California's
Justice-Involved Reentry Initiative

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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  - Eligible Populations
  - Covered Services
- » Deep Dive: Behavioral Health Linkages
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Overview of CalAIM Justice-
Involved Initiative

Health Care Needs for Justice-Involved Populations

People who are now, or have spent time, in jails and prisons experience disproportionately higher rates of physical and behavioral health diagnoses and are at higher risk for injury and death as a result of trauma, violence, overdose, and suicide than people who have never been incarcerated.

Of people incarcerated in state/federal prison, nationally:

- **26.3% have high blood pressure/hypertension**, compared to 18.1% of the general public
- **15% have asthma**, compared to 10% of the general public
- **65% smoke cigarettes**, compared to 21% of the general public[1*]
- The mortality rate two weeks post-release from prison has been found to be **12.7 times** the normal rate, driven largely by overdoses[2]

People with behavioral health disorders are overrepresