California Department of Health Care Services

CalAIM Enhanced Care Management Model of Care Template Addendum III
June 2022

For the Individuals Transitioning from Incarceration Population of Focus
Due September 1, 2023

Model of Care Addendum III is subject to change based on stakeholder feedback on the Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative.

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Context

Overview of Model of Care Addendum III

All Managed Care Plans (MCPs) are required to complete Model of Care (MOC) Addendum III, which will be used by DHCS to assess each MCP's readiness to implement Enhanced Care Management (ECM) for the Individuals Transitioning from Incarceration Population of Focus (JI POF). This document focuses on MCP responsibilities for implementing (1) ECM for the JI POF and (2) the required infrastructure to ensure MCPs are able to successfully provide ECM to the JI POF, as close to the day of release as possible.

The MOC is organized into four sections, with data sharing requirements included throughout each section:[1]

1. ECM Network Development and Reporting
2. Member Enrollment into an MCP and ECM
3. Supporting Member Transition from Incarceration into Managed Care
4. Post-Release MCP Services

Each section of MOC Addendum III includes an attestation table, which MCPs are asked to complete and attest to their readiness level to implement ECM for the JI POF. If the MCP does not have policies and procedures in place to implement a requirement, the MCP should indicate as such and indicate whether technical assistance from DHCS will be needed and for which requirement. Most of the sections include narrative questions, for which MCPs must provide brief written responses. MCPs must submit their responses to the MOC by **September 1, 2023,** to CalAIMECMILOS@dhcs.ca.gov, four months ahead of when ECM for the JI POF goes live on January 1, 2024.

Note: DHCS developed a new template for MOC Addendum III for the JI POF, since serving the JI POF requires many new and distinct requirements that were not captured in DHCS' previously released MOC templates or addendums.

Overview of the CalAIM Justice-Involved Initiative

On January 26, 2023, California became the first state in the nation to receive federal approval through a Medicaid 1115 demonstration waiver to offer a targeted set of Medicaid services to Medi-Cal eligible youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. The initiative will help California address the unique and considerable health care needs of justice-involved individuals, improve health outcomes, deliver care more efficiently, and advance health equity across the state. A key component of the CalAIM Justice-Involved Initiative is supporting individuals as they transition from incarceration

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[1] MCPs must also ensure that required services are available the day of release, as clinically indicated, including seeking prior authorization for services such as Community Supports. DHCS is developing forthcoming policy requirements related to authorizing approval of prior authorizations in order to ensure receipt of services on or as close as possible to the day of release.

into managed care, including through the provision of pre-release care management and post-release ECM services. Note that while the targeted set of Medicaid pre-release services will be billed fee-for-service (FFS), MCPs and ECM providers will play a key role supporting individuals as they transition from pre-release services into the community upon release.

Key Dates for MCP Implementation of the CalAIM Justice-Involved Initiative

ECM for the JI POF will go live on **January 1, 2024**. On this date, MCPs must be prepared to begin providing ECM for the JI POF, which will include developing a JI ECM provider network. By January 1, 2024, MCPs will be required to:

- Establish a sufficient network of JI ECM providers that meet DHCS' definition of "JI ECM provider" and who meet the need for JI ECM services in the county in which they operate;[2]
- Establish JI ECM provider network overlap across MCPs in each county;
- Create and maintain an up-to-date public provider directory that includes information about each in-network JI ECM provider; and
- Begin reporting its JI ECM provider network to DHCS.

Correctional facilities may begin to provide pre-release services as early as April 1, 2024, once DHCS has determined the facility is ready for go-live, based on its readiness assessment (see ***Section 5*** of the CalAIM Justice-Involved Initiative Policy and Operations Guide, henceforth referred to as the Policy and Operations Guide). Facilities' go-live timelines will be phased in over two years with all correctional facilities being required to go live by March 31, 2026. MCPs must be prepared to coordinate with correctional facilities once pre-release services go live to support reentry for members as they transition from incarceration into the community and managed care.[3] By April 1, 2024, MCPs will be required to provide services to individuals who received pre-release services and coordinate with correctional facilities to support members as they transition into managed care and ECM.[4]

Additional Resources

Additional information on the CalAIM Justice-Involved Initiative and ECM for the JI POF can be found in the resources linked below:

- CalAIM Justice-Involved Initiative Policy and Operations Guide (draft version), available on the DHCS Justice-Involved Initiative Webpage.[5]

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[2] Additional details on how DHCS will assess network sufficiency are forthcoming. Assessment of network sufficiency will be aligned with other POFs.

