involved ECM Population of Focus, MCPs must submit model of care responses pertaining to the new populations they are required to serve, with updated policies to be submitted to DHCS upon request. **(October 2023)**
	  ○ DHCS reviews and approves MOC submissions from each MCP. **(December 2023)**
	• DHCS will monitor compliance with requirements related to the transfer processes for transfer of the member's relevant health information to MCPs for purposes of continuity of care. **(Ongoing)**
	• DHCS will provide technical assistance to stakeholders as needed. **(Ongoing)**

	Challenges and Mitigation Approaches: • **Challenge:** Correctional facilities and MCPs will need to establish new processes and systems to receive and exchange member data to ensure continuity of care and align services across the pre- and post-release period. ○ **Mitigation Approach:** DHCS will provide clear data guidance to facilitate data exchange between implementing partners.

Prompts	Summary
3.d. Implement State processes to ensure care managers coordinate with providers of pre-release services and community-based providers, if they are different providers. Implement a State policy to require care managers to facilitate connections to community-based providers pre-release for timely access to services upon reentry in order to provide continuity of care and seamless transitions without administratively burdening the beneficiary (e.g., identifying providers of post-release services, making appointments, having discussions with the post-release care manager, if different, to facilitate a warm handoff and continuity of services). A simple referral is not sufficient. Warm hand-offs to a post-release care manager and follow-up are expected, consistent with guidance language in the care management section.	***Current State:*** • DHCS does not yet have processes in place to ensure care managers coordinate with providers of pre-release services and community-based providers, if they are different. • DHCS is administering a PATH capacity building funds process to support correctional facilities in their implementation processes. Correctional facilities may use PATH funds to set up processes for facilitating health service linkages upon release. ***Future State: Planned Activities & Associated Timelines:*** • As described in Section 3.a., as a component of transitional care planning, DHCS will require the pre-release care manager to coordinate and schedule necessary post-release health care services, including but not limited to fills or refills of prescribed medications and medical supplies as well as DME, diagnostic, family planning, primary care, specialty, mental health, substance use, dental, or other services to ensure a minimally burdensome and seamless transition to services post release. **(The Policy and Operations Guide was released in October 2023. Correctional facility processes will be phased in over a two year period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities go-live date)** • As described in 2.c., DHCS will require that, in cases where pre-and post-release care managers are different (i.e., the correctional facility leverages an embedded care management model or the individuals is release to a different county from the correctional facility in which they are incarcerated), the embedded care manager implement a warm handoff with the community-based care manager in accordance with the standard requirements described below. **(The Policy and Operations Guide was released in October 2023. Correctional facility processes will be phased in over a two year period, beginning as**

Prompts	Summary
	soon as October 2024 and no later than October 2026, depending on correctional facilities go-live date) ○ In cases where pre- and post-release care managers are different, the embedded pre-release care manager and the community-based post-release care manager must conduct a warm handoff with the individual present prior to release. ○ Minimum requirements for the pre- and post-release care managers conducting warm handoffs are as follows: ▪ Sharing the transitional care plan with the individual, the post-release care manager and the individual's assigned MCPs. ▪ Scheduling and conducting a warm handoff meeting that includes the individual and both the pre- and post-release care managers to begin establishing a trusted relationship, review the transitional care plan and address questions, and identify any outstanding service needs and supports required for successful community reentry. ○ For individuals with known release dates, DHCS recommends that the warm handoff meeting occur at least 14 days prior to release. Telehealth may be used to conduct warm handoffs. If it is not possible for the warm handoff, including the requirements listed above, to occur prior to the individual's release (e.g., if the individual is released by court order earlier than expected or has a very short stay), the pre- and post-release care managers must conduct the warm handoff in the community post-release within one week, but the pre-release care manager must share the reentry plan and other pertinent information with the post-release care manager and the assigned MCP within a clinically appropriate time frame (e.g., 24 hours after release). ○ In addition, correctional facilities, county behavioral health agencies, and MCPs must facilitate behavioral health linkages for all individuals who receive behavioral health services while

Prompts	Summary
	incarcerated, including professional-to-professional clinical handoffs, facilitated referrals, and linkages to continued behavioral health treatment. • DHCS released the Policy and Operations Guide that details the requirements as described above. **(September 2023)** • DHCS will monitor compliance with continuity of care, including warm handoff, requirements. **(DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.)** • DHCS will also provide technical assistance to implementation stakeholders, as needed. **(Ongoing)**
	Challenges and Mitigation Approaches: • **Challenge:** The pre- and post-release care managers may face challenges in facilitating the warm handoff during the pre-release period in some instances, such as when the individual is released by court order earlier than expected or has a very short stay. ○ **Mitigation Approach:** DHCS will require that pre- and post-release care manager meet with the individual to conduct the warm handoff in the community post-release within one week, and that the pre-release care manager shares the re-entry plan and other pertinent information with the post-release care manager and the assigned MCP within 24 hours of release (or as close to that timeline as possible). DHCS recommends as a best practice that post-release care managers meet the individual at release if possible, or, if that is not possible, within one to two days of release. • **Challenge:** Individuals may be released into a different county than the one in which they are incarcerated. This could present challenges for

Prompts	Summary
	connecting them to community-based providers due to pre-release care managers' limited knowledge about providers and services in the county of release. ○ **Mitigation Approach:** DHCS requires that individuals be assigned a post-release care manager (and in-reach pre-release care manager, as applicable) that works in the county in which the individual will be released to ensure the care manager is familiar with and can connect the individual with community-based providers in the county of release. Post-release care managers are expected to collaborate with the pre-release care manager on development of the transitional care plan. If the post-release care manager is located in a different county than the correctional facility, warm handoffs may be provided via telehealth. Correctional facilities and pre-release care managers may also reach out to the established Justice-Involved MCP point-of-contact in the county of release for assistance in identifying community-based providers and coordinating services in the county to which the individual will be released.

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

STC Language: The State must describe how it will develop and implement a system to monitor the delivery of post-release services and ensure that such services are delivered within the appropriate time frame, per the guidelines in the forthcoming State Medical Director Letter (SMDL). The Implementation Plan must also capture how the State will monitor and adjust, as needed, ongoing post-release care management and describe its process to help ensure the scheduling and receipt of needed services, as well as other services needed to address HRSN and LTSS. Additionally, the State must describe how it will ensure that care managers are able to effectively serve demonstration beneficiaries transitioning into the community and recently released beneficiaries who are no longer demonstration beneficiaries.

<table>
<tr><th>Prompts</th><th>Summary</th></tr>
<tr><td rowspan="2">4.a. Develop State systems to monitor individuals who are incarcerated and their person-centered care plans to ensure that post-release services are delivered within an appropriate time frame. We expect this generally will include a scheduled contact between the reentering individual and the care managers that occurs within one to two days post-release and a second appointment that occurs within one week of release to ensure continuity of care and seamless transition to monitor progress and care plan implementation. These short-term follow-ups should include the pre-release and post-release (if different) care managers, as possible, to ensure longer-term post-release care management is as seamless as possible. In keeping with the person-centered care plan and individual</td><td>Current State:
DHCS does not yet have State processes in place to monitor individuals who are incarcerated to ensure that post-release services are delivered within appropriate time frames.
DHCS is administering a PATH capacity building funds process to support correctional facilities in their implementation processes. Correctional facilities may use PATH funds to set up processes for ensuring coordination across the pre- and post-release periods to ensure continuity of care.</td></tr>
<tr><td>Future State: Planned Activities & Associated Timelines:
DHCS will develop processes and oversight and evaluation protocols to monitor individuals who are incarcerated and their person-centered care plans to ensure post-release services are delivered within an appropriate timeframe. (DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.
DHCS will require that an individual have a scheduled contact with a post-release ECM care manager as close to release as possible (e.g., within one- or two-days post-release) and a second appointment that occurs within one week of release to ensure continuity and seamless transitions.</td></tr>
</table>

Prompts	Summary
needs, CMS is providing these general time frames as suggestions but recognizes that depending on the beneficiary's individualized needs and risk factors, a care manager may determine that the first scheduled contact with the beneficiary should occur, for example, within the first 24 hours after release and on a more frequent cadence in order to advance the goals of this demonstration.	• Individuals transitioning from incarceration into the community will be eligible to receive the ECM benefit from their MCPs in order to address clinical and non-clinical needs through intensive coordination of health and health-related services, as described in Section 3.c. above. Post-release care management will be delivered by ECM providers and monitored by MCPs. DHCS will require that post-release ECM care managers meet with the individual as close to the release date as possible (e.g., within one or two days post-release) and conduct a follow-up appointment within one week of release to ensure continuity of coverage. ECM care management includes:[36] ○ Conducting outreach and engaging individuals. ○ Updating the individual's needs assessment and care plan with newly identified needs. ○ Coordinating the services necessary to implement the care plan. ○ Providing health promotion services to encourage and support individuals to engage in healthy behaviors. ○ Supporting individuals and their support networks during discharge from the hospital or institutional settings. ○ Ensuring individuals and their support networks are knowledgeable about the individual's conditions. ○ Coordinating referrals and transportation to community and county social service agencies/offices. To ensure implementation of these requirements: • DHCS will ensure post-release care managers are able to deliver post-release services in an appropriate time frame as part of the warm handoff requirements to a community-based care manager prior to release. The post-release care manager will be responsible for ensuring follow-up appointments are scheduled, work with the individual to attend these appointments (for example, helping with transportation), and

36

Prompts	Summary
	follow up with the individual if an appointment is missed to ensure it is rescheduled and services are delivered. Post-release care managers will be based in the same geographic community that the member will reenter, ensuring the care manager will be familiar with local resources and provider networks. **(DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. Correctional facility processes will be phased in over a two year period,, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities' go-live date)** • DHCS is implementing a process for monitoring MCPs' implementation of ECM and Community Supports, and for following up through technical assistance and/or escalation – up to and including sanctions, as established in the MCP contract – where implementation deficiencies are seen. DHCS' oversight and monitoring process of ECM and Community supports will be strongly data-centered and implemented in a consistent way across the MCPs. Prior to launch of ECM for Justice Involved Population of Focus (effective January 2024) MCPs are required to submit a comprehensive Model of Care detailing their policies for implementing ECM and Community Supports in the counties in which they operate. ○ Prior to go-live for the justice-involved ECM Population of Focus, MCPs must submit updated policies relevant to the new populations they are required to serve. **(October 2023)** ○ DHCS reviews and approves MOC submissions from each MCP. **(November 2023)** ○ Subsequent to the effective date of the Justice Involved Population of Focus, MCPs will be required to submit monthly monitoring data through the JavaScript Object Notation (JSON) file . **(Starting in Q3 2024)** ○ DHCS will leverage existing Enhanced Care Management program monitoring mechanisms to track ongoing engagement in post-release Enhanced Care Management **(Ongoing)**

Prompts	Summary
	○ DHCS supplements this data report with a wide range of secondary sources for monitoring, which includes, for example, extensive stakeholder feedback with multiple Advisory Groups. DHCS is committed to long-term monitoring and continuing technical assistance to MCPs. **(Ongoing)** • DHCS will be tracking claims and encounter data in the post-release period to track the number of services that an individual who was eligible for pre-release services received in the post-release period (and within how many months post-release). While DHCS has not yet received CMS' Reentry Monitoring Protocol Template, it is committed to tracking number and types of physical and behavioral health services and medications that an individual has received in the post-release period. **(DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.** • DHCS developed clear requirements for inclusion in the Policy and Operational Guide, regarding: ○ The development of whole-person care plan assessments—including assessment of mental health, substance use, physical health, health-related social needs, long-term services and supports, and functional needs—and the scope of these care plans, which should include plans that address the needs of the member in the community upon release. ○ Guidance on the division of responsibilities during the warm handoff between pre- and post-release care managers (if applicable) and, different entities involved in warm handoffs (correctional facilities, county behavioral health agencies, and MCPs), and required timelines to ensure continuity of care in the community. **(September 2023)** • As described in Section 3.c., DHCS will develop MCP auto-assignment enrollment processes for individuals eligible for pre-release services who are not currently enrolled in a MCP, ensuring members will be

Prompts	Summary
	afforded timely access the ECM benefit and Community Supports services in the community. **(DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.)**

	Challenges and Mitigation Approaches:
	• **Challenge:** ECM care managers may have challenges contacting individual in the community, because they lack access to a reliable phone or stable housing.
	  ○ **Mitigation Approach:** The pre-release care manager will be required to collect information about how to contact in the individual in the community when released, including names and contact information for the individual's identified support network (e.g., family members or trusted friends). The pre-release care manager will provide this contact information as part of the reentry care plan, shared with the post-release ECM care manager and the MCP. In addition, the post-release ECM care manager contact information and the MCP's contact information will be included in the reentry plan given to the individual upon release so they can reach out directly to the ECM care manager or plan for assistance.
	• **Challenge:** While DHCS is implementing policies to ensure ECM can begin the day of release, including effectuating MCP auto-assignment and ECM enrollment prior to release, there may be instances when short-term stay individuals are released prior to MCP enrollment and are receiving FFS Medi-Cal benefits upon release.
	  ○ **Mitigation Approach:** DHCS has existing state plan authority for FFS case management and is creating policies to ensure that if a member is not yet enrolled in the MCP, the ECM care manager will be able to serve the member post-release and bill FFS case

Prompts	Summary
	management for reentry case management services for up to 4 weeks post-release.

