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COMMISSION

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**Mental Health Commission
Justice Systems Committee Meeting
Tuesday, March 21st, 2023, 3:30-5:00 PM**

This Meeting will be held in person and via Zoom 'Hybrid'

VIA: Zoom Teleconference: <https://zoom.us/j/5437776481>

Meeting number: 543 777 6481

Join by phone: 1 669 900 6833 US

Access code: 543 777 6481

In Person: 1340 Arnold Drive, Suite 126, Martinez, CA 94553

AGENDA

- I. Call to order/Introductions
- II. Public comments
- III. Commissioner comments
- IV. Chair comments
- V. **APPROVE** minutes from the February 21st, 2023 Justice Systems Committee meeting
- VI. **RECEIVE** Presentation California Coalition for Women Prisoners (CCWP), Diana Block, CCWP Coordinating Committee
- VII. **DISCUSS** the top three (3) priorities for the Justice Committee in 2023
- VIII. **DISCUSS** CalAIM Program allowances for inmates to apply for MediCAL 90 days prior to release (see Attachment D)
- IX. **Adjourn**

ATTACHMENTS:

- A. **PATH-Justice Involved Capacity Building Round 2 Guidance Memo 2272023**
- B. **Update on CalAIM Justice-Impacted Waiver Approval**
- C. **Email to Kate Chatfield, 3/13/2023**
- D. **Agenda Item VIII Discussion questions**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Executive Assistant to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Suite 200, Martinez, CA 94553, during normal business hours.

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.





PATH Justice-Involved Capacity Building Guidance Round 2:
Pre-Release Eligibility and Enrollment Implementation Support
Updated: 2/27/2023

Introduction

California statute ([AB-133 Health; Chapter 143](#)) mandates that all counties implement pre-release Medi-Cal enrollment processes by January 1, 2023. Establishing pre-release Medi-Cal enrollment processes is part of the state's vision to enhance the Medi-Cal health care delivery system for justice-involved populations. Implementation of pre-release enrollment and suspension processes will help ensure Medi-Cal coverage upon re-entry into the community in order to facilitate access to needed Medi-Cal covered services. These processes are also foundational to the provision of Medi-Cal services in the 90 days prior to release, as requested by the Department of Health Care Services (DHCS) through its [CalAIM 1115 Demonstration](#) request, which was approved on January 26, 2023.¹

California has received targeted expenditure authority through Providing Access and Transforming Health (PATH) as part of its CalAIM Section 1115 demonstration. PATH is a \$1.85 billion initiative made up of two programs: one will support the implementation of Enhanced Care Management (ECM) and Community Support Services,² and the other will support the implementation of statewide justice-involved initiatives.³ California's approved 1115 waiver [Special Terms and Conditions](#) provide additional details regarding both CalAIM and PATH initiatives.⁴

The DHCS CalAIM Section 1115 demonstration waiver initially requested a total of \$561 million in expenditure authority for PATH funding to support implementation of pre-release enrollment and suspension processes *as well as* pre-release and re-entry services. The final approved waiver includes \$151 million in expenditure authority to support implementation of pre-release enrollment and suspension processes. DHCS is currently negotiating approval for \$410 million in additional expenditure authority that will support implementation of pre-release and re-entry planning services that would be available to justice-involved individuals for 90 days prior to their release.

The PATH Justice-Involved Capacity Building Program will provide funding to support implementation of pre-release Medi-Cal application, enrollment, and suspension processes. This program will provide funding to support collaborative planning as well as IT system modifications necessary to implement pre-release Medi-Cal application,

¹ Note that the Centers for Medicare & Medicaid Services (CMS) approved a portion of the 1115 demonstration request on December 29, 2021, including PATH Rounds 1 and 2.

² <https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices>.

³ CalAIM 1115 Waiver Approved Special Terms and Conditions:

<https://www.dhcs.ca.gov/provgovpart/Documents/California-Reentry-Demonstration-Initiative-Amendment-Approval.pdf>.

⁴ Ibid.



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enrollment, and suspension processes. This program will provide \$151 million in funding to correctional agencies,⁵ correctional institutions, and county social services departments (County SSDs) that will be made available in two rounds:

1. **Round 1 is a planning grant** funding opportunity that will provide small planning grants to correctional agencies (or an entity applying on behalf of a correctional agency) to support collaborative planning with County SSDs and other enrollment implementation partners to identify processes, protocols, and IT modifications that are necessary to support implementation of pre-release enrollment and suspension processes.
2. **Round 2 is an implementation grant** funding opportunity that will provide larger application-based grants to support entities as they implement the processes, protocols, and IT system modifications that were identified during the Round 1 planning phase. While entities do not need to participate in Round 1 in order to apply for funding in Round 2, the Round 1 planning grant funds provide an opportunity to support the development of a comprehensive application for Round 2 funding.

This document is solely focused on Round 2 of the PATH Justice-Involved Capacity Building Program. Additional information regarding Round 1 of the PATH Justice-Involved Capacity Building Program may be found on the DHCS [CalAIM Justice-Involved Initiative webpage](#). PATH Round 1 Guidance is available [here](#), and Round 1 Funding Awards can be found [here](#).

Document Updates:

- February 2023: This Guidance was updated to reflect CMS' approval of California's 1115 Demonstration and provide additional guidance related to required letters of support and interim reporting requirements.
- January 2023: This Guidance was updated to reflect the content of All County Welfare Directors Letter (ACWDL) [22-27](#), which further details requirements for pre-release Medi-Cal applications. Additionally, two new permissible uses of Round 2 funding were added to support (1) correctional staff salaries to administer pre-release Medi-Cal applications in the near term and (2) setting up correctional facility processes to draw down Medicaid administrative activity funding to support staff salaries for Medi-Cal applications over the long term. DHCS expects PATH Round 2 applications to reflect the updated operational criteria that are included in this Guidance. Given the timing in releasing ACWDL 22-27 and related changes in the PATH Round 2 operational criteria, DHCS has extended the deadline for the PATH Round 2 application to March 31, 2023. Please email justice-involved@ca-path.com if you anticipate any barriers to submitting your PATH Round 2 application by this date.

⁵ For the purposes of this document, "correctional agency" refers to county sheriff's offices, county probation offices, or the California Department of Corrections and Rehabilitation (CDCR).



PATH Justice-Involved Capacity Building Program Round 2: Pre-Release Eligibility and Enrollment Implementation Support

Overview

Round 2 of the PATH Justice-Involved Capacity Building Program will provide implementation grants to correctional agencies (or their delegates) and County SSDs (or their delegates) to support them as they implement processes, protocols, and IT system modifications that are necessary to implement or modify pre-release Medi-Cal enrollment and suspension processes. This funding can be used for investments in personnel, infrastructure, capacity, or IT systems that are needed to effectuate pre-release enrollment and suspension processes. Additional details regarding eligibility, the application process, and permissible uses of funding are described below. Eligible entities may apply for Round 2 of the PATH Justice-Involved Capacity Building Program via the [PATH JI Portal](#). Interested applicants are encouraged to carefully review the information below before completing their application.