[3] Note that network sufficiency requirements may increase when pre-release services go live, since DHCS anticipates more individuals will begin to be enrolled in ECM under the JI POF.

[4] Note that individuals who meet the JI POF eligibility criteria will be eligible for ECM prior to when pre-release services go live (see ***Section 13.3.b*** of the Policy and Operations Guide).

[5] DHCS will release the CalAIM Justice-Involved Initiative Policy and Operations Guide for stakeholder feedback in June 2023 and plans to finalize the Policy and Operations Guide in July 2023.

- [ECM Policy Guide](), available on the [DHCS ECM webpage](). This Policy Guide contains full details on all ECM POFs, including the JI POF.

Additionally, **Section 13** of the Policy and Operations Guide lays out all the requirements for MCPs to implement the CalAIM Justice-Involved Initiative and provides detailed explanations of each requirement. MCPs should reference this chapter as they develop their responses to this MOC.

MOC Template

1. ECM Network Development and Reporting

Overview of MCP and ECM Enrollment

MCPs are responsible for administering ECM for the JI POF in the community (i.e., once an individual is released from incarceration). To do so, MCPs must establish a sufficient JI ECM provider network to meet the need in each county in which they operate. All contracted JI ECM providers must meet DHCS' definition of a "JI ECM provider" in addition to the standard provider requirements put forth in the [ECM Policy Guide].[6]

The minimum requirements described in Table 1 below align with the existing requirements in the ECM policy guide; the second column describes JI POF-specific requirements.

Table 1. Minimum ECM Provider Requirements	
Requirements that Apply to All ECM Providers[7]	Additional Requirements and Recommendations that Apply to JI ECM Providers
Enroll through state-level Medi-Cal enrollment pathway.	• For the JI POF, all JI ECM providers must enroll through the Provider Application and Validation for Enrollment (PAVE) system in order to provide FFS Medi-Cal services (see **Section 13.2.a.** of the Policy and Operations Guide).[8] • For CBOs that do not yet have a pathway in PAVE, DHCS is developing a Medi-Cal enrollment pathway for CBOs that serve as JI ECM providers in PAVE.[9]

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[6] Note that this MOC does not enumerate the ECM provider requirements that apply to all POFs, but rather requires that MCPs attest to their ability to contract with providers that meet the set of standard requirements in addition to the JI-specific requirements.

[7] The full set of ECM provider requirements can be found in the [ECM Policy Guide.]

[8] DHCS will establish a glide path to this requirement. Additional details are forthcoming.

[9] An enrollment pathway for CBOs does not currently exist and needs to be developed. Additional information is forthcoming.

Have experience serving the POF.	DHCS recommends that MCPs prioritize contracting with JI ECM providers that employ individuals with lived experience, including community health workers (CHWs).[10]
Have capacity to provide culturally appropriate and timely in-person care management activities.	No additional requirements or recommendations that apply to JI ECM providers.
Have formal agreements and processes in place to engage and cooperate with other entities to coordinate care as appropriate for each member.	MCPs must have operational processes in place to engage and coordinate with correctional facilities.
Have expertise in providing core ECM-like services.	No additional requirements or recommendations that apply to JI ECM providers.
Must use a care management documentation system or process that supports documentation of integrated services and information.	No additional requirements or recommendations that apply to JI ECM providers.
Ensure each member is assigned a Lead Care Manager who interacts directly with the member and/or their family member(s), guardian, caregiver, and/or authorized support person(s), as appropriate.	• If the correctional facility uses an in-reach model: DHCS requires the Lead Care Manager to be the same person as the pre-release care management provider. • If the correctional facility uses an embedded model: DHCS requires the Lead Care Manager to conduct a warm handoff with the pre-release care manager during the pre-release period, if possible.
Submit claims for the provision of ECM-related services to the MCP using the national standard specifications and code sets to be defined by DHCS, or invoices, adhering to DHCS' billing and invoicing standards.	No additional requirements or recommendations that apply to JI ECM providers.