4.b. Develop State processes to monitor and ensure ongoing care management to ensure successful transitions to the community and continuity of care post-release; to provide an assessment; monitor the person-centered care plan implementation and to adjust it, as needed; and to ensure scheduling and receipt of needed covered services.	***Current State:***
	• DHCS does not yet have State processes in place to monitor ongoing care management to ensure successful transition to the community and continuity of care post-release.
	
	Future State: Planned Activities & Associated Timelines:
	• DHCS will develop processes and monitor to ensure that individuals receive ongoing care management that ensure successful transition to the community and continuity of care post-release. **(DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.**
	  ○ To ensure that individuals are provided with continuous care management that facilitates successful re-entry into the community and ongoing services post-release, DHCS will require that individuals be enrolled in an MCP and receive ECM services upon release into the community.
	  ○ DHCS will require MCPs to oversee the delivery of ECM services to the Justice-Involved Population of Focus, and DHCS will continue to oversee and monitor the delivery of ECM for this population, as part of its overall ECM oversight and monitoring processes. This includes oversight of the core responsibility of the ECM provider to develop, review, maintain, and update a comprehensive individualized person-centered care management plan.[37]

[37] Requirements for the ECM comprehensive assessment and care management plan can be found in the CalAIM Enhanced Care Management Policy Guide, available at: https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf.

Prompts	Summary
	• DHCS is implementing a process for monitoring MCPs' implementation of ECM and Community Supports, and for following up through technical assistance and/or escalation – up to and including sanctions, as established in the MCP contract – where implementation deficiencies are seen. DHCS' oversight and monitoring process of ECM and Community supports will be strongly data-centered and implemented in a consistent way across the MCPs. Prior to launch of ECM for Justice Involved Population of Focus (effective January 2024) MCPs are required to submit a comprehensive Model of Care detailing their policies for implementing ECM and Community Supports in the counties in which they operate. ○ Prior to go-live for the justice-involved ECM Population of Focus, MCPs must submitted updated policies relevant to the new populations they are required to serve. **(September 2023)** ○ DHCS reviews and approves MOC submissions from each MCP. **(November 2023)** ○ Subsequent to the effective date of the Justice Involved Population of Focus, MCPs will be required to submit monthly monitoring data through a JavaScript Object Notation (JSON) File **(Starting in Q3 2024)** ○ DHCS will leverage existing Enhanced Care Management program monitoring mechanisms to track ongoing engagement in post-release Enhanced Care Management **(Ongoing)** ○ DHCS supplements this data report with a wide range of secondary sources for monitoring, which includes, for example, extensive stakeholder feedback with multiple Advisory Groups. DHCS is committed to long-term monitoring and continuing technical assistance to MCPs. **(Ongoing)** • As a companion to the Model of Care, DHCS detailed in the Policy and Operational Guide all the requirements for the ECM post-release care manager around ongoing care management and continuity of care following release. **(September 2023)**

Prompts	Summary
	• DHCS will meet regularly with the MCPs to provide ongoing technical assistance, as needed. **(Ongoing)**
	Challenges and Mitigation Approaches: • **Challenge:** MCPs have expressed concern that there may not be adequate workforce of community-based providers available to provide ECM services to justice-involved individuals in the post-release period. ○ **Mitigation Approach:** DHCS is committed to increasing ECM community-based provider capacity, and through the PATH Capacity and Infrastructure Transition Expansion and Development (CITED) Initiative and the PATH technical assistance marketplace, has funding to support organizations and technical assistance for ECM. DHCS meets monthly with the MCPs and will establish a standing meeting agenda item to assess implementation on an on-going basis as it relates to adequate workforce for ECM providers. DHCS will work with MCPs to identify additional mitigation strategies to help address emerging workforce issues including assisting in provider enrollment processes and addressing any other operational issues that may be impacting the number of providers who are willing to serve as ECM care managers for justice-involved individuals. Finally, and as a last resort: similar to other ECM populations of focus, DHCS will allow MCPs to submit an exception to DHCS that allows the MCP to temporarily use their own staff to provide ECM services if there is not enough capacity in the community. • **Challenge:** Ensuring that post-release providers, including the ECM care manager and treating behavioral and physical health providers have information on the medical treatment provided in the carceral system and the care plan developed by the pre-release care manager is critical to ensuring successful transitions. Providers and MCPs have

Prompts	Summary
	expressed concern about the difficulty of accessing correctional facility health information. ○ **Mitigation Approach:** DHCS outlined requirements and best practices for information sharing between correctional facilities and the receiving providers and plans in the Policy and Operational Guide. DHCS will monitor the effectiveness of reentry data sharing by leveraging monthly meetings with MCPs and County Behavioral Health Providers, to identify data sharing barriers and identify correctional facilities that are not providing timely information to MCPs or County Plans or their contracted ECM, physical health, or Behavioral health providers. DHCS will evaluate the causes of identified issues, provide technical assistance, and clarify guidance or policy, as necessary, on expected and allowable information sharing to the correctional facility. As Necessary, DHCS will develop corrective action plans for correctional facilities to improve timely information sharing.
4.c. Develop State processes to ensure that individuals who are receiving services through the Reentry Section 1115 Demonstration Opportunity are connected to other services needed to address LTSS and HRSN, such as housing, employment support, and other social supports as identified in the development of the person-centered care plan.	***Current State:*** • DHCS does not yet have processes in place to connect individuals eligible for pre-release services to services post-release. ***Future State: Planned Activities & Associated Timelines:*** DHCS will develop oversight and monitoring processes to ensure that individuals receiving pre-release services are connected to other services needed to address LTSS and HRSN that are identified in the care plan. **(DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.)** ○ As described in Section 3.c., part of pre-release care management for Medi-Cal-enrolled individuals who are incarcerated includes the development of a transitional care plan with the individual; this transitional care plan will include a plan to address LTSS, HRSN, and other social supports available to

Prompts	Summary
	members once they are in the community. Additionally, as described in Section 4.a., members eligible for managed care will be automatically enrolled into a MCP and eligible for the ECM benefit and Community Supports. (Community Supports are available at plan discretion, and individuals must meet eligibility criteria to receive Community Supports.) • DHCS will be tracking claims and encounter data in the post-release period to track the number of services that an individual who was eligible for pre-release services received in the post-release period (and within how many months post-release). While DHCS has not yet received CMS' Reentry Monitoring Protocol Template, it is committed to tracking number and types of LTSS and HRSN services that an individual has received in the post-release period. **(DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.)** DHCS detailed in the Policy and Operational Guide requirements related to connecting individuals to LTSS, HRSNs, and other social supports. **(September 2023)** • DHCS will meet regularly with the MCPs to provide ongoing technical assistance, as needed. **(Ongoing)**
	Challenges and Mitigation Approaches: • **Challenge:** An on-going challenge that DHCS anticipates is that individuals leaving incarceration will not be connected to HRSNs or LTSS in a timely manner. ○ **Mitigation Approach:** DHCS will be closely monitoring the number of people who received HRSNs and LTSS in the post-release period and will work to identify and implement new policies and operational processes for increasing access and receipt of such services.

Prompts	Summary
4.d. Implement State policies to monitor and ensure that care managers have the necessary time needed to respond effectively to individuals who are incarcerated who will likely have a high need for assistance with navigating the transition into the community.	***Current State:*** • DHCS does not yet have processes in place to connect individuals eligible for pre-release services to services post-release. • DHCS is administering a PATH capacity building funds process to support correctional facilities in their implementation processes. Correctional facilities may use PATH funds to set up processes for facilitating health service linkages upon release.
	Future State: Planned Activities & Associated Timelines: • DHCS will implement policies and monitor to ensure that care managers have the necessary capacity to provide the required high-touch, intensive care management services in the pre- and post-release periods that will be required to effectively serve individuals transitioning from incarceration to their community. **(DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.))** ○ As described in Section 5.a. below, DHCS will require correctional facilities to demonstrate readiness for providing pre-release services. This readiness assessment will include process development and capacity building for delivering care management services and connecting incarcerated individuals to community-based providers. ○ Upon release, individuals who are eligible for pre-release services will also be eligible to receive ECM, which is a MCP benefit available to high-need MCP members that provides systematic coordination of services and comprehensive care management that is community based, interdisciplinary, high touch and person centered. ECM providers will coordinate all care across the physical and behavioral health delivery systems. ECM providers will play a critical role in supporting individuals'

Prompts	Summary
	transitions into the community. More information about ECM can be found in the ECM Policy Guide. • DHCS released the Policy and Operations Guide that details the requirements as described above. **(October 2023)** • DHCS will also provide technical assistance to implementation stakeholders, as needed. **(Ongoing)** • DHCS is implementing a process for monitoring MCPs' implementation of ECM and Community Supports, and for following up through technical assistance and/or escalation – up to and including sanctions, as established in the MCP contract – where implementation deficiencies are seen. DHCS' oversight and monitoring process of ECM and Community supports will be strongly data-centered and implemented in a consistent way across the MCPs. Prior to launch of ECM for Justice Involved Population of Focus (effective January 2024) MCPs are required to submit a comprehensive Model of Care detailing their policies for implementing ECM and Community Supports in the counties in which they operate. ○ Prior to go-live for the justice-involved ECM Population of Focus, MCPs must submit model of care responses pertaining to the new populations they are required to serve, with updated policies to be submitted to DHCS upon request. **(October 2023)** ○ DHCS reviews and approves MOC submissions from each MCP. **(December 2023)** ○ Subsequent to the effective date of the Justice Involved Population of Focus, MCPs will be required to submit quarterly monitoring data through a Quarterly Implementation Monitoring Report. **(Starting in Q1 2024)** ○ DHCS supplements this data report with a wide range of secondary sources for monitoring, which includes, for example, extensive stakeholder feedback with multiple Advisory Groups. DHCS is committed to long-term monitoring and continuing technical assistance to MCPs. **(Ongoing)**

Prompts	Summary
	Challenges and Mitigation Approaches: • **Challenge:** For individuals with short term stays, it is possible that there will not be enough time for pre-release care managers respond effectively to individuals who are incarcerated and who will likely have a high need for assistance with navigating the transition into the community ○ **Mitigation Approach:** DHCS will provide operational guidance for correctional facilities on navigating short-stay situations, including minimum requirements and timelines for correctional facilities to provide pre-release care management services and coordinate with community-based providers.

Milestone 5: Ensuring cross-system collaboration

STC Language: The State must describe how correctional facilities will facilitate access for incarcerated beneficiaries to community health care providers, including care managers, either in person or via telehealth. The State must also document its plans for establishing communication and engagement between corrections systems, community supervision entities, health care organizations, the State Medicaid agency, and supported employment and housing organizations. The State must also develop a system (e.g., a data exchange, with requisite data-sharing agreements) and establish processes to monitor individuals' health care needs, HRSN, and access to and receipt of health care services pre-and post-release and identify anticipated challenges and potential solutions. Further, the State must develop and share its strategies to improve awareness about Medicaid coverage and access among stakeholders, including those who are incarcerated.

Prompts	Summary
5.a. Establish an assessment outlining how the State's Medicaid agency and participating correctional system/s will confirm they are ready to ensure the provision of pre-release services to eligible beneficiaries, including but not limited to how facilities participating in the Reentry Section 1115 Demonstration Opportunity will facilitate access within the correctional facilities for community health care providers, including care managers, in person	***Current State:*** To ensure the delivery of high-quality services in the pre-release period, and as required by the 1115 Waiver's Special Terms and Conditions, DHCS developed a readiness assessment with elements that lay out what correctional facilities must demonstrate in order to be eligible to "go live" with the delivery of pre-release services. The correctional facility readiness assessment will assess the ability of correctional facilities to implement and support the focus areas listed below. All correctional facilities will be required to demonstrate ability to designate space for in-reach meetings, including physical space for in-person visits and/or space and technology for individuals to connect to virtual consultation (e.g., laptop or similar device, webcam, internet access, telephone line) while ensuring appropriate security protections remain in place (e.g., Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance). While DHCS will have certain elements marked as minimum requirements, all aspects of the readiness assessment must still be supported and ready to go live prior to the planned go-live date; however, DHCS may use discretion when reviewing minimum requirements to determine whether an agency is ready to go live. All correctional facilities must meet all go-live requirements through their readiness assessment submission and go-live with pre-release services by October 1, 2026. DHCS will also abide by all CAA of 2023 Section 5121 implementation timelines agreed upon with CMS.

Prompts	Summary
and/or via telehealth, as appropriate. A State could phase in implementation of pre-release services based on the readiness of various participating facilities and/or systems.	The focus areas are: 1. **Medi-Cal Application Processes** a. Screening *(minimum requirement)* b. Application Support *(minimum requirement)* c. Unsuspension/Activation of Benefits *(minimum requirement)* 2. **90-Day Pre-Release Eligibility and Behavioral Health Linkage Screening** a. Screening for Pre-Release Services *(minimum requirement)* b. Screening for Behavioral Health Linkages *(minimum requirement)* 3. **90-Day Pre-Release Service Delivery** a. Medi-Cal Billing and Provider Enrollment *(minimum requirement)* b. Support of Pre-Release Care Management *(minimum requirement)* c. Clinical Consultation d. Virtual/In-Person In-Reach Provider Support *(minimum requirement)* e. Support for Medications *(minimum requirement)* f. Support for MAT *(minimum requirement)* g. Support for Prescriptions Upon Release *(minimum requirement)* h. Support for DME Upon Release 4. **Reentry Planning and Coordination** a. Release Date Notification *(minimum requirement)* b. Care Management Reentry Plan Finalization *(minimum requirement)* c. Reentry Care Management Warm Handoff *(minimum requirement)* d. Reentry Behavioral Health Linkage *(minimum requirement)* 5. **Oversight and Project Management** a. Staffing Structure and Plan *(minimum requirement)* b. Governance Structure for Partnerships *c.* Reporting and Oversight Process *(minimum requirement)* Correctional facilities must submit their readiness assessments to DHCS at least five months prior to their proposed go-live date (as early as November 2023 and no later than November 2025). DHCS will require each correctional facility to complete a readiness assessment and receive DHCS approval prior to its go-live date. Readiness decisions will be made at the

Prompts	Summary
	facility level, not at the county level. For example, if a county has five facilities, and three are ready to go live, but two are not, the three can go live. In their readiness assessment submission, correctional facilities are expected to explain in a narrative format how they meet or will meet the readiness assessment elements. Correctional facilities will be required to include attachments such as program policy guides, workflows, and organizational charts to respond to questions in the readiness assessment. The readiness assessment will also include a list of attestations that the correctional facility will be expected to sign. Readiness will not be finalized until correctional facilities sign this attestation. DHCS recognizes that some correctional facilities may not have all the required capabilities in place for all five focus areas described below (and/or for each of their facilities) at the time of submitting their readiness assessment. In these instances, agencies will be asked to describe their plan for achieving readiness prior to the planned go-live date. For each of the five focus areas, DHCS will determine a score based on the correctional agency's narrative response, attestation, and documentation of their readiness for implementing pre-release services. The DHCS review team will use the following scoring rubric to determine the score for each focus area *(note DHCS may update terminology around the scoring rubric based on lessons learned)*: • **Pass:** Correctional facility's response is complete and indicates total or almost total readiness (i.e., all minimum requirements are met) and facility receives a pass in each focus area, and the facility has process in place to go-live with non-minimum requirement elements within a timebound glidepath. • **Conditional Pass:** Correctional facility response is complete and indicates that facility meets some, but not all, components of the readiness assessment. The facility must minimally be able to deliver case management, MAT services, and a 30-day supply of medication upon release in order receive a conditional pass, and may phase in the populations that receive this minimum set of services completely within 12 months of the facility going live for increasing their capacity to provide this minimum set of services to all eligible individuals, taking into consideration all appropriate federal laws

Prompts	Summary
	regarding civil rights such as the Americans with Disabilities Act, etc. Nothing in this approval will supersede the state's compliance actions to meet all CAA of 2023 Section 5121 implementation requirements and timelines. DHCS will require all facilities that receive a conditional pass to specify a structured glidepath and time bound implementation plan for increasing capacity and achieving a pass rating by the end of the defined ramp up period as part of their readiness assessment review process. DHCS and correctional facilities will agree on specific target metrics to demonstrate the facility's progress in reaching full compliance and will meet with facilities under conditional approval on a regular basis until all metrics are met and facility receives a "Pass". If a facility does not achieve a pass rating by the end of the 12-month ramp-up period, the facility must submit a corrective action plan or the facility will be considered to have not demonstrated readiness to go live. • **Fail:** Correctional facility's response is incomplete, the provided response does not sufficiently address the question, or the provided response does not indicate readiness to go live. Additional information on what is required for each readiness element is available in DHCS' Policy and Operational Guide.

	Future State: Planned Activities & Associated Timelines:
	• Go-Live dates will occur on a quarterly basis (e.g., October 2024, January 2025, March 2025) through October 2026. The readiness assessment process will open at least 6 months prior to each quarterly cohort. The following is an example timeline for the six-month readiness process:
	  ○ By April 1, 2024, correctional facilities submit their readiness assessment plans and materials (gives facilities at least two months to complete).
	  ○ By August 1, 2024, DHCS confirms readiness (gives DHCS four months to review plans, conduct site visits, and follow-up with correctional facilities).
	  ○ By October 1, 2024, first facility goes live (gives facilities two months)
	• DHCS will review assessments and provide approval, on a rolling basis, to facilities demonstrating readiness to go live, with an earliest anticipated go-live date of October

Prompts	Summary
	1, 2024. **(The Policy and Operations Guide was released in October 2023. DHCS released a draft readiness assessment template in October 2023 and plans to release the final readiness assessment tool in early 2024. DHCS IT systems to support the Reentry Initiative will be in place by October 1, 2024. Correctional facility processes will be phased in over a two year go-live period, beginning as soon as October 2024 and no later than October 2026, depending on correctional facilities' go-live date. For more information on go-live dates and readiness assessment requirements and timelines, please see Appendix.)**

	Challenges and Mitigation Approaches:
	• **Challenge:** DHCS expects Medi-Cal provider enrollment and billing/claiming requirements to be most challenging for correctional facilities to meet.
	  ○ **Billing and Claiming:** Until this 1115 Reentry Demonstration Opportunity, correctional facilities have been unable to bill for Medi-Cal services due to the inmate payment exclusion. Because of this, correctional facilities have not set up billing and claiming systems within their EHRs and do not have robust/standardized data exchange processes in place with DHCS or community-based providers to facilitate billing and claiming of Medi-Cal services.
	  ○ **Provider Enrollment:** Correctional facilities have raised concern around requiring provider enrollment as it relates to administrative burden, lack of staff resources/bandwidth, and union negotiations.
	• **Mitigation Approach:**
	  ▪ **Billing and Claiming:** DHCS will provide technical assistance to all correctional facilities to support billing/claiming processes. DHCS also expects correctional facilities to use PATH funding to build billing/claiming arms of EHRs.
	  ▪ **Provider Enrollment:** As mentioned above, DHCS will enroll all correctional facility and pharmacy providers who provide services under existing enrollment pathways. DHCS will provide technical assistance to all correctional facilities to assist in Medi-Cal enrollment.

Prompts	Summary
5.b. Develop a plan for organizational-level engagement, coordination, and communication between the corrections systems, community supervision entities, health care providers and provider organizations, State Medicaid agencies, and supported employment and supported housing agencies or organizations.	***Current State:*** DHCS has been facilitating regular meetings of the cross-sector stakeholder Justice-Involved Advisory Group since 2021. The purpose of the Advisory Group is to communicate program policy, solicit stakeholder feedback to inform program design, and share best practices among implementing entities. Members of the Advisory Group include representatives of corrections systems, community supervision entities, health care providers and provider organizations, county entities, social services organizations, and individuals with lived experience. DHCS has also been facilitating, and intends to continue to facilitate, one-on-one technical assistance sessions with implementation stakeholders including but not limited to State prisons, county jails, providers, individuals with lived experiences, and MCPs. Depending on the implementing stakeholder, DHCS has been convening these discussions on a weekly, biweekly, monthly, or quarterly basis. The purpose of these meetings is to glean stakeholder feedback to inform program design and provide direct technical assistance to implementing entities. For example, DHCS has been facilitating monthly meetings with CDCR, the state's prison system, on Medicaid provider and pharmacy enrollment and billing and claiming requirements. DHCS has also taken steps to support information sharing between implementing entities. In July 2021, Governor Newsom signed into law the health omnibus trailer bill legislation for the 2021-2022 California Budget (AB 133; Chapter 143 of Statutes of 2021). In recognition of the importance of information sharing in supporting collaboration and communication as part of the implementation of the Reentry Demonstration Initiative and other components of CalAIM, AB 133 included provisions to permit specified entities to disclose personally identifiable information—including protected health information—among one another so long as such disclosure is (1) necessary to implement CalAIM components or the CalAIM terms and conditions and (2) consistent with federal law. AB 133 also modified the California Penal Code to promote information sharing for the purposes of health insurance affordability program enrollment and the provision of behavioral health services post-release. DHCS released guidance on these provisions to the public in March 2022.[38]

[38] Guidance is available here: https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance.pdf.

Prompts	Summary
	As part of the CalAIM Reentry Demonstration Initiative approval, DHCS received authority to provide capacity building grants to implementation partners, known as the PATH initiative. These PATH funds are available to correctional facilities and county behavioral health agencies and are intended to support cross-stakeholder coordination. PATH funds may be used toward "activities to promote collaboration," i.e., expenditures related to facilitating collaborative planning activities between correctional agencies, MCPs, county behavioral health agencies, and other stakeholders as needed to support planning, implementation, and modification of Medi-Cal pre-release service processes.[39] PATH grant awardees are also required to submit periodic progress reports, which include a description of collaborations or working sessions with local social services agencies/offices, local Medi-Cal MCPs, in-reach providers, and correctional agencies/county behavioral health agencies.
	Future State: Planned Activities & Associated Timelines: • DHCS will continue to facilitate the Advisory Group and one-on-one technical assistance sessions with implementation partners. **(Ongoing)** • DHCS will update the data-sharing guidance to include additional use cases and clarifications. The revised guidance is planned for release by September 2023, and additional updates may be released in the future. **(September 2023)** • DHCS released the Policy and Operations Guide that details the requirements as described above. **(October 2023)** • DHCS will provide technical assistance to implementation stakeholders, as needed. **(Ongoing)**
	Challenges and Mitigation Approaches: • **Challenge**: Coordination and communication needs are often unique to the county or locality in which the implementation partners operate, and the individual stakeholders within each, requiring tailored support and technical assistance.

[39] Additional guidance on this funding can be found on the DHCS CalAIM JI website under the Providing Access and Transforming Health Initiative section, available here: https://www.dhcs.ca.gov/CalAIM/Pages/Justice.aspx.

Prompts	Summary
	○ **Mitigation Approach:** DHCS plans to leverage the PATH program to support local capacity building and collaboration. This includes leveraging PATH capacity grants for collaboration and planning activities, as well as for building and implementing the necessary processes, systems and formal agreements that are required for ongoing coordination among local implementation partners. It also includes potentially leveraging regional Collaborative Planning and Implementation groups to bring together stakeholders to plan customized approaches that build on relationships and processes at the local level. • **Challenge:** Correctional facilities, MCPs, community-based providers and other stakeholders will need to establish new processes and systems to share information, including to receive and exchange member data, to facilitate engagement, coordination, and communication among stakeholders in support of successful program implementation. ○ **Mitigation Approach:** DHCS will provide clear data guidance and technical assistance to facilitate information sharing between implementing partners.
5.c. Develop strategies to improve awareness and education about Medicaid coverage and health care access among various stakeholders, including individuals who are incarcerated, community supervision agencies, corrections institutions, health care providers, and relevant community organizations (including community organizations	***Current State:*** DHCS has taken a multi-pronged approach to improving stakeholder awareness about Medi-Cal and the Reentry Demonstration Initiative. Since 2021, DHCS has hosted 11 Advisory Group webinars about the Reentry Demonstration Initiative to inform the key stakeholders about design decisions, program requirements, and key milestones; these webinars were also open to the public and allowed a chance for non-advisory group members to provide feedback on the Reentry Demonstration Initiative. DHCS has also regularly facilitated meetings of a cross-sector stakeholder advisory group to inform program design, with representation from corrections systems, community supervision entities, health care providers and provider organizations, county entities, and social services organizations. DHCS has also pursued targeted engagement of an array of stakeholders to provide one-on-one ongoing education and technical assistance (e.g., meeting weekly with the State prison system, establishing a small working group of correctional facilities and providers to inform the initiative's billing and claiming approach). DHCS released formal policy and guidance to support program implementation. In 2022,

Prompts	Summary
serving the reentering population).	DHCS released guidance to help correctional agencies, county social service agencies/offices, and other entities fulfill their obligation to support incarcerated individuals in completing an application for Medi-Cal coverage prior to their release.[40] In 2023, DHCS also released State guidance to correctional agencies on how to access a tool to verify an individual's enrollment in Medi-Cal.[41]Most recently, DHCS finalized the release of the Policy and Operational Guide based on extensive stakeholder feedback. .

	Future State: Planned Activities & Associated Timelines:
	• DHCS will release guidance to support stakeholder implementation of the Reentry Demonstration Initiative. Guidance will leverage standard DHCS processes and instruments and will include:
	  ○ Release Policy and Operational Guide laying out operational and information sharing expectations. *(Intended audience: all interested stakeholders)* **(October 2023)**
	  ○ All County Welfare Directors Letter (ACWDL) that provides an overview of the Reentry Demonstration Initiative. *(Intended audience: primarily county social service agencies/offices)* **(October 2023)**
	  ○ Behavioral Health Information Notice (BHIN) that provides an overview of the Reentry Demonstration Initiative. *(Intended audience: primarily county behavioral health agencies)* **(October 2023)**
	  ○ All-Plan Letters that provide an overview of the Reentry Demonstration Initiative. *(Intended audience: primarily Medi-Cal MCPs)* **(October 2023)**
	  ○ Updates to the Medi-Cal Provider Manual, as needed. (*Intended audience: Medi-Cal-enrolled providers)* **(Winter 2024)**
	• DHCS will announce the release of guidance through standard channels including press releases, email listservs, social media, and presentation at meetings with stakeholder representation. **(Ongoing)**
	• DHCS will also continue to provide targeted stakeholder engagement and technical assistance to implementing entities (e.g., correctional facilities, county agencies)

[40] See ACWDL 22-27 (November 10, 2022) for more information on pre-release application processes.
[41] See MEDIL 23-24 (April 13, 2023) for more information on policies and procedures for county Medicaid eligibility departments and county correctional facilities to document implementation efforts of the pre-release Medicaid mandate.

Prompts	Summary
	partially informed by entities' responses to the justice-involved readiness assessments. (See 5.a. for additional information on readiness assessments) **(Ongoing)**

	Challenges and Mitigation Approaches:
	• **Challenge:** Due to the nature of carceral settings, potential for lack of trust between correctional facility representatives and individuals who are incarcerated, and the oft-complex health and social needs of this population, facilities may face challenges in attempts to engage members who are incarcerated to improve their awareness and education about Medi-Cal coverage and health care services available to them while they are incarcerated and after their transition to the community.
	  ○ **Mitigation Approach:** DHCS will require correctional facilities to provide individuals with all required Notices regarding Medi-Cal coverage and access to services. DHCS will require that correctional facilities provide individuals who were incarcerated for a short period or unexpectedly released to the community, DHCS will require that they are provided with a flyer and other information regarding their eligibility for and how to access ECM and other post-release services. DHCS will work with correctional facilities and other stakeholders to refine messaging and communication protocols to improve engagement and education of incarcerated members regarding Medi-Cal coverage and services.
	• **Challenge:** Many community-based providers, including those who have traditionally served the justice-involved population and who employ individuals with lived experience, might lack connections to standard Medi-Cal channels of communication and knowledge of Medi-Cal coverage and services.
	  ○ **Mitigation Approach:** DHCS will leverage a broad range of communication strategies to ensure focused outreach to community-based providers and other stakeholders who have not traditionally provided or billed Medi-Cal services. This includes potentially identifying "amplifiers" at the local level with

Prompts	Summary
	ties to relevant community-based organizations who can serve as a trusted source of information and best practices for implementing partners.

5.d. Develop systems or establish processes to monitor the health care needs and HRSN of individuals who are exiting carceral settings, as well as the services they received pre-release and the care they received post-release. This includes identifying any anticipated data challenges and potential solutions, articulating the details of the data exchanges, and executing related data-sharing agreements to facilitate monitoring of the demonstration, as described below.	***Current State:***
	• DHCS does not yet have a monitoring process in place to monitor the health care needs and HRSN of individuals who are exiting correctional facilities or the services required post-release in the Reentry Demonstration Initiative.
	
	Future State: Planned Activities & Associated Timelines:
	• DHCS will establish a comprehensive monitoring approach for the Reentry Demonstration Initiative, in alignment with its approved demonstration and State monitoring priorities. The approved demonstration requires DHCS to submit a Monitoring Protocol after the approval of the demonstration and regular Quarterly and Annual Monitoring Reports throughout the duration of the demonstration. **(January 2024)** (Note: In light of the fact that CMS intends to develop a Monitoring Protocol template for all Reentry Demonstrations, CMS provided an extension for submitting the Monitoring Protocol with a revised due date of January 2, 2024). It is expected that DHCS' Monitoring Protocol will include:
	  ○ A selection of quality-of-care and health outcomes metrics and population stratifications based on CMS' upcoming guidance on the Health Equity Measure Slate.
	  ○ Standardized reporting on categories of metrics, including but not limited to beneficiary participation in demonstration components, number of primary and specialist provider participation, utilization of services, quality of care, and health outcomes.
	  ○ Metrics related to:
	  ▪ Number of beneficiaries served, and types of services rendered under the demonstration.
	  ▪ Administration of screenings to identify individuals who qualify for pre-release services.

Prompts	Summary
	▪ Utilization of applicable pre-release and post-release services (e.g., care management, MAT, clinical/behavioral health assessment pre-release and primary and behavioral health services post-release). ▪ Provision of health or social service referral pre-release. ▪ Participants who received care management pre-release and were enrolled in care management post-release. ▪ Take-up of data system enhancements among participating carceral settings. ○ Methods and timeline to collect and analyze non-Medicaid administrative data to help calculate applicable monitoring metrics. • In addition to the Reentry Demonstration Monitoring Protocol, DHCS also intends to establish an overall program monitoring and evaluation approach. Building upon the readiness assessment process described above, DHCS will establish ongoing monitoring and oversight within the correctional facilities to ensure delivery of pre-release services consistent with the approved Demonstration and the State's Policy and Operational Guide. **(January 2024)** Components of the monitoring and oversight approach will include: ○ **Use of available administrative data** to support ongoing monitoring and oversight of the Reentry Demonstration Initiative, including but not limited to claims data of services provided to individuals during both the pre- and post-release periods. **(Ongoing)** ○ **Use of data from the Justice-Involved Screening Portal** to support data collection for individuals who were found to be eligible for services, with metrics to include the number of individuals found to be eligible and the duration of services received. **(establish by October 1, 2024)** ○ **Development of care management bundles** to allow the State to track delivery of discrete sets of care management services (e.g., completion of needs assessment, completion of care manager warm hand-off). **(establish by October 1, 2024)** • DHCS is also exploring opportunities to partner with other State departments (e.g., California Department of Corrections and Rehabilitation) and implementing entities to leverage additional data to support ongoing oversight and monitoring. **(DHCS IT**

Prompts	Summary

	systems to support the Reentry Initiative will be in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.)
	• To support the streamlined information exchange required to implement the reentry demonstration, DHCS has develop data-focused guidance for inclusion in policy and operational guidance. **(October 2023)** This guidance will clarify required data exchanges with information on transaction methods and formats.
	• DHCS is also requiring managed care plans and correctional facilities to establish memoranda of understanding (MOUs) regarding Reentry Initiative data exchange and will release a model MOU. **(DHCS will have template in place by October 1, 2024. DHCS will monitor compliance on an on-going basis once the correctional facility goes live.)**
	• DHCS will continue to convene stakeholders to understand anticipated data challenges and potential solutions (e.g., as part of a stakeholder advisory group meeting, engaging a targeted group of implementers). **(Ongoing)**
	• DHCS will also administer PATH capacity building funding opportunities to support implementing entities in establishing the IT systems and processes to support monitoring. **(Ongoing through duration of demonstration period)**
	  ○ PATH funding opportunities will permit implementing entities to apply for funding to support the following activities, among other priorities:
	  ▪ **Implementing Billing Systems:** This includes expenditures related to modifying IT systems needed to support delivery of and billing for Medi-Cal Reentry Services (e.g., adoption of certified electronic health record (HER) technology, purchase of billing systems).
	  ▪ **Adoption of Certified HER Technology:** This includes expenditures for providers' purchase or necessary upgrades of certified HER technology and training for the staff that will use the HER.
	  ▪ **Technology and IT Services:** This includes the development of electronic interfaces for prisons, jails, and youth correctional facilities to support Medicaid enrollment and suspension/unsuspension and modifications. This also includes support to modify and enhance existing IT systems to create and improve data exchange and linkages with correctional facilities, local

Prompts	Summary
	county social service agencies/offices, county behavioral health agencies, and others, such as MCPs and community-based providers.
	Challenges and Mitigation Approaches: • **Challenge:** The carceral setting of care delivery as well as the narrow scope of covered services requires the State to establish a comprehensive and nuanced approach to program monitoring and oversight, including with regards to preventing fraud, waste, and abuse. ○ **Mitigation Approach:** DHCS continues to build a comprehensive, multi-pronged monitoring and oversight approach that considers the complexity of delivering a targeted set of covered services in correctional settings. DHCS plans to leverage the pre-release services aid code to identify individuals eligible for pre-release services and ensure that only eligible individuals receive covered services through the demonstration. DHCS is also building a new code set for billable pre-release service codes to ensure that only the limited set of covered services are billed during the pre-release services period. **(establish by October 1, 2024)**

Appendix

Table A: Implementation Plan Timeline for Identified Activities					
Go-Live Activity	**2023 Q4**	**2024 Q1**	**2024 Q2**	**2024 Q3**	**2024 Q4 – 2026 Q4** *(Quarterly Phase-In Period for On-Boarding Correctional Facilities Based on Determination of Readiness)*
Distribution of PATH JI Funding					
Release Policy and Operational Guide	Complete				
Release Draft Readiness Assessment Template for Correctional Facilities	Complete				
Release Final Readiness Assessment for Correctional Facilities					
DHCS to Complete Systems Readiness				By October 1, 2024	
DHCS to Provide On-Going Technical Assistance to Implementation Partners					

Table A: Implementation Plan Timeline for Identified Activities					
Go-Live Activity	**2023 Q4**	**2024 Q1**	**2024 Q2**	**2024 Q3**	**2024 Q4 – 2026 Q4** *(Quarterly Phase-In Period for On-Boarding Correctional Facilities Based on Determination of Readiness)*
DHCS to Conduct Correctional Facility Readiness Review					Correctional Facilities will have Quarterly Go-Live Dates *(see example table below)*
Program Monitoring and Evaluation					DHCS will submit quarterly and annual monitoring reports to CMS based on available data from correctional facilities that have gone live

Table B: Example Timelines for Go-Live Dates Within Two Year Phase In Time Period			
Milestone	**Illustrative Timelines**		
Correctional Facilities Submit Readiness Assessment to DHCS *Correctional Facilities may submit their Readiness Assessment before the April 1 due date*	April 1, 2024	January 1, 2025	April 1, 2026
DHCS Reviews Readiness Assessments *DHCS will engage Correctional Facilities as needed during review*	April – July 2024	January - April 2025	April – July 2026
DHCS Communicates Final Readiness Decision to Correctional Facilities	August 1, 2024	May 1, 202	August 1, 2026

Table B: Example Timelines for Go-Live Dates Within Two Year Phase In Time Period			
Milestone	**Illustrative Timelines**		
DHCS will publicly post facilities approved to go-live on the Justice Involved Initiative website after approval is communicated to correctional facilities			
Correctional Facilities Finalize Preparations for Go-Live	August – September 2024	May – June 2025	August – September 2026
Correctional Facilities Go Live with Pre-Release Services	October 1, 2024	July 1, 2025	October 1, 2026