

Overview of the CalAIM Justice-Involved Initiative

May 17, 2023

11:00 – 12:00 pm PT

Agenda

- » **Context for the CalAIM Justice-Involved Initiative**
- » **Components of the Justice Involved Initiative**
- » **Opportunities for Probation and Parole Officers**

National Context for California's 1115 Demonstration Request

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

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

California is the first state in the nation to receive federal approval to provide pre-release services.

Rationale for Providing Pre-Release Services

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



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



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



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

Justice-Involved Reentry Initiative Goals

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

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



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



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



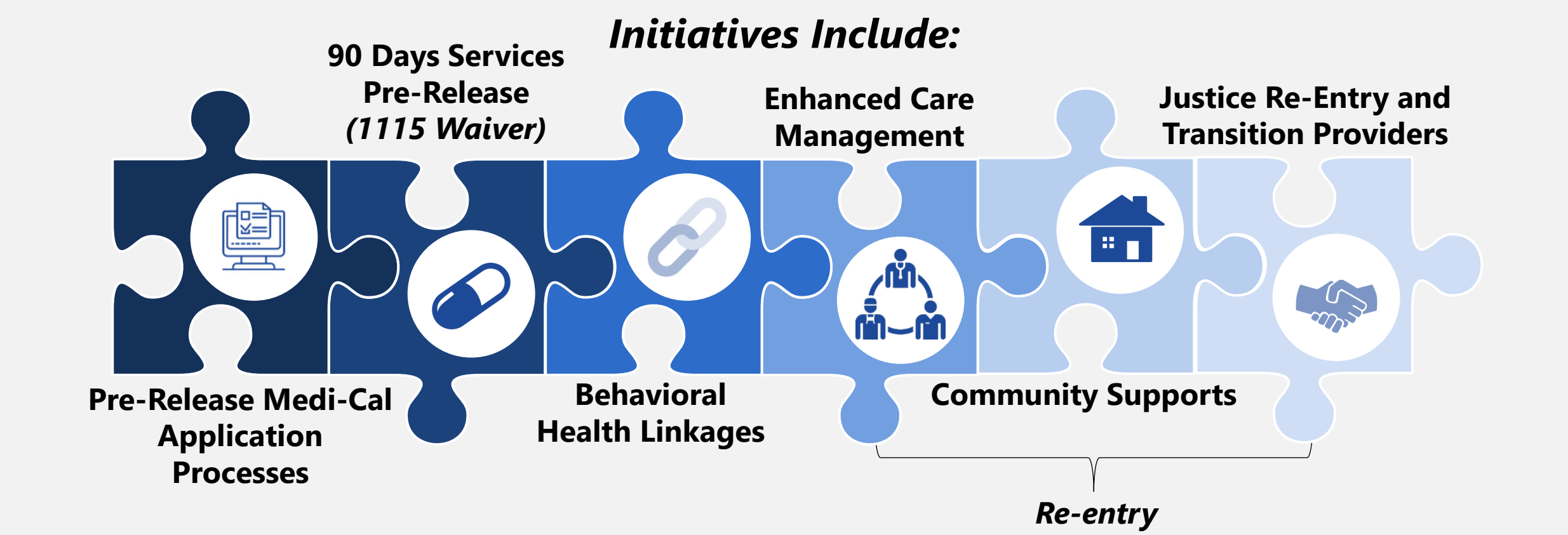
Serve as a model for the rest of the nation: California is the first state to receive approval for this initiative. We hope our model will serve as a blueprint for the dozen additional states with pending justice-involved 1115 waivers.

Components of the CalAIM Justice Involved Initiative



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

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



Policy Context: Pre-Release Medi-Cal Application

California statute mandates all counties implement pre-release application processes in county jails and youth correctional facilities by January 1, 2023.

Rationale

The pre-release application process will help ensure justice-involved individuals have Medi-Cal coverage upon reentry into the community in order to facilitate access to needed Medi-Cal covered services. **Establishing a pre-release application process is foundational to providing Medi-Cal services in the 90 days pre-release.**

2021 Amendment to the California Penal Code Section 4011.11 Pre-Release Medi-Cal Application Process

- By January 1, 2023, the board of supervisors in each county, in consultation with the county sheriff, shall designate an entity or entities to assist both county jail inmates and juvenile inmates with the Medi-Cal application process.