Eligibility

The following entities are eligible to apply for funding through this initiative: County SSDs, county sheriff's offices to support county jails, county probation offices to support youth correctional facilities, and the CDCR to support state prisons. The sheriff's office or probation office within a county must submit a joint application with the County SSD. The joint application must include separate budgets for the sheriff's office/probation office and County SSD. Sheriff's offices and probation offices will be required to work with their County SSD to support development of the application and budgets for this initiative. Sheriff's offices, probation offices, and County SSDs *may not* apply for funding independently. CDCR *may* apply for funding independently with a letter of support from the County Welfare Directors Association (CWDA).

In some counties, the department of public health, another county agency, or another external vendor actively manages correctional health services and is responsible for coordinating Medi-Cal screening, enrollment, and suspension for individuals in correctional institutions. In these cases, the county agency that is responsible for such coordination may apply for funding and manage awarded funds *in lieu of* the county sheriff's office, probation office, or County SSD if appropriate. For example, a county department of public health that manages the Medi-Cal screening, enrollment, and suspension processes for adult jails in the county may complete the application and receive awarded funds on behalf of the county sheriff's office. **If an alternative county agency or other delegate completes this application on behalf of a sheriff's office, probation office, or County SSD, that county agency will be required to include a letter of support from the local sheriff's office, probation office, or County SSD as part of its application.** Alternatively, if the correctional agency or County SSD completes the application but plans to use a delegate to manage pre-release Medi-Cal enrollment, the delegate must submit a letter of support. A single delegate may complete this



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application and receive awarded funds on behalf of the local sheriff's office, the local probation office, and the local County SSD if appropriate.

Application Process

Correctional agencies and County SSDs will be eligible to apply for funding through this initiative through **March 31, 2023**. Entities are not required to have participated in Round 1 of the PATH Justice-Involved Capacity Building Program in order to apply for funding in Round 2. In order to receive funding in Round 2, entities will be required to complete a standardized application form developed by DHCS. This application form will collect the following information:

- The amount of funding requested, including completed budget templates from the correctional agency and the County SSD, and justification for why the funds are needed;
- A high-level plan describing how the applicant will implement or refine each of the operational criteria described in the “Operational Criteria” section below;
- A plan to support collaboration with County SSDs, community-based organizations, or other correctional agencies facilitating Medi-Cal application, enrollment, and unsuspension processes; and
- A description of a sustainability plan.

Applications will be reviewed by Public Consulting Group (PCG), a DHCS-contracted third-party administrator (TPA), for completeness and accuracy and to ensure that the intended uses of funding are permissible. The TPA will recommend applications for funding to DHCS within 30 days of receipt. DHCS will ultimately approve applications upon receipt from the TPA and will notify applicants of awards via email. If DHCS or the TPA identifies issues or questions related to applications, they may reach out to applicants via email to seek additional information. If applications are not approved or are pending additional information, DHCS or the TPA will respond in writing and will describe specific reasons for denial of the application or the specific information required to continue review of the application. In these cases, applicants will have 30 days to address issues flagged by DHCS or the TPA and resubmit applications for approval.

All awardees will be required to complete an Award Notification Packet, which will include grant terms and conditions, a W-9 form, and banking information. Applicants will have 30 calendar days from the date of their award notification to complete the Award Notification Packet.



Application Timeline

Activity	Date
Application Open Date	January 30, 2023
Application Close Date	March 31, 2023
Applications Review	January 30, 2023 – March 31, 2023 <ul style="list-style-type: none">Applications are reviewed by PCG within 30 days of submission
Award Notifications Sent	Five days after DHCS approval
Awardee Completes Award Notification Packet	Within 30 days of award notification
Awardee Receives First Payment	Within 45 days of grant agreement execution
Interim Progress Report Due	March 1, 2024 or once the awardee meets 5 out of 7 operational criteria, whichever occurs first (see additional details below under the Progress Reporting Requirements section).

Operational Criteria

Round 2 applications will be assessed against a set of operational criteria that describe processes that correctional agencies and County SSDs are required to implement in order to receive PATH Round 2 funding. PATH Round 2 Operational Criteria reflect DHCS' updated requirements for the pre-release Medi-Cal application and enrollment process described in [ACWDL 22-27](#). Applicants should refer to this document, the ACWDL, or any applicable policy guidance released by DHCS to ensure responses are tailored to these updated requirements.

Entities completing applications for Round 2 funding will be required to explain how they intend to use PATH funding to support the implementation or refinement of the pre-release Medi-Cal application and enrollment requirements described in ACWDL 22-27 and described at a high level below. If a correctional agency/County SSD applicant has already implemented a Medi-Cal application and enrollment process that aligns with the requirements described below, it must explain how its process currently operates. Applicants may request technical assistance on standing up any of the processes described below by emailing CalAIMJusticePreReleaseApps@dhcs.ca.gov.⁶

DHCS recommends that each County SSD, the county sheriff (for county correctional facilities), and the county probation officer (for county youth correctional facilities) work together with their respective county board of supervisors to identify the best way to implement a county pre-release Medi-Cal application and enrollment process. At minimum, counties must establish a process to assist incarcerated individuals by applying

⁶ As a reminder, DHCS is still negotiating for approval of 90-day pre-release Medi-Cal services. We encourage you to consider and account for this likely future approval in your plan for the design and uses of Round 2 PATH funding for modifying application, enrollment, and suspension processes.



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for, or otherwise assisting in, their enrollment in Medi-Cal regardless of their length of incarceration.

Key elements of an effective pre-release Medi-Cal application and enrollment process include:

Correctional Facility ⁷	County SSD
<ul style="list-style-type: none"> ▪ Establish a point of contact (POC) who will be responsible for the CalAIM mandatory pre-release Medi-Cal application and enrollment process. <ul style="list-style-type: none"> ○ Maintain and make available a county-specific CCF pre-release POC list for the local County SSD. ▪ Collaborate with the local County SSD pre-release POC to establish streamlined communications and processes between organizations. ▪ Establish a secure form of communication to transmit and receive information between both organizations. This can be via encrypted email or other forms of secure communication to ensure that information is exchanged effectively and expeditiously. 	<ul style="list-style-type: none"> ▪ Determine the POC who will be responsible for the CalAIM mandatory pre-release Medi-Cal application and enrollment process. <ul style="list-style-type: none"> ○ Maintain and make available a CWD a pre-release POC list for the local CCFs. ▪ Collaborate with the local CCFs to establish streamlined communications and processes between organizations. ▪ Establish a secure form of communication to transmit and receive information.

⁷ ACWDL 22-27 sets forth the key elements and requirements for a pre-release Medi-Cal enrollment process for county correctional facilities (CCFs) and County SSDs. Policies and procedures for state inmates remain unchanged for the pre-release Medi-Cal enrollment process for county welfare directors (CWDs) and within CDCR state prison facilities as outlined in ACWDL 14-24. CDCR may apply for PATH Round 2 funding to improve existing processes and infrastructure and may strive to meet the key elements and requirements described in ACWDL 14-24 and 22-27.