In addition to the JI ECM provider requirements listed above, and to ensure continuity of care between the pre- and post-release periods, MCPs must contract with JI ECM providers that agree to enroll in Medi-Cal FFS and must also:

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[10] DHCS understands that MCPs may encounter barriers to contracting with providers that employ individuals with lived experience, so this is considered a best practice, as opposed to a requirement.

- Offer in-reach, pre-release care management services in person or via telehealth (paid FFS); **and**
- Conduct in-reach warm handoffs (i.e., pre- and post-release care management providers must meet with the individual to begin to establish a trusted relationship, review the reentry care plan, and discuss community-based services that the individual may access in the post-release period) with an embedded pre-release care management provider (e.g., correctional facility providers) prior to release in FFS.[11]

DHCS understands that JI ECM providers may not be able to enroll as FFS providers immediately, so DHCS will establish a glide path for this requirement, with additional details forthcoming.

MCPs must meet network sufficiency requirements (i.e., the MCP must contract with enough JI ECM providers to meet the projected need in the county in which it operates).[12] MCPs in a county must collaborate among themselves to project their anticipated needed JI ECM hours by quarter, based on JI ECM client numbers and workload.[13] Each MCP must contract with enough JI ECM providers to meet their estimated projected need. Note that MCPs will be responsible for identifying JI ECM providers. DHCS 'assessment of network sufficiency will be based on:

- **MOC Addendum III.** MCPs must self-attest to their plans to contract with a sufficient network of ECM providers to meet the projected need in the county in which they operate in MOC Addendum III, and they must also describe how they plan to coordinate with other MCPs and correctional facilities to estimate ECM capacity needs and share estimates (if available). Lastly, MCPs must submit an Excel workbook that lists their anticipated JI ECM providers by county for DHCS' review (see Provider Capacity Attachment: ECM Network Development).
- **Update of Anticipated Need for JI ECM.** DHCS may require MCPs to submit an update of their estimate of anticipated need of JI ECM providers six months after go-live of the JI pre-release services.
- **Provider 274 Form.** MCPs will be required to submit their JI ECM provider networks via a Provider 274 form, which DHCS will monitor.

ECM for the JI POF will go live on January 1, 2024, and pre-release services will go live on a phased basis over two years, starting April 1, 2024. DHCS assumes that uptake of ECM services by the JI POF will increase after pre-release services go live. MCPs must establish JI ECM provider networks by January 1, 2024, in order to serve the JI POF, but MCPs may expand their network to meet the growing need as correctional facilities go live with pre-release

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[11] See **Section 8.4.e.** of the Policy and Operations Guide for requirements for the care manager warm handoff.

[12] Additional policy around assessing network sufficiency is forthcoming.

[13] DHCS is considering whether it is possible to produce accurate estimates of the number of JI ECM eligible individuals per month by county to support MCPs as they develop their estimates for network sufficiency. Until such data is identified, DHCS recommends working closely with correctional facilities to develop estimates.

services. DHCS expects MCPs to determine level of need both before and after pre-release services go live.[14]

Additionally, MCPs must ensure continuity of care for individuals who receive pre-release care management and post-release ECM services. To do so, MCPs must ensure that, to the extent possible, individuals receive care management services from the same provider in the pre- and post-release periods, starting on,, or as close as possible to the day of release.[15] To achieve this requirement, DHCS will require mandatory overlap of both pre-release care management provider networks and JI ECM provider networks to the maximum extent possible, which will ensure that the provider that is assigned by the correctional facility in the pre-release period is guaranteed to be in-network, no matter which plan the Medi-Cal member is eventually enrolled in post-release.[16, 17] Additional details on ensuring these requirements are met can be found in **Section 13.2.c.**, "Care Management Continuity Across the Pre- and Post-Release Periods," of the Policy and Operations Guide.

MCPs must update their Provider Directory to include contact information for ECM providers that serve the JI POF, and must report their JI ECM provider network on the Provider 274 form.[18]

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[14] DHCS will notify MCPs when correctional facilities plan to go live so that MCPS can prepare themselves for increased need for JI ECM services.

[15] Alternatively, a pre-release care manager could conduct a warm handoff with a post-release ECM provider, if pre-release and post-release providers are different. Note that post-release ECM services should begin on the day of release.

[16] This requirement aligns with the requirement that all ECM providers must agree to also provide pre-release, in-reach services through FFS.

[17] DHCS may consider other mechanisms to achieve the requirement of care management continuity starting on the day of release, including a single case agreements or letters of agreement could accomplish this requirement. If an MCP is not able to contract with the network of providers with which other MCPs in the county contract, the MCP must notify DHCS and indicate the reason network overlap is not possible. Permissible exceptions include:

- Justified quality-of-care concern with ECM provider(s);
- MCP and ECM provider(s) is/are unable to agree on contracted rates;
- ECM provider(s) is/are unresponsive to multiple attempts to contract with the MCP;
- ECM provider(s) is/are unable to comply with the Medi-Cal enrollment process or vetting by the contractor; or
- ECM provider(s) does not have capacity to contract with all MCPs in the county.

[18] Note that DHCS is in the process of updating the Provider 274 Form and will notify MCPs once the form is available for MCP use.

Attestation Table: ECM Network Development

MCP Requirement	Policies/ Procedures in Place[19]	Establishing Policies/Procedures by 1/1/24[20]	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested[21]	TA Request[22]
1. **Minimum Requirements for JI ECM Providers.** MCP will contract with providers that meet DHCS' minimum requirements for JI ECM providers (see definition above) in addition to meeting ECM provider requirements that apply to all POFs.[23]				
2. **Identifying JI ECM Providers.** The MCP has a written procedure that describes how it will collaborate with other MCPs in the county to identify qualified ECM providers with which to contract.				
3. **Network Sufficiency.** The MCP will contract with a sufficient network of ECM providers to meet the projected need in the county in which it operates (see *Section 13.2.b.* of the Policy and Operations Guide).				
4. **Care Management Continuity Across the Pre- and Post-Release Periods.** The MCP will collaborate with other MCPs in the county in which it operates to achieve mandatory overlap of the JI ECM provider network in order to ensure continuity of care management across the pre- and post-release periods.				

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[19] The MCP has policies/procedures in place to meet this requirement.

[20] The MCP is currently establishing policies/procedures to meet this requirement. Policies/procedures will be in place by January, 1, 2024.

[21] The MCP does not have policies/procedures in place to meet this requirement, and requests technical assistance (TA) from DHCS.

[22] If the MCP is requesting TA, please describe the requested TA.

[23] DHCS will provide standard boilerplate language that each MCP can incorporate into its JI ECM provider contract/scope of work. MCPs may update the boilerplate language, and they may include an addendum to establish additional/particular provisions between the MCP and JI ECM provider.

MCP Requirement	Policies/ Procedures in Place[19]	Establishing Policies/Procedures by 1/1/24[20]	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested[21]	TA Request[22]
5. **Provider Directory.** MCP will update their Provider Directory to clearly identify JI ECM providers and identify if they serve adults, youth, or both. The Provider Directory must be updated to include all JI ECM providers by January 1, 2024. MCP will share a link to the Provider Directory with DHCS by this date.[24] Provider Directories must be updated in compliance with 42 CFR 438.10(h)(3), which requires that electronic provider directories must be updated no later than 30 calendar days after the MCP receives updated provider information. Specific required data fields can be found in *Section 13.2.d* of the Policy and Operations Guide.				
6. **Network Reporting.** The MCP will report its JI ECM provider network to DHCS via the Provider 274 forms.[25]				

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[24] Detailed requirements for the ECM Provider Directory can be found in the CalAIM Justice-Involved Initiative Policy and Operations Guide. DHCS is exploring how it will update Provider Directory requirements across all POFs. MCPs will not be expected create a separate Provider Directory for JI ECM providers. Rather, the standard Provider Directory should include the information detailed in this section.

[25] DHCS is in the process of updating the Provider 274 form and will notify MCPs once the form has become available for MCP use.

Narrative Questions: ECM Network Development

1. Describe how the MCP will coordinate with the other MCPs and correctional facilities in the county to:
    i. Estimate ECM capacity needs both <u>before</u> and <u>after</u> pre-release services go live in the county (i.e., provide two sets of estimates) (150 words or less).
        a. If the county has already produced estimates for level of need of JI ECM providers before and after pre-release services go live in the county, please provide the estimates here.
    ii. Develop its ECM network and ensure mandatory network overlap (150 words or less).
2. Describe how the MCP has prioritized contracting with ECM providers who have experience serving the justice-involved population. How does the MCP define "experience working with justice-involved populations"? (150 words or less).
3. DHCS recommends contracting with providers that employ individuals with lived experience in the justice system. Describe how the MCP has prioritized contracting with providers that employ people with lived experience in the justice system (150 words or less).

Note: DHCS will release additional questions for MCPs to indicate a need for contracting exceptions related to network overlap, provider FFS enrollment, and/or using MCP staff to provide ECM services (see Question 10 in the [Model of Care Legacy Template](#)). Responses will be due November 1, 2023.

Provider Capacity Attachment: ECM Network Development

(Question 60 update; changes from question 60 are bolded)

1. The MCP must update the supplementary Excel template titled "MOC Excel File Part 3 ECM Provider Capacity" to list the MCP's expected ECM providers by county, including the following information for each provider, for ALL ECM Populations of Focus, including the Justice-Involved POF set to go live on January 1, 2024. The supplementary Excel template must be submitted by November 1, 2023.

    i. Organization Name;
    ii. National Provider Identifier (NPI) Number;
    iii. Provider Type:
        a. County;
        b. County Behavioral Health Provider;
        c. County Mental Health Plan;
        d. Primary Care Physician or Specialist or Physician Group;
        e. Federally Qualified Health Center;
        f. Community Health Center;
        g. Community-Based Organization;
        h. Hospital or Hospital-Based Physician Group or Clinic (Including Public Hospital and District/Municipal Public Hospital);
        i. Rural Health Clinic/Indian Health Service Program;

j.   Local Health Department;

k.   Behavioral Health Entity;

l.   Community Mental Health Center;

m.   Substance Use Disorder Treatment Provider;

n.   Community Based Adult Services (CBAS) Provider;

o.   Skilled Nursing Facility;

p.   Managed Care Plan;

q.   Organization Serving Individuals Experiencing Homelessness;

r.   Organization Serving Justice-Involved Individuals;

s.   CCS Provider;

t.   Regional Center;

u.   First 5 County Commission;

v.   School-based Health Center; and

w.   Other Qualified Providers or Entities that are not Listed Above (Describe).

i.   Counties in which the ECM provider will operate;

ii.   If the ECM provider will serve adults, youth, or both;

iii.   If the ECM provider will be enrolled in FFS and provide in-reach and warm handoffs during the pre-release period;

iv.   Anticipated number of members within the county, across all Populations of Focus, that the MCP expects to assign to the ECM provider, at or around January 1, 2024;

v.   Anticipated number of members within the county, across all Populations of Focus, that the ECM provider will have the capacity to serve, at or around January 1, 2024;

vi.   Anticipated number of members within the county, across all Populations of Focus, that the MCP expects to assign to the ECM provider, after pre-release services are live in the county; and

vii.   Anticipated number of members within the county, across all Populations of Focus, that the ECM provider will have the capacity to serve, after pre-release services go live in the county.

2.   *Member Enrollment into an MCP and ECM*

Overview of MCP and ECM Enrollment

DHCS is establishing new policies and operational processes to ensure justice-involved individuals can begin to receive MCP and ECM services upon release. MCP auto-assignment will occur at the time of pre-release service activation and will be based on the county of residence where the individual plans to be released. Existing auto-assignment policy, including prior MCP enrollment and family member assignment, will be considered in the MCP auto-assignment process. Plan assignment will not be disrupted for existing MCP members who remain in the same county. Plans will be notified by DHCS when members are assigned, even if that is prior to release. Additional details on MCP enrollment for individuals who were already enrolled in Medi-Cal and an MCP upon entry into the correctional facility and individuals who were not enrolled in Medi-Cal nor assigned an MCP upon entry into a correctional facility can be found in *Section 13.3.a.* of the Policy and Operations Guide.

Upon release from incarceration, an individual's MCP enrollment will be effective retroactively to the first day of the month. MCPs will be paid the capitation rate for the full month in which the individual was enrolled (i.e., if individual is released on April 15, they will be enrolled in the MCP on April 1 and DHCS will pay the plan for the full month). MCPs must be prepared to accept and serve new members immediately upon release.

Individuals may still qualify for ECM for the JI POF even if they did not receive pre-release services. MCPs must have strategies in place to enroll both individuals that have and have not received pre-release services in ECM under the JI POF:

- **Individuals who did not receive pre-release services.** There are several circumstances under which an individual may not have received pre-release services, but still qualifies for the JI ECM POF and must have a pathway for enrollment. A few examples include but are not limited to:
    - Pre-release services are not yet live. As described above, ECM for the JI POF will go live on January 1, 2024, while pre-release services will go live on a phased basis over two years, starting April 1, 2024.
    - An individual was incarcerated for a very brief period and the correctional facility did not have enough time to identify eligibility and/or provide pre-release services.
    - An individual was not eligible for pre-release services when they were incarcerated but became eligible within 12 months of release (i.e., an individual could develop a qualifying health condition post-release and qualify for ECM under the JI POF).
- **Individuals who received pre-release services.** Individuals who received pre-release services will automatically be eligible to receive ECM under the JI POF, as the eligibility criteria for pre-release services and ECM under the JI POF are identical, and anyone who has received pre-release services has been screened and deemed eligible using the eligibility criteria (see *Section 11.1* of the Policy and Operations Guide). Correctional facilities will refer individuals who receive pre-release services directly into ECM (i.e., a direct "pipeline" will be established between the correctional facility, MCP, and post-release ECM provider). Additionally, as described above, auto-assignment and current month enrollment will ensure that individuals can be enrolled in and begin to receive ECM immediately upon release. DHCS will communicate to MCPs through the daily/monthly 834 file, using a JI indicator for members who are eligible for pre-release services and therefore eligible for ECM. MCPs must establish pathways for ECM to be automatically approved for any member who received pre-release services, as determined by having had a pre-release service aid code during incarceration (communicated through the presence of a JI indicator on the 834 file).

Attestation Table: Member Enrollment into an MCP and ECM

MCP Requirement	Policies/ Procedures in Place	Establishing Policies/ Procedures by 1/1/24	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested	TA Request
1. **Auto-Assignment.** DHCS will auto-assign Medi-Cal enrolled individuals into an MCP in the county of residence indicated in MEDS at the time of release, based on prior MCP or family member assignment. The MCP will be prepared to accept and serve new members.[26]				
2. **New Member Materials.** The MCP will send its standard member materials to each new member's residence.				
3. **ECM Referral Pathways for Members Who Do Not Receive Pre-Release Services.** The MCP will have referral pathways in place to enroll individuals who did not receive pre-release services but are eligible for ECM under the JI POF. MCPs must:				
a. Accept member self-referral.				
b. Accept referrals from member's family or provider.				
c. Establish a partnership with prison, jails, and youth correctional facilities, including developing a data sharing agreement between the correctional facility and/or correctional health services and the MCP and ECM				

[26] DHCS will execute auto-assignment. The MCP does not need to take action to initiate/execute auto-assignment. See Section 3 for details on MCP requirements for serving members immediately post-release.

MCP Requirement	Policies/ Procedures in Place	Establishing Policies/ Procedures by 1/1/24	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested	TA Request
provider before pre-release services go live (*optional, but recommended*). [27]				
d. Establish partnerships with community-based organizations (CBOs), probation and parole offices, and community-based physical and behavioral health providers Partner organizations can refer to the MCP for ECM (*optional, but recommended*).				
4. **Continuity of Care and Referral Pathways for Members Who Receive Pre-Release Services.** MCP will have referral pathways in place to enroll individuals who received pre-release services, including a strategy to ensure ECM services start on the day of release by the same ECM provider that was assigned by the correctional facility and participated in pre-release services or the warm handoff during the pre-release period.				
5. **Presumptive Authorization.** MCPs will have presumptive authorization processes in place for ECM for all members who received pre-release services, so that ECM services can start on the date of release. [28]				
6. **ECM Provider Assignment.** MCP must make their point-of-contact known and available to correctional facilities, in order to				

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[27] Once pre-release services go live, MCPs must establish partnership with prison, jails, and youth correctional facilities (i.e., partnerships are not optional once pre-release services go-live).

[28] MCPs will re-authorize/deny ECM during the ECM reassessment within six months of enrollment.

MCP Requirement	Policies/ Procedures in Place	Establishing Policies/ Procedures by 1/1/24	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested	TA Request
support ECM assignment. MCPs must ensure the point-of-contact has sufficient knowledge of ECM providers.[29][30]				

[29] DHCS recommends that MCPs and correctional facilities collaborate to establish processes in their local county and possibly border counties. However, since individuals can be released from correctional facilities that are not in their county of residence, MCPs must be able to accept referrals from outside of their county and assist with referrals as needed and described in the Justice-Involved Policy and Operations Guide. DHCS acknowledges that MCPs may be better positioned to assign ECM providers in the future. As data exchange infrastructure is established, DHCS will consider having MCPs take a more active role in ECM provider assignment.

[30] More information on where MCP point-of-contact must be posted is forthcoming.

3. *Supporting Member Transition from Incarceration into Managed Care*

Overview of Requirements for Supporting Member Transition from Incarceration into Managed Care

One of the key goals of the CalAIM Justice-Involved Initiative is to ensure that individuals are supported during the transition from incarceration into the community through the provision of pre-release services, including pre-release care management, and post-release services like ECM and Community Supports.[31] MCPs will play a critical role in coordinating the transition from the pre-release to post-release periods (i.e., the 90-day pre-release period when the individual will receive FFS Medi-Cal services and the post-release period when the individual will be enrolled in an MCP and begin to receive managed care services).

Individuals transitioning from incarceration into managed care may be eligible to receive Community Supports, including housing supports (e.g., housing transition navigation services, housing deposits, and housing tenancy and sustaining services). MOC Addendum III does not ask about MCPs' plans to provide Community Supports; rather, MCPs must attest to their readiness to ensure that contracted ECM providers connect individuals with needed Community Supports, including coordinating prior authorization and scheduling services for the day of release, if the MCP provides Community Supports. Additional information on community supports for the justice-involved population can be found in the Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. Further guidance on MCP responsibilities for implementing the CalAIM Justice-Involved Initiative beyond ECM (e.g., Community Supports) is forthcoming.

DHCS will require that MCPs have policies and operational processes in place to support all members in their transition to the community.

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[31] MCPs are not required to offer Community Supports, so not all individuals who are transitioning from incarceration will have access to these services.

Attestation

MCP Requirement	Policies/ Procedures in Place	Establishing Policies/ Procedures by 1/1/24	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested	TA Request
1. **Identify Individuals Who Receive Pre-Release Services.** DHCS will share member assignment data when the member's pre-release service aid code is activated. The MCP will identify members who will require coordination in the pre-release period.				
2. **MCP Justice-Involved Initiative Point-of-Contact.** The MCP will publicly post contact information for an MCP point-of-contact. The point-of-contact must be an individual (i.e., not a hotline) who will be available to support correctional facilities, pre-release care management providers, and/or ECM providers as needed.[32]				
3. **Creation of Person-Centered Care Plan.** The MCP will support the creation of the Person-Centered Care Plan for individuals who will be enrolled in the MCP, as requested by the pre-release care management provider and/or their				

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[32] The point-of-contact should be prepared to provide information on topics including but not limited to MCP policy pertaining to the JI POF, prior authorization, and PCP assignment.

MCP Requirement	Policies/ Procedures in Place	Establishing Policies/ Procedures by 1/1/24	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested	TA Request
team or the ECM provider (if different).[33] MCP will implement the following key expectations supporting the development of the reentry care plan:				
a. **Receive Member Data.** Will receive member data from the correctional facility to support care for the individual in the post-release period.				
b. **Warm Handoff.** MCP will ensure the ECM provider participates in a warm handoff.				
i. **Pre-Release Warm Handoff**. MCP will make every effort to ensure the warm handoff occurs in the pre-release period.				
ii. **Post-Release Warm Handoff.** If it is not possible to conduct the warm handoff in the pre-release period, the warm handoff must occur in the post-release period within one week of release. Additionally, MCP will ensure that information is shared with the post-release ECM provider and MCP within one day of release.				

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[33] MCP participation could include but is not limited to, facilitation of PCP assignment, providing information on in-network providers, scheduling non-specialty mental health service follow-up, and providing other information on MCP plan benefits.

MCP Requirement	Policies/ Procedures in Place	Establishing Policies/ Procedures by 1/1/24	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested	TA Request
c. **Storage of Person-Centered Care Plan.** The MCP will receive and store the Person-Centered Care Plan as part of the warm handoff.				
d. **Behavioral Health Linkages.** The MCP will facilitate referrals to community-based behavioral health services for any behavioral health needs that do not qualify for county-based services (e.g. non-specialty mental health services, MAT, tobacco cessation); facilitate referrals to county-based behavioral health services, when appropriate; coordinate with the pre-release care manager and ECM provider to ensure transportation is arranged to any needed appointments or admissions to treatment facilities; and ensure the ECM provider follows up with members post-release to ensure connection to identified behavioral health services. The MCP will also be prepared to do the following:				
i. Ensure the post-release ECM provider participates in behavioral health transition meetings, warm handoffs, and follow-up planning, and ensure that warm handoffs include	☐	☐	☐	

MCP Requirement	Policies/ Procedures in Place	Establishing Policies/ Procedures by 1/1/24	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested	TA Request
follow-up planning, including confirming transportation.				
ii. Assist with appointment scheduling for behavioral health services.				
e. **Scheduling Community-Based Services.** The MCP will ensure that the ECM provider supports scheduling for required post-release physical, behavioral health, and social services.				
4. **Community Supports.** The MCP will ensure that the ECM provider connects individual with needed Community Supports (e.g., recuperative care), including coordinating prior authorization and scheduling services for the day of release, if the MCP provides Community Supports.				
5. **Non-Emergency Medical Transportation (NEMT).** The MCP will ensure that the ECM provider sets up NEMT for post-release services for the individual when they reenter the community, including on the day of release.[34]				

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[34] This should also include setting up transportation to a treatment facility on the day of release, if needed.

Narrative Questions: Supporting Member Transition from Incarceration into Managed Care

1. Provide the following details for the MCPs Justice-Involved Initiative point-of-contact:
   a. Name
   b. Title
   c. Department
   d. Phone
   e. Email

2. MCPs must closely coordinate with correctional facilities to execute the responsibilities described in the Attestation Table above. Does the MCP currently have formal agreements (e.g., MOUs) or informal and regular engagement (e.g., standing meetings) with the correctional facilities in the counties in which it operates and/or with the California Department of Corrections (CDCR)? Please describe. If the MCP does not have relationships with county correctional facilities or CDCR, describe how the plan intends to form these relationships. (300 words or less)

3. MCPs must have a point-of-contact who is knowledgeable about MCP services, including but not limited to the JI ECM provider network, PCP assignment, behavioral health and other specialty network providers, Community Supports, and NEMT. Describe the role of the point-of-contact, including their department and how they will coordinate with correctional facilities and pre-release care management providers. (100 words or less)

4. Describe how the MCP will ensure that pre-release care managers or ECM providers can connect members in the JI POF with Community Supports, including how the MCP will support ECM providers to ensure that the Community Supports are available immediately upon release. (200 words or less)
   a. If the MCP provides housing-related Community Supports, please describe how the MCP will ensure that the MCP will support ECM providers in coordinating with housing-related Community Supports providers to meet the needs of individuals transitioning from the community who are experiencing homelessness or are at risk of homelessness.

4.   Post-Release MCP Services

Overview of Post-Release MCP Services

Once an individual who is enrolled in Medi-Cal is released from incarceration, they will be enrolled in an MCP (as described in Section 2) and begin to receive the full scope of Medi-Cal MCP services, including ECM. MCP enrollment will be effectuated on the day of release, and the individual may begin to receive full scope Medi-Cal services, consistent with their assigned aid code.

Attestation Table: Post-Release ECM Services

MCP Requirement	Policies/ Procedures in Place	Establishing Policies/ Procedures by 1/1/24	No Policies and Procedures in Place to Meet the 1/1/2024 Deadline; TA Requested	TA Request
5. **Post-Release ECM Services.** The MCP will provide ECM services starting on the day of release, or as close to release as possible, consistent with ECM Policy.				
6. **First ECM Provider Meeting.** The MCP will ensure that the ECM provider meets the individual within one to two days of release, with the best practice being the ECM provider meeting the individual upon release.				
7. **ECM Follow-Up.** The MCP will ensure a second follow up appointment occurs within one week of release.[35]				
8. **Reentry Care Plan.** The MCP will ensure that the ECM provider leverages the reentry care plan that was developed in the pre-release period as the post-release Care Management Plan.				

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[35] SMDL 23-003 suggests that case managers should initiate contact within one to two days post-release and conduct a second appointment that occurs within one week of release to ensure continuity of care and seamless transition and to monitor progress and care plan implementation.