Since 2009, CDCR has had pre-release Medi-Cal application processes in place.

Sources: [AB-133 Health; Chapter 143; Cal. Pen. Code § 4011.11 AB-720 Inmates: Health Care Enrollment; ACWDL 14-26; ACWDL 14-26E; ACWDL 22-27; CalAIM Proposal; ACWDL 09-16; ACWDL 14-24.](#)

90-Day Covered Pre-Release Services



California will provide a targeted set of Medi-Cal services for eligible justice-involved individuals in the 90-day period prior to release from incarceration in prisons, county jails and youth correctional facilities. Pre-release services will be provided through fee-for-service (i.e., not through MCPs).

- » Reentry case management services;
- » Physical and behavioral health clinical consultation services provided through telehealth or in person, as needed, to diagnose health conditions, provide treatment as appropriate and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- » Laboratory and radiology services;
- » Medications and medication administration;
- » Medications for addiction treatment (MAT), for all Food and Drug Administration-approved medications, including coverage for counseling; and
- » Services provided by community health workers with lived experience.

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

Eligibility Criteria for Pre-Release Services and ECM

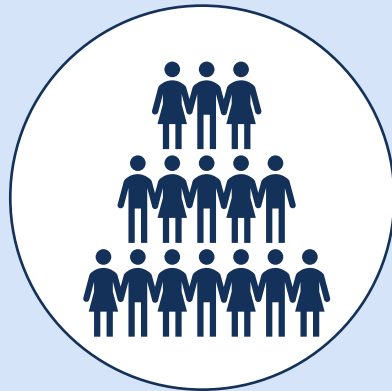
Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback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

Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



Criteria for Pre-Release Medi-Cal Services

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

- ✓ Be part of a **Medicaid or CHIP Eligibility Group**, and
- ✓ Meet **one** of the following health care need criteria (for Adults):
 - Mental Illness
 - Substance Use Disorder (SUD)
 - Chronic Condition/Significant Clinical Condition
 - Intellectual or Developmental Disability (I/DD)
 - Traumatic Brain Injury
 - HIV/AIDS
 - Pregnant or Postpartum

Note: *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.*

Eligibility criteria for the Individuals Transitioning from Incarceration ECM POF are the same as pre-release service eligibility criteria, so everyone who is eligible to receive pre-release services is also eligible to receive ECM.

Pre- and Post-Release Care Management to Support Reentry

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

Enhanced Care Management (ECM)

Individuals who meet the CalAIM pre-release service access criteria will qualify for ECM Justice Involved Population of Focus and **will be automatically eligible for ECM** until a reassessment is conducted by the managed care plan (MCP), which may occur up to six months after release.

Behavioral Health Linkages

To achieve continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to:

- **Facilitate referrals/linkages to post-release behavioral health providers** (e.g., non-specialty mental health, specialty mental health, and SUD).
- **Share information with the individual's health plan** (e.g., MCPs, SMHS, DMC-ODS) or program (i.e., DMC).

Warm Handoff Requirement

Prior to release, the pre-release care manager must do the following:

- **Share transitional care plan** with the post-release care manager and MCP.
- **Schedule and conduct a pre-release care management meeting** (in-person or virtual) with the member and pre- and post-release care managers (if different) to:
 - Establish a trusted relationship.
 - Develop and review care plan with member.
 - Identify outstanding service needs.

The pre-release care manager will be responsible for creating a Reentry Care Plan for the individual, which will identify needs that will need to be addressed in the community. The pre-release care management provider and the post-release ECM provider will coordinate to arrange Community Supports and physical and behavioral health services.

Enhanced Care Management (ECM)

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

- ECM is interdisciplinary, high-touch, person-centered, and provided primarily through in-person interactions with Members where they live, seek care, or prefer to access services.
- DHCS' vision for ECM is to coordinate all care for eligible Members, including across the physical, behavioral, and dental health delivery systems.
- Every MCP Member enrolled in ECM will have a dedicated care manager.
- ECM is available to MCP Members who meet ECM "Population of Focus" definitions; Members may opt out at any time.

Seven ECM Core Services



Outreach and Engagement



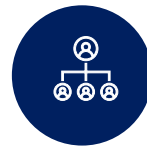
Member and Family Supports



Comprehensive Assessment and Care Management Plan



Health Promotion



Enhanced Coordination of Care



Comprehensive Transitional Care



Coordination of and Referral to Community and Social Support Services

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

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

To ensure continuity of services in the pre- and post-release period, all individuals who receive pre-release services may receive ECM post-release.

Adults Transitioning from Incarceration

Adults who:

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

AND

- (2) Have at least one of the following conditions:
 - i. Mental Illness
 - ii. Substance Use Disorder
 - iii. Chronic Condition/ Significant Clinical Condition
 - iv. Intellectual/ Developmental Disability (I/DD)
 - v. HIV/AIDS
 - vi. Traumatic Brain Injury
 - vii. Pregnancy/Postpartum

Children and Youth Transitioning from a Youth Correctional Facility

- » Children and youth who are transitioning from a youth correctional facility or transitioned within the past 12 months.
- » No further criteria are required to be met for Children and Youth to qualify for this ECM Population of Focus.

Community Supports

Individuals transitioning from incarceration have a wide variety of needs at reentry, and there is an opportunity to leverage Medi-Cal funds via Community Supports to address clinically linked needs through non-clinical services.

MCPs are strongly encouraged to offer Community Supports to Members transitioning from incarceration. Doing so can enhance care and prevent costly and unnecessary hospitalizations. Each Member will have different needs and functional limitations. Below are a few examples of Community Supports that may be particularly beneficial:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing

The full list of Community Supports that MCPs can offer can be found in the [Community Supports Policy Guide](#).

The full list of Community Supports offered by each MCP in each county can be found [here](#).

Eligibility and Accessing Services

- » **Only individuals enrolled onto MCPs** are eligible to receive Community Supports.
- » Using the service definitions for each Community Support detailed in the Community Supports Policy Guide, **MCPs are responsible for determining if services are medically-appropriate and cost-effective** substitutes or settings for State Plan service.
- » The Community Supports that are being offered by the MCP and details about how Members can submit requests for services are **available on each MCP's website**.
- » MCPs are responsible for administering Community Supports by contracting with qualified community-based Community Supports providers.

Opportunities for Probation and Parole Officers



Opportunities for Probation/Parole Officers and Clinical Staff to Support the Justice-Involved Initiative

Probation/Parole Officers and clinical staff will play a key role in ensuring that individuals reentering the community can access the services they need in the community.

Probation/Parole Officers and clinical staff can support individuals reentering the community by:

- » Ensuring that individuals are enrolled in Medi-Cal by using DHCS's Eligibility Verification System (EVS);
 - » If the individual is not enrolled in Medi-Cal, the probation/parole officer or clinician can connect the individual with the County Social Service Department where they can complete an application.
- » Ensuring the individual is enrolled in a Managed Care Plan (MCP) if eligible, and supporting enrollment in an MCP if they are not currently enrolled. The individual will need to be enrolled in managed care to access ECM and Community Supports.
- » Many individuals will be eligible for Enhanced Care Management (ECM) upon release, including all individuals who received pre-release services. If an individual is not enrolled in ECM, the probation/parole officer or clinician can contact the MCP in which the individual is enrolled to inquire about ECM enrollment and make a referral.
- » Coordinate with the individual's ECM provider to ensure that the ECM provider has knowledge of the individual's probation/parole requirements.
- » Notify clients that California is "redetermining" Medi-Cal eligibility due to the end of the Public Health Emergency. Clients should update their address if needed and check their mail for their renewal packet.
 - » Redeterminations will happen on an annual basis going forward, so probation/parole officers and clinical staff should support individuals as they go through the redetermination process on an annual basis.

Resources

New Medi-Cal Benefit! Enhanced Care Management

Referral Process for Criminal Justice Partners

Did you know?

On January 1, 2022, Medi-Cal launched a new initiative called California Advancing and Innovating Medi-Cal (CalAIM). One of the goals of CalAIM is to make comprehensive care management available to high-needs Medi-Cal Members who meet eligibility criteria through a service called Enhanced Care Management (ECM), which:

- Provides intensive coordination of health and health-related services.
- Addresses both the clinical and non-clinical needs of the highest-need Medi-Cal Members as it relates to their physical and behavioral health care.
- Meets Medi-Cal Members wherever they are – on the street, in a shelter, in their doctor's office, or at home.

Individuals who have recently reentered the community from incarceration may be eligible for ECM under one of the Populations of Focus cited below that are currently live in all counties.

Current ECM Populations of Focus:

- Adults with serious mental illness or substance use disorder
- Individuals and families experiencing homelessness
- Adults, youth, and children who are high utilizers of avoidable emergency department, hospital, or short-term skilled nursing facility services
- Adults living in the community and at risk for long term care institutionalization or adult nursing facility residents transitioning to the community

[CalAIM Justice-Involved Initiative Web Site](#)

Email: CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

CCJBH Enhanced Care Management Cheat Sheet

APPENDIX



Reminder: Go-Live Dates for Other POFs

Individuals who have been incarcerated may be eligible for ECM under other POFs that have already gone live.

ECM Go-Live Timing by POF

Go-Live Timing	POFs
January 1, 2022 <i>Counties that participated in WPC, HHP or both.</i>	<ul style="list-style-type: none"> Adults and their Families Experiencing Homelessness Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization (formerly “High Utilizers”) Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs Individuals Transitioning from Incarceration (some WPC counties) Adults with Intellectual or Developmental Disabilities (I/DD) Pregnant or Postpartum Adults
July 1, 2022 <i>Counties that participated in neither WPC nor HHP.</i>	<ul style="list-style-type: none"> Adults and their Families Experiencing Homelessness Adults At Risk for Avoidable Hospital or ED Utilization Adults with Serious Mental Health and/or SUD Needs Adults with I/DD Pregnant or Postpartum Adults
January 1, 2023 <i>Statewide</i>	<ul style="list-style-type: none"> Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization Adult Nursing Facility Residents Transitioning to the Community
July 1, 2023 <i>Statewide</i>	<ul style="list-style-type: none"> Adults without Dependent Children/Youth Living with Them Experiencing Homelessness Children and Youth Populations of Focus (Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness, Children and Youth At Risk for Avoidable Hospital or ED Utilization, Children and Youth with Serious Mental Health and/or SUD Needs, Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition Children and Youth Involved in Child Welfare, Children and Youth with I/DD, and Pregnant or Postpartum Youth)
January 1, 2024 <i>Statewide</i>	<ul style="list-style-type: none"> Birth Equity Population of Focus Individuals Transitioning from Incarceration (statewide, inclusive of WPC counties that went live on January 1, 2022)

Reminder: ECM for the Individuals Transitioning from Incarceration POF went live on January 1, 2022 in counties that had Whole Person Care (WPC) programs that served the justice-involved population. See next slide for list of counties.

Counties Where ECM for the Individuals Transitioning from Incarceration POF Is Already Live

ECM for the Individuals Transitioning from Incarceration POF went live on January 1, 2022, in counties that had Whole Person Care (WPC) programs that served the justice-involved population.

Counties that had WPC programs that served the JI Population (i.e., ECM went live 1/1/2022)	
Contra Costa	Sacramento
Kern	San Diego
Kings	San Joaquin
Los Angeles	San Mateo
Mendocino	Santa Clara
Monterey	Santa Cruz
Orange	Sonoma
Placer	Ventura
Riverside	

Mental Illness and Substance Use Disorder

Qualifying Criteria	Definition
Mental Illness	<p>A person with a "Mental Illness" is a person who is currently receiving mental health services or medications OR meets both of the following criteria:</p> <ul style="list-style-type: none"> i. The member has one or both of the following: <ul style="list-style-type: none"> a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities; AND/OR b. A reasonable probability of significant deterioration in an important area of life functioning; AND ii. The member's condition as described in paragraph (i) is due to either of the following: <ul style="list-style-type: none"> a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems; OR b. A suspected mental disorder that has not yet been diagnosed.
Substance Use Disorder	<p>A person with a "Substance Use Disorder" shall either:</p> <ul style="list-style-type: none"> i. Meets SUD criteria, according to the criteria of the current editions of the Diagnostic and/or Statistical Manual of Mental Disorders and/or the International Statistical Classification of Diseases and Related Health Problems; OR ii. Has a suspected SUD diagnosis that is currently being assessed through either National Institute of Drug Abuse (NIDA)-modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), American Society of Addiction Medicine (ASAM) criteria, or other state-approved screening tool.

Chronic Condition/Significant Non-Chronic Clinical Condition (1 of 2)

Qualifying Criteria	Definition
Chronic Condition/ Significant Non- Chronic Clinical Condition	<p>A person with a “Chronic Condition” or a “Significant Non-Chronic Clinical Condition” shall have ongoing and frequent medical needs that require treatment and can include one of the following diagnoses, as indicated by the individual, and may be receiving treatment for the condition, as indicated:</p> <ul style="list-style-type: none"> ▪ Active cancer; ▪ Active COVID-19 or Long COVID-19; ▪ Active hepatitis A, B, C, D, or E; ▪ Advanced liver disease; ▪ Advanced renal (kidney) disease; ▪ Dementia, including but not limited to Alzheimer’s disease; ▪ Autoimmune disease, including but not limited to rheumatoid arthritis, Lupus, inflammatory bowel disease, and/or multiple sclerosis; ▪ Chronic musculoskeletal disorders that impact functionality of activities of daily living, including but not limited to arthritis and muscular dystrophy; ▪ Chronic neurological disorder; ▪ Severe chronic pain; ▪ Congestive heart failure; ▪ Connective tissue disease; ▪ Coronary artery disease; ▪ Currently prescribed opiates or benzodiazepines; ▪ Currently undergoing a course of treatment for any other diagnosis that will require medication management of three or more medications or one or more complex medications that requires monitoring (e.g. anticoagulation) therapy after reentry; ▪ Cystic fibrosis and other metabolic development disorders; ▪ Epilepsy or seizures; ▪ Foot, hand, arm, or leg amputee

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

Qualifying Criteria	Definition
Chronic Condition/ Significant Non- Chronic Clinical Condition	<ul style="list-style-type: none"> ▪ Hip/Pelvic fracture; ▪ HIV/AIDS; ▪ Hyperlipidemia ▪ Hypertension ▪ Incontinence ▪ Severe migraine or chronic headache ▪ Moderate to severe atrial fibrillation/arrhythmia ▪ Moderate to severe mobility or neurosensory impairment (including, but not limited to spinal cord injury, multiple sclerosis, transverse myelitis, spinal canal stenosis, peripheral neuropathy); ▪ Obesity ▪ Peripheral vascular disease; ▪ Pressure injury or chronic ulcers (vascular, neuropathic, moisture-related); ▪ Previous stroke or transient ischemic attack (TIA); ▪ Receiving gender affirming care; ▪ Active respiratory conditions, such as severe bronchitis, COPD, asthma or emphysema ▪ Severe viral, bacterial, or fungal infections ▪ Sickle cell disease or other hematological disorders; ▪ Significant hearing or visual impairment; ▪ Spina Bifida or other congenital anomalies of the nervous system; ▪ Tuberculosis; or ▪ Type 1 or 2 diabetes.

I/DD, TBI, HIV, Pregnancy

Qualifying Criteria	Definition
Intellectual or Developmental Disability	A person with an “Intellectual or Developmental Disability” is a person who has a disability that begins before the individual reaches age 18 and that is expected to continue indefinitely and present a substantial disability. Qualifying conditions include intellectual disability, cerebral palsy, autism, Down syndrome, and other disabling conditions as defined in Section 4512 of the California Welfare and Institutions Code .
Traumatic Brain Injury	A person with a “Traumatic Brain Injury” means a person with a traumatic brain injury or other condition, where the condition has caused significant cognitive, behavioral, and/or functional impairment.
HIV/AIDS	A person with “HIV/AIDS” means a person who has tested positive for either human immunodeficiency virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) at any point in their life.
Pregnant or Postpartum	A person who is “Pregnant or Postpartum” is a person who is either currently pregnant or within the 12-month period following the end of the pregnancy.

Definitions of Covered Services

Covered Service	Definition
Case Management	<p>Case management will be provided in the period up to 90 days immediately prior to the expected date of release and is intended to facilitate reentry planning into the community in order to: (1) support the coordination of services delivered during the pre-release period and upon reentry; (2) ensure smooth linkages to social services and supports; and (3) and ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community. Services shall include:</p> <ul style="list-style-type: none"> ▪ Conducting a health risk assessment, as appropriate; ▪ Assessing the needs of the individual in order to inform development, with the member, of a discharge/reentry person-centered care plan, with input from the clinician providing consultation services and correctional facility's reentry planning team; ▪ While the person-centered care plan is created in the pre-release period and is part of the case management pre-release service to assess and address physical and behavioral health needs and HRSN identified, the scope of the plan extends beyond release; ▪ Obtaining informed consent when needed to furnish services and/or to share information with other entities to improve coordination of care; ▪ Providing warm linkages with designated managed care plan care managers (including potentially a care management provider, for which all individuals eligible for pre-release services will be eligible) which includes sharing discharge/reentry care plans with managed care plans upon reentry; ▪ Ensuring that necessary appointments with physical and behavioral health care providers, including, as relevant to care needs, with specialty county behavioral health coordinators and managed care providers are arranged; ▪ Making warm linkages to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, transportation, childcare, child development, and mutual aid support groups; ▪ Provide a warm hand-off as appropriate to post-release case managers who will provide services under the Medicaid state plan or other waiver or demonstration authority; ▪ Ensuring that, as allowed under federal and state laws and through consent with the member, data are shared with managed care plans, and, as relevant to physical and behavioral health/SMI/SUD providers to enable timely and seamless hand-offs; ▪ Conducting follow-up with community-based providers to ensure engagement was made with individual and community-based providers as soon as possible and no later than 30 days from release; and ▪ Conducting follow up with the individual to ensure engagement with community-based providers, behavioral health services, and other aspects of discharge/reentry planning, as necessary, no later than 30 days from release.

Definitions of Covered Services

Covered Service	Definition
Physical and Behavioral Health Clinical Consultation Services	<p>Physical and behavioral health clinical consultation services include targeted preventive, physical and behavioral health clinical consultation services related to the qualifying conditions.</p> <p>Clinical consultation services are intended to support the creation of a comprehensive, robust and successful reentry plan, including: conducting diagnosis, stabilization and treatment in preparation for release (including recommendations or orders for needed labs, radiology, and/or medications); providing recommendations or orders for needed medications and durable medical equipment (DME) that will be needed upon release; and consulting with the pre-release care manager to help inform the pre-release care plan. Clinical consultation services are also intended to provide opportunities for members to meet and form relationships with the community-based providers who will be caring for them upon release, including behavioral health providers and enable information sharing and collaborative clinical care between pre-release providers and the providers who will be caring for the member after release, including behavioral health warm linkages.</p> <p>Services may include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Addressing service gaps that may exist in correctional care facilities; ▪ Diagnosing and stabilizing individuals while incarcerated, preparing them for release; ▪ Providing treatment, as appropriate, in order to ensure control of qualifying conditions prior to release (e.g., to suggest medication changes or to prescribe appropriate DME for post-release); ▪ Supporting reentry into the community; and ▪ Providing behavioral health clinical consultation which includes services covered in the State Plan rehabilitation benefit but is not limited to, clinical assessment, patient education, therapy, counseling, SUD Care Coordination (depending on county of residence), Peer Support services (depending on county of residence), and Specialty Mental Health Services Targeted Case Management covered in the Medi-Cal State Plan

Definitions of Covered Services

Covered Service	Definition
Laboratory and Radiology Services	Laboratory and Radiology services will be provided consistent with the State Plan.
Medications and Medication Administration	Medications and medication administration will be provided consistent with the State Plan.
Medication-Assisted Treatment	<ul style="list-style-type: none"> ▪ MAT for Opioid Use Disorders (OUD) includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29) ▪ MAT for Alcohol Use Disorders (AUD) and Non-Opioid Substance Use Disorders includes all FDA-approved drugs and services to treat AUD and other SUDs. ▪ Psychosocial services delivered in conjunction with MAT for OUD as covered in the State Plan 1905(a)(29) MAT benefit, and MAT for AUD and Non-Opioid Substance Use Disorders as covered in the State Plan 1905(a)(13) rehabilitation benefit, including assessment; individual/group counseling; patient education; prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT. <p>Services may be provided by correctional facilities that are not DMC-certified providers as otherwise required under the State Plan for the provision of the MAT benefit.</p>

Definitions of Covered Services

Covered Service	Definition
Community Health Worker Services	Community Health Worker Services will be provided consistent with the Community Health Worker State Plan.
Services Provided Upon Release	Services provided upon release include: <ul style="list-style-type: none"><li data-bbox="448 618 2397 715">▪ Covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with approved Medicaid State Plan).<li data-bbox="448 739 1523 782">▪ DME consistent with Medi-Cal State Plan requirements.