Starting January 1, 2023, correctional facilities and County SSDs must meet the minimum requirements for facilitating pre-release Medi-Cal applications and enrollment processes, described below:⁸

Operational Requirements	Correctional Facility	County SSD
<p>Step 1: Initial Enrollment Screening</p>	<ol style="list-style-type: none"> 1. Screen the individual for Medi-Cal coverage during/near intake. 2. Verify Medi-Cal enrollment through the DHCS enrollment verification system or in collaboration with the County SSD and identify individuals who are not currently enrolled in Medi-Cal. CCF must have processes in place to obtain consent to submit a Medi-Cal application on behalf of youth under 18 years old.⁹ <ol style="list-style-type: none"> a. <i>If the individual is enrolled in Medi-Cal and incarceration is not reported, CCF shall communicate the incarceration details to the County SSD (including incarceration date and expected release date, if known).</i> b. <i>If the individual is enrolled in Medi-Cal and incarceration or suspension is displayed, CCF shall communicate the</i> 	<ol style="list-style-type: none"> 1. Collaborate with CCF to verify the current Medi-Cal enrollment status of the individual to assist CCF with identifying individuals who require a pre-release Medi-Cal application. <ol style="list-style-type: none"> a. <i>If the individual is enrolled in Medi-Cal and incarceration is not reported, the County SSD can obtain the incarceration details from CCF, including incarceration date and expected release date (if known). If applicable, the County SSD shall suspend benefits.</i> b. <i>If the County SSD determines that the individual is not enrolled in Medi-Cal, the County SSD shall notify CCF of the current enrollment status so CCF can assist the individual with completing/submitting a pre-release application.</i>

⁸ See [ACWDL 22-27](#) for detailed requirements.

⁹ See ACWDL 22-27 for detailed process requirements for working with individuals under 18 years old.



Operational Requirements	Correctional Facility	County SSD
	<p>expected release date to the County SSD, if known.</p> <p>c. <i>If the individual is not enrolled in Medi-Cal</i>, CCF shall assist the individual with completing/submitting a Medi-Cal application.</p>	
<p>Step 2: Application Submission and Processing</p>	<p>3. Complete and submit the Medi-Cal application. CCFs shall submit the Medi-Cal application at least 135 days before the individual's release date (if known).</p> <p>a. CCF shall ask the individual for their desired mailing address and use this address on the application.</p> <p>b. If CCF uses a paper application, it should submit the application to the county where the individual intends to reside upon release.</p> <p>c. Applications of all forms (e.g., paper, electronic) should include a cover letter. <i>Note:</i> Cover letter requirements can be found in ACWDL 22-27.</p> <p>4. Communicate with the County SSD to troubleshoot any application questions, requests for follow-up information, and other information the County SSD needs to process the pre-release application.</p>	<p>2. Receive and process pre-release applications for CCFs. County SSDs must accept Medi-Cal applications via mail, online, phone, fax, or in person.</p> <p>a. If the County SSD receives an application for an individual expected to be released in a different county, the County SSD should coordinate with the county of responsibility to transition the application.</p> <p>b. County SSDs must work with the county youth correctional facility to ensure that the application for an incarcerated youth is processed appropriately.</p> <p>3. Communicate with CCF to troubleshoot application questions, requests for follow-up information, and other information needed to process the application.</p>



Operational Requirements	Correctional Facility	County SSD
		a. The County SSD should initiate an intercounty transfer if necessary.
Step 3: Eligibility Determination	5. Ensure the individual has their County SSD's contact information upon release. For individuals being released, CCF shall notify the County SSD of the individual's release date, once known. <ul style="list-style-type: none"> ○ CCF shall submit information to the County SSD within one week of the individual's expected release and no later than one business day before release, unless release is unplanned. ○ At a minimum, CCF shall provide the County SSD with the individual's full name (and any known aliases), date of birth, CIN/SSN, and known/estimated release date. 	4. Notify CCF if the Medi-Cal determination is not expected to be complete before the individual's release (if the release date is known). 5. Notify the applicants of the outcome of their eligibility determination, provide all necessary Medi-Cal documentation (i.e., Notices of Action), and issue a Benefits Identification Card (BIC), if applicable. <ul style="list-style-type: none"> ○ Where there is an immediate need for services, the County SSD shall arrange with CCF to issue a temporary BIC to the individual so they can access Medi-Cal benefits upon release. 6. Provide contact information for the County SSD in the county in which the individual will reside. 7. Once notified of the individual's release date, the County SSD must activate/unsuspend Medi-Cal benefits by reporting the release date in MEDS.
Suspension/ Un suspension	<ul style="list-style-type: none"> ▪ CCF shall notify the County SSD as soon as they become aware of an individual's expected release date. 	1. Where an immediate need for services must be established, the County SSD shall follow the standard Immediate Need process.



Operational Requirements	Correctional Facility	County SSD
<p>County SSDs will not suspend Medi-Cal for individuals who are released within 28 days. For individuals who are released after 28 days, the County SSD will record the incarceration in MEDS on the 29th day and suspend Medi-Cal accordingly.</p>	<ul style="list-style-type: none"> ▪ CCF shall make every effort to submit confirmation of the release date information to the County SSD within <i>a week of the expected release date and no later than one business day</i> (except in the case of unplanned releases; in these circumstances, the CCF shall give as much notice as possible to the County SSD). 	<p>2. The County SSD shall activate coverage within <i>one business day of notification</i> with the ultimate goal of ensuring the individual can obtain services upon release.</p>
<p>Data Sharing</p>	<p>Both County SSDs and CCFs shall enter into written agreements that impose, at a minimum, the same restrictions and conditions with respect to Medi-Cal personally identifiable information (Medi-Cal PII) that apply to the County SSD through the Medi-Cal Privacy and Security Agreement between the County SSD and DHCS, released via ACWDL 19-16, or any applicable superseding ACWDL. These shall include:</p> <ol style="list-style-type: none"> 1. Restrictions on disclosure of Medi-Cal PII; 2. Conditions regarding the use of appropriate administrative, physical, and technical safeguards to protect Medi-Cal PII; and, where relevant, 	



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Operational Requirements	Correctional Facility	County SSD
	3. The requirement that any breach, security incident, intrusion, or unauthorized access, use, or disclosure of Medi-Cal PII be reported to the County SSD.	



Permissible Uses of Funding

This funding is intended to support the direct implementation of pre-release enrollment and suspension processes. Funds from this round can be used for investments in infrastructure, capacity, or IT systems that are needed to effectuate pre-release enrollment and suspension processes. Funding recipients may pass through funding to individual correctional institutions, vendors, and other entities as needed to support implementation activities. Please note that County SSDs may only use PATH funding to support implementation activities that are not eligible for administrative or Medicaid Enterprise System matching funds from CMS. If entities are unsure of whether their planned activities would qualify as permissible uses of funding under this initiative, they are encouraged to check with the PATH TPA prior to submitting their application, by emailing justice-involved@ca-path.com with the subject line “PATH Round 2.”

Specific permissible funding uses include but are not limited to the following:

- Modifying technology and IT systems needed to support Medi-Cal enrollment and suspension processes (including, for example, building or updating data systems to track individuals who cycle in and out of incarceration, or building or updating systems to integrate health and eligibility data into one platform);
- Recruiting, hiring, onboarding, and training staff to assist with the coordination of Medi-Cal enrollment and suspension for justice-involved individuals;
- Development or modification of protocols and procedures that specify steps to be taken in preparation for and execution of the Medi-Cal enrollment and suspension processes for eligible individuals;
- Facilitating collaborative planning activities between correctional institutions, correctional agencies, County SSDs, and other stakeholders as needed to support planning, implementation, and modification of Medi-Cal enrollment and suspension processes;
- Modifications to physical infrastructure to support implementation of Medi-Cal pre-release enrollment and suspension processes;
- **NEW:** Supporting salaries for correctional facility staff or their delegates (e.g., CBO, health department, County SSD) who administer the pre-release Medi-Cal application and enrollment process (i.e., assisting applicants with completing and submitting applications) for a limited time, until Medicaid Administrative Activity (MAA) funding becomes available (subject to the guardrails described below);¹⁰
- **NEW:** Setting up infrastructure/processes for correctional facilities (or their delegate) to draw down MAA funding to support salaries of staff who administer the pre-release Medi-Cal application and enrollment processes; and Other activities approved by the state.

¹⁰ County SSDs are not eligible to apply for salary support for processing (i.e., reviewing and making eligibility determinations) pre-release Medi-Cal applications, as these costs are currently budgeted in Medi-Cal Local Assistance and are expected to be an ongoing administrative cost.



In addition to the permissible uses of funding described above, PATH Round 2 funding may be used to support staff salaries for positions that support the planning or implementation of pre-release Medi-Cal application and enrollment processes. The following guardrails apply if applicants leverage PATH funding to provide the salaries of staff who support the planning, implementation, or administration of the pre-release Medi-Cal application and enrollment processes:

- PATH funds may only support the portion of a full-time-equivalent position (FTE) associated with pre-release applications (e.g., if an FTE dedicates 10% of their time to planning/implementation of the pre-release Medi-Cal application and enrollment processes, the entity may apply for PATH funds to cover 10% of that FTE's salary).
- Requests for salary support must be reasonable relative to the salaries for similar positions within the region.
- Applicants may apply for up to 5% additional funding (as compared to the requested funding for salary) to support indirect costs.¹¹
- Direct salary support may include costs associated with reasonable rates for fringe benefits.
- County SSDs may only allocate PATH Round 2 funding to support the salaries of new positions.

DHCS has not set a deadline or time frame by which awardees must spend their PATH Round 2 awards across most permissible uses of funding, with the exception of salary support, which will be time-limited, as described below:¹²

- County SSDs: County SSDs must expend their allocation to salaries of staff who support the planning/implementation of the pre-release Medi-Cal application and enrollment processes within 18 months after they receive the award.
- Correctional facilities (or their delegate):
 - For staff who support the planning/implementation of the pre-release Medi-Cal application and enrollment processes, correctional facilities must expend their staff salary allocation within:
 - 18 months after they receive it for new positions; or
 - 12 months after they receive it for existing positions with new responsibilities.

¹¹ "Indirect costs" are defined as administrative overhead expenses that are not readily identified with or directly pertinent to the funding request but are necessary for the general operation of activities outlined in the funding request.

¹² Applicants may request extended time to expend PATH Round 2 funding if necessary.



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For staff who administer pre-release Medi-Cal applications (i.e., assist applicants to complete and submit applications), correctional facilities must expend their staff salary allocation within two years, at which point MAA funding will become available.

Applicants may request funding to support one or more of the permissible use categories described above. When entities apply for funding, they will be required to include in their application the total funding amount requested and a high-level description of how the requested funding will be used. Additionally, entities will be required to submit a separate budget template to the TPA to provide additional detail on their funding request as it relates to each permissible use category described above.

This budget template will collect information including descriptions, justifications, and requested funding associated with each item or activity for which the applicant is requesting funding. Correctional agencies and County SSDs submitting joint applications must use a single budget template to report their two separate budgets.

Funding Methodology

The maximum amount of funding that applicants are eligible to request will depend on the type of applicant and the number of correctional institutions within their jurisdiction.

Applicant Type	Funding Limit
CDCR	\$100,000 per correctional facility
County SSDs	\$150,000 per adult jail and youth correctional facility
Probation office	\$250,000 per youth correctional facility
Sheriff's office	\$500,000 per adult jail

If the applicant applied for Round 1 funding, any unspent funds from the previous round may be rolled over to Round 2. Approved applicants will receive 80% of approved funding within 45 days of the execution of their grant agreement and will receive the remaining portion of approved funding upon completion of an interim progress report.

Please see the Progress Reporting Requirements section below for additional information on the progress report process.

Progress Reporting Requirements

Funding recipients will be required to submit an interim progress report to the PATH TPA to describe their progress in implementing or refining pre-release enrollment and suspension processes. Correctional agencies and County SSDs will submit progress reports separately. Interim progress reports will be due by **March 1, 2024 or** when the awardee has **met 5 out of 7 operation criteria**, whichever occurs first.

The progress reports will collect the following information, at a minimum:

- A narrative description of the entity's capabilities and processes to support the



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programmatic requirements necessary to implement its pre-release enrollment processes, including progress toward each operational criterion described in program applications and which operational criteria they have met at the time they submit their interim progress report;

- A high-level explanation of how the funds have been used to date;
- An attestation of the non-duplication and supplantation of PATH funding; and
- A description of collaborations or working sessions with local County SSDs, local Medi-Cal managed care plans, and county behavioral health agencies.

Correctional Agencies: Correctional agencies will be required to submit an interim progress report by **March 1, 2024, or** once they have successfully implemented any **five of the seven correctional agency operational criteria** described in the Operational Criteria section above, whichever comes first. Interim progress reports submitted by correctional agencies will be reviewed and approved by the PATH TPA according to criteria developed by DHCS.

Correctional agencies will receive the remaining 20% of their approved funding upon submission and approval of their interim progress report. Correctional agencies will also be required to submit a final progress report once they have successfully implemented each of the operational criteria described in the Operational Criteria section above.

County SSDs: County SSDs will be required to submit an interim progress report by **March 1, 2024, or** once they have successfully implemented any **five of the seven County SSD operational criteria** described in the Operational Criteria section above, whichever occurs first. Interim progress reports submitted by County SSDs will be reviewed and approved by the PATH TPA according to criteria developed by DHCS.

County SSDs will receive the remaining 20% of their approved funding upon submission and approval of their interim progress report. County SSDs will also be required to submit a final progress report once they have successfully implemented each of the operational criteria described in the Operational Criteria section above.

When entities submit their final progress report, they will be required to attest that they have successfully implemented each of their respective operational criteria. Templates for the interim and final progress reports as well as details on the submission processes will be released at a later date. Both correctional agencies and County SSDs will be required to complete a readiness assessment before fully implementing pre-release Medi-Cal services. Information included in final progress reports for PATH Round 2 may be leveraged to complete readiness assessments at a later date. Please find additional information on the readiness assessment and the readiness assessment form in MEDIL 22-46 ([Correctional facilities](#)) and 22-27 ([County SSDs](#)).

Program Oversight and Monitoring

DHCS and the PATH TPA will take multiple steps to ensure adequate program oversight and monitoring, including the following:



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- Funding recipients will be required to attest that:
 - PATH funding will be expended as described in the program application and budget template and will only be used to support permissible uses of funding.
 - PATH funding will not duplicate or supplant funding received from other federal, state, or local sources.
- Funding recipients may be required to respond to general inquiries from DHCS or the TPA pertaining to this initiative and progress toward activities described in program applications. Entities that fail to meaningfully engage with DHCS or the TPA in response to these inquiries may be:
 - Subject to audit and, if necessary, recoupment by DHCS to ensure adequate documentation, application, and reporting of permissible expenditures only; and/or
 - Precluded from receiving additional PATH funding.
- Funding recipients are required to alert DHCS and the TPA if circumstances prevent them from carrying out activities described in program applications. In these cases, entities may be required to return unused funds to DHCS depending on the circumstances in question.
- Funding recipients will be required to submit progress reports in a manner and of a frequency determined by DHCS. Failure to submit progress reports or include required information may preclude the entity from receiving additional PATH funding. Funding recipients will be expected to complete an attestation of system readiness following the completion of Round 2 activities.
- DHCS or the TPA may conduct spot audits to ensure funds are spent on permissible uses and are documented and reported appropriately.

Questions

Thank you for your interest in the PATH Justice-Involved Capacity Building Program. If you have general questions about the PATH Justice-Involved Capacity Building Program or any of the information included in this document, please email justice-involved@ca-path.com with the subject line “PATH Round 2.”



California Advancing and Innovating Medi-Cal (CalAIM) Justice-Impacted Advisory Group

Update on CalAIM Justice-Impacted Waiver Approval

Thursday, February 23

10:00 – 11:00 am PT

Housekeeping Guidelines

In order to keep the Advisory Workgroup meeting focused, productive, and efficient:



Chat function will be disabled for all public participants; Advisory Group members are asked to only use chat functions to request technical support.



All participants will be muted throughout the course of the presentation.



Advisory Workgroup members should raise their hand if they have a question or comment during the designated discussion periods, and DHCS will facilitate conversation.



Members of the public should email questions and comments to CalAIMJusticeAdvisoryGroup@dhcs.ca.gov.

Agenda

» **Update on 1115 Waiver Approval**

- » Approval Overview
- » Eligibility, Covered Services, and Capacity Funding
- » Monitoring and Evaluation
- » Implementation Plan and Readiness Assessment
- » Reentry Initiative Reinvestment Plan

» **Looking Ahead**

- » Timing for Release of PATH Funds and Policy and Operational Guidance
- » Correctional Facility Survey to Understand Technical Assistance Needs
- » Implementation Group Meeting Approach

Update on 1115 Waiver Approval

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National Context for California's 1115 Demonstration Request

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

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

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

Rationale for Providing Pre-Release Services

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



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



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



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

Justice-Involved Reentry Initiative Goals

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

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



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



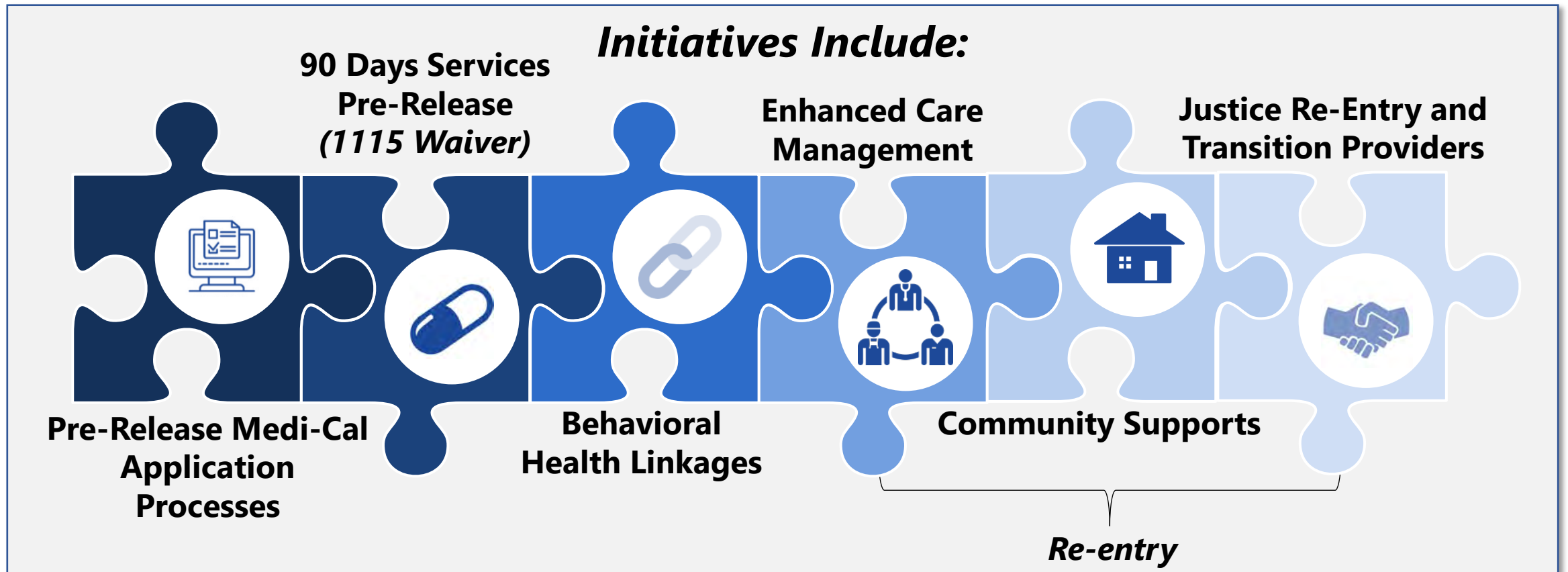
Improve health outcomes: By implementing this initiative, California aims to provide a targeted set of services in the pre-release period to establish a supportive community reentry process, help individuals connect to physical and behavioral health services upon release, and ultimately improve physical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



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

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

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



Eligibility Criteria, Covered Services and Capacity Funding

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Eligibility Criteria for Pre-Release Services

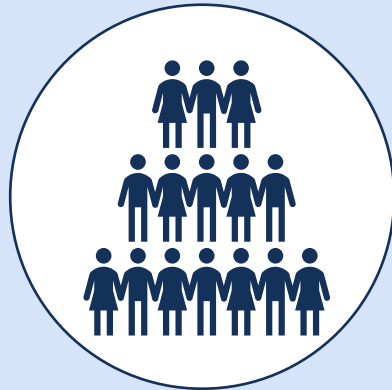
Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback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

Medi-Cal Eligible:

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

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



Criteria for Pre-Release Medi-Cal Services

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

- ✓ Be part of a **Medicaid or CHIP Eligibility Group**, and
- ✓ Meet **one** of the following health care need criteria (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.*

Covered Pre-Release Services

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

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



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

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

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

Enhanced Care Management (ECM)

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.

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

Providing Access and Transforming Health (PATH) Capacity Building Program

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



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



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



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



DHCS will provide detailed guidance on PATH applications.



Monitoring and Evaluation

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Objectives of Providing Services Prior to Release

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

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

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

Proposed Evaluation Framework

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

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

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




Implementation Plan and Readiness Assessment Process


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Reentry Demonstration Initiative Implementation Plan


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


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

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

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

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

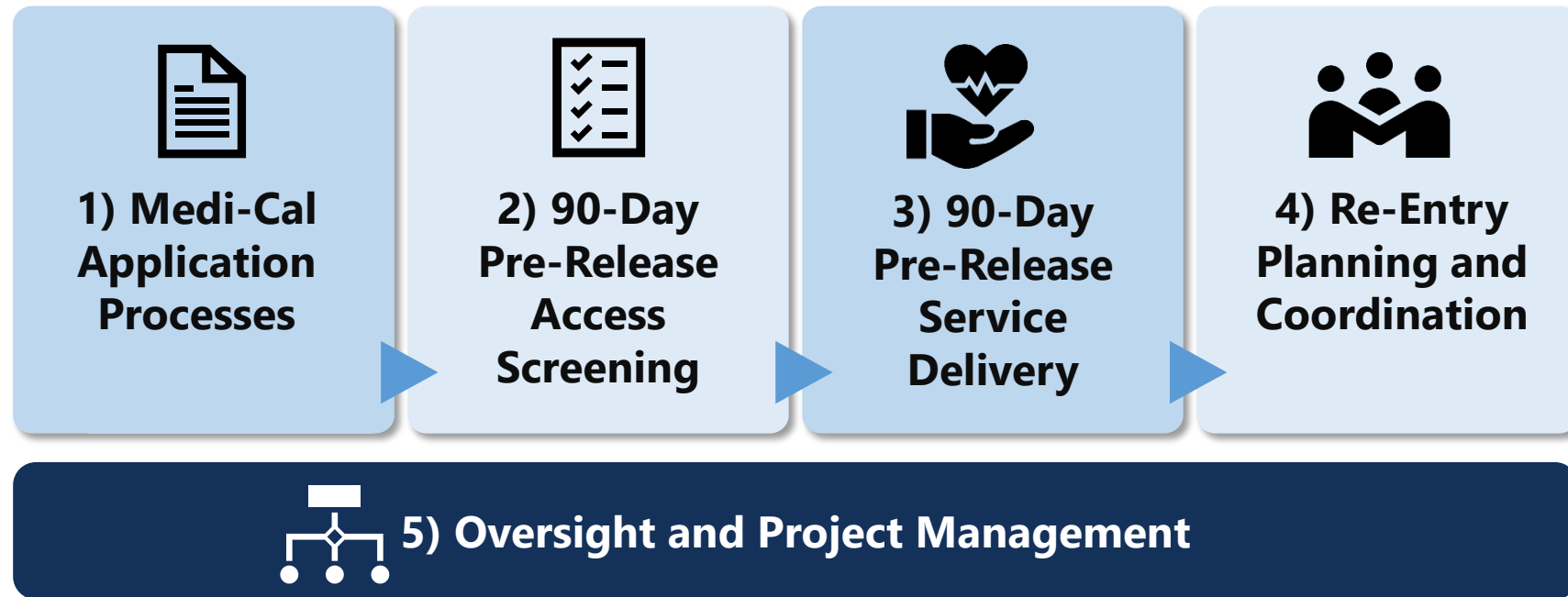
 **Milestone 4:** Connecting to services available post-release to meet the needs of the reentering population.

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

Correctional Facility Readiness Assessment Approach

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

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



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

Readiness Assessment Submission Process

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

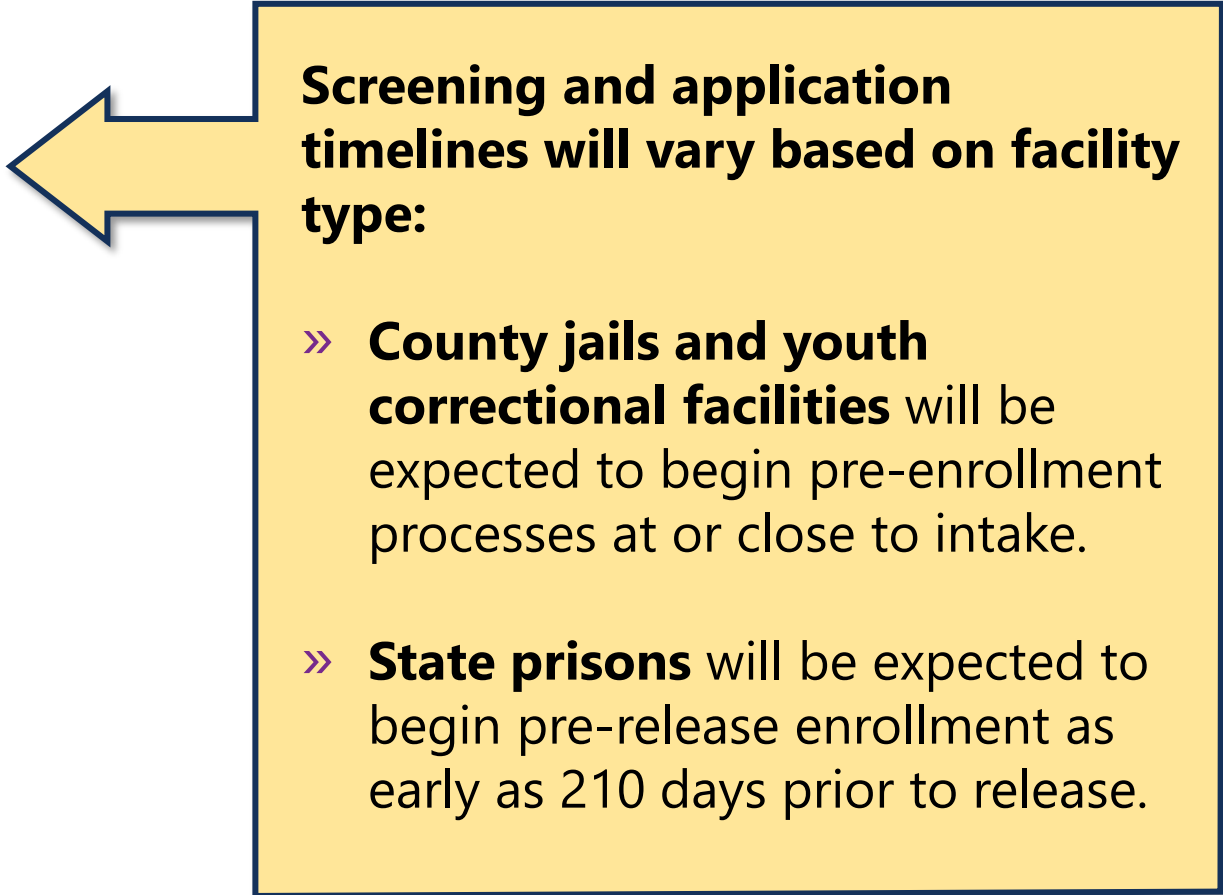
Readiness Focus Area #1: Medi-Cal Application Processes

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

Readiness Elements

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

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



Screening and application timelines will vary based on facility type:

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

Readiness Focus Area #2: 90-Day Pre-Release Access Screening

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

Readiness Elements

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

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

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

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




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



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

Readiness Elements

(*indicates that the element is a Minimum Requirement)

 #3. Pre-Release Service Delivery	 #4. Re-Entry Planning and Coordination	 #5. Oversight and Project Management
<ul style="list-style-type: none"> ✓ *Pre-release care manager assignment process using the ECM JI provider directory ✓ Consultation scheduling process and support for in-person or virtual consultations ✓ *Support for medications and MAT during pre-release ✓ *Support for medications upon release ✓ Support for DME upon release ✓ *Medi-Cal billing to support provider billing for pre-release services, including provider/pharmacy enrollment 	<ul style="list-style-type: none"> ✓ *Release date notifications to the individual's stakeholders, including care managers and managed care plan ✓ *Re-entry care management warm handoff to post-release care manager, if different from pre-release care manager ✓ *Re-entry behavioral health warm handoff to post-release behavioral provider or health care manager, if different from pre-release provider or care manager 	<ul style="list-style-type: none"> ✓ *Staffing structure and plan to support each readiness element and ongoing compliance ✓ Governance structure for partnership collaboration (e.g., SSD, service providers, care management organizations) ✓ *Reporting and oversight processes to collect, monitor and report on DHCS required measures (<i>additional information forthcoming</i>)

Summary: Correctional Agency Readiness Assessment


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

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

» Elements flagged as Minimum Requirement indicates that the correctional agency must have the capability in place in order to go live with pre-release services.

» Elements that are not flagged as Minimum Requirements must still be supported, but DHCS may use discretion when reviewing these elements to determine whether an agency is ready to go live.

Readiness Submission Process






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

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

DHCS Readiness Evaluation Approach

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

Readiness Assessment Scoring Rubric

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



Reentry Initiative Reinvestment Plan

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Reentry Initiative Reinvestment Plan Overview

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

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

Allowable Reentry Reinvestments

Allowable reinvestments include, but are not limited to:



New services covered under the reentry demonstration initiative;



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



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



Improved health information technology and data sharing;



Increased community-based provider capacity;



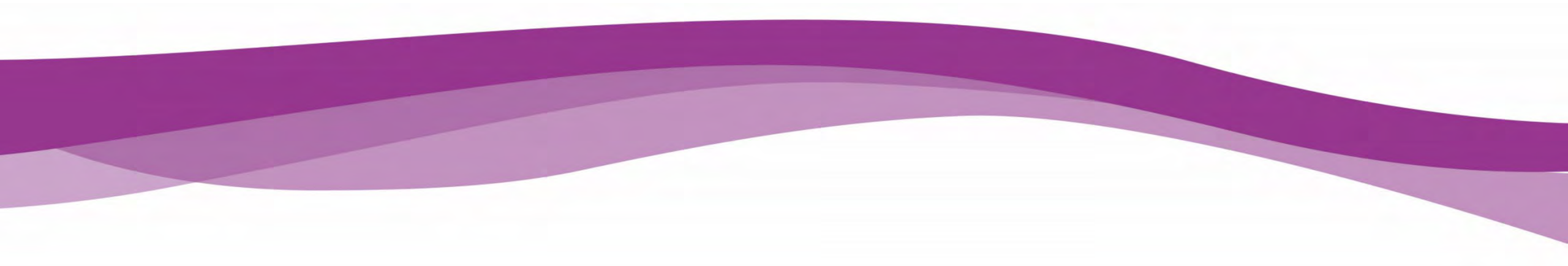
Expanded or enhanced community-based services and supports; and



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



Looking Ahead



Understanding Correctional Agencies' Technical Assistance Needs

With the 1115 Demonstration approved by CMS, the CalAIM Special Terms and Conditions related to the justice-involved reentry initiative is mandatory per federal and state law. Correctional facilities will be required go-live with pre-release services no sooner than April 1, 2024, and no later than March 31, 2026.

- In order to ensure correctional facilities are able to provide pre-release services, the State will require correctional facilities demonstrate readiness.
- To support planning and implementation of these focus areas, DHCS is asking all county correctional agencies to complete a survey to gauge the level of the technical assistance that correctional facilities will need to successfully implement the initiative.
- This survey should take ~20 minutes to complete and the information provided will influence the State's development of policy and operational guidance and technical assistance.
 - The survey includes additional detail on the operational requirements that agencies must support to implement the five focus areas, including DHCS-designated "Minimum Requirements" that must be implemented prior to go-live with pre-release services.
- **DHCS will email this survey to representatives from each county correctional facility in the coming weeks.**

Timing for Release of PATH Funds and Policy and Operational Guidance

DHCS intends to memorialize policy requirements and operational expectations in forthcoming guidance.

- **PATH Guidance:** DHCS intends to release draft PATH Round 3 guidance in April 2023 and plans to open applications later this year.
 - DHCS is working to streamline PATH Round 3 applications to collect essential information about applicant, see next slide for additional detail on PATH submission criteria.
 - Applicants will receive 10% of maximum amount of funding they are eligible to apply for upon application review and approval
 - This initial funding can support applicants in developing their larger Implementation Plan; additional funding will be provided upon approval of the Implementation Plan.

- **Policy and Operational Guidance:** DHCS aims to release draft guidance for implementation of pre-release services in May 2023.
 - Stakeholders will have three weeks to provide feedback on draft guidance.
 - DHCS intends to finalize Policy and Operational Guidance in summer 2023.

PATH Submission Criteria

Funding recipients will be required to submit for approval a streamlined application, an implementation plan, an interim progress report, and a final progress report

Milestone	Reporting Requirements	Funding Disbursement
Application Approval	<ul style="list-style-type: none"> Entity submits streamlined application that collects essential information about applicant including contact information, number of correctional facilities in jurisdiction, and estimate of individuals served (i.e., average daily population for correctional facilities or number of individuals on SMHP/DMC/DMC-ODS for county behavioral health) Application <i>will not</i> include a specific funding request and detail on implementation 	<ul style="list-style-type: none"> Entity will receive 10% of the maximum amount of funding they are eligible to apply for upon application review and approval
Implementation Plan Approval	<ul style="list-style-type: none"> Funding recipient submits a detailed implementation plan that documents how they will use PATH funding to implement each operational criteria, as outlined in readiness assessment Implementation plan will be accompanied by a detailed budget template that documents the amount of funding requested and how requested funding will be applied to different permissible uses Implementation plan will be submitted 120 days (six month) after application approval 	<ul style="list-style-type: none"> Entity will receive 60% of requested funding upon review and approval of the implementation plan
Interim Progress Report Approval	<ul style="list-style-type: none"> Funding recipient will submit an interim progress report once they have successfully implemented 50% of their operational criteria Progress report will document how PATH funds were spent to date and will describe how the entity implemented each operational criteria 	<ul style="list-style-type: none"> Entity will receive 15% portion of requested funding upon review and approval of the interim progress report
Final Progress Report Approval	<ul style="list-style-type: none"> Funding recipient will submit a final progress report once they have successfully implemented all operational criteria Progress report will document how PATH funds were spent to date and will describe final status of each operational criteria 	<ul style="list-style-type: none"> Entity will receive remaining 15% portion of requested funding upon review and approval of the final progress report

DHCS Has Been Actively Working With Implementation Partners

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



Justice-Involved Advisory Group members include:

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

Moving forward, DHCS will continue to work with a subset of implementation partners on specific operational issues to: (1) inform the development of on-going policy and operational guidance; and (2) identify technical assistance needs

DHCS will continue to facilitate the Advisory Group on a quarterly basis, or as needed.



Thank you

Please send questions and comments to
CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

Continuous Coverage Unwinding

- » **The continuous coverage requirement will end on March 31, 2023, and Medi-Cal members may lose their coverage.**
- » **Medi-Cal redeterminations will begin on April 1, 2023, for individuals with a June 2023 renewal month.**
- » **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available
 - » Check out the [Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan](#) (Updated January 13, 2023)

Continuous Coverage Unwinding Communications Strategy

- » On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ends on March 31, 2023. The campaign will complement the efforts of the [DHCS Coverage Ambassadors](#) that was launched in April 2022.
- » **Download** the [Phase 2 Toolkit](#) that focuses on Medi-Cal renewals and **customize for your use.**
- » **Direct Medi-Cal members to the newly launched** [KeepMediCalCoverage.org](#), which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

Appendix



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

Qualifying Criteria

Definition

Chronic Condition / Significant Non-Chronic Clinical Condition

A person with a "Chronic Condition" or a "Significant Non-Chronic Clinical Condition" shall have ongoing and frequent medical needs that require treatment and can include one of the following diagnoses, as indicated by the individual, and may be receiving treatment for the condition, as indicated:

- Active cancer;
- Active COVID-19 or Long COVID-19;
- Active hepatitis A, B, C, D, or E;
- Advanced liver disease;
- Advanced renal (kidney) disease;
- Dementia, including but not limited to Alzheimer's disease;
- Autoimmune disease, including but not limited to rheumatoid arthritis, Lupus, inflammatory bowel disease, and/or multiple sclerosis;
- Chronic musculoskeletal disorders that impact functionality of activities of daily living, including but not limited to arthritis and muscular dystrophy;
- Chronic neurological disorder
- Severe chronic pain
- Congestive heart failure;
- Connective tissue disease
- Coronary artery disease;
- Currently prescribed opiates or benzodiazepines;
- Currently undergoing a course of treatment for any other diagnosis that will require medication management of three or more medications or one or more complex medications that requires monitoring (e.g. anticoagulation) therapy after reentry;
- Cystic fibrosis and other metabolic development disorders;
- Epilepsy or seizures
- Foot, hand, arm, or leg amputee;

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

Qualifying Criteria	Definition	
Chronic Condition / Significant Non-Chronic Clinical Condition	<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); 	<ul style="list-style-type: none"> • 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="499 672 2288 765">• 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="499 791 1600 833">• DME consistent with Medi-Cal State Plan requirements.

From: **Geri Stern** <geristern@gmail.com>
Date: Mon, Mar 13, 2023 at 9:31 AM
Subject: Paula Canny Esq. told me to contact you re: mental Health issues and no Statewide oversight
To: <Kate.Chatfield@sen.ca.gov>

Hi Kate,

My name is Geri Stern and I am the Chair of the Justice Committee for the Mental Health Commission in Contra Costa County. I have been a Commissioner here for 6 years.

Over the last 6 years reviewing the Mental Health Services available to people with Behavioral Health issues, it has become abundantly clear, that without the oversight and the political will of the elected officials in the State, there will only be tinkering around the edges for Mental Health services in this State.

My goal is to find a legislator who has the political will to lobby for the appointment of a Mental Health Director for the State of California. This would be someone who can put together a coalition of interested partners who can take the reins and coordinate the Mental Health services **between the 58 Counties in California**.

As you are aware, there is no coordination between counties, and individuals with Behavioral Health issues can easily get lost in the state while traveling and roaming. There is no Director of Conservatorship, no one is a backstop, and the state of Mental Health care is at the discretion and mercy of whatever County is providing those services.

There are not enough Mental Health beds, hospitals, or outpatient treatments available. There are not enough scholarships or funds to underwrite schools to produce more mental health workers and nurses. Pay for those workers is low and cannot compete with higher paying jobs available. Mental Health care is languishing and people with Mental Health issues are dying and becoming more ill by the day.

The upcoming Care Court is knee-capped by the reality that there are not enough treatment beds available for individuals who will be funneled through that Court.

However, there seems to be enough money for the construction of Jails.

On that score, since the Governor has closed five jails in the State, do you know if there is any political will to reconfigure those jails for mental health centers? What a novel thought! Mental Health care without bars!

The jails are now the largest mental health providers in the country. Why is there not more outrage or public knowledge about this?

Please let me know how to begin this process or if it is even possible. Our MH Commission wants to address this concern.

Thank you for your time and attention to this issue.

Geri Stern
Chair, Justice Commission, Commissioner District 1
Contra Costa County Mental Health Commission

Mental Health Commission
Justice Systems Committee Meeting
Tuesday, March 21st, 2023, 3:30-5:00 PM

Agenda Item VIII Talking Points

DISCUSS CalAIM Program allowances for inmates to apply for MediCAL 90 days prior to release and the following questions:

- **Who follows up with the inmate after 6 months or 1 year?**
- **Does anyone assist the Inmate to re-apply for Medi- Cal on a yearly basis after release?**
- **We know they are assigned a Social Worker, but how long is that Social Worker tasked with following that inmate?**
- **Does that follow up sunset/expire?**
- **If not, then how will the County provide Social workers for year in year out increase in the caseload of released inmates?**
- **Is there a hiring plan to add more Social Workers and therapists for the new inmates being released?**
- **What is the budget for that in 2023 and how often will that Budget be reassessed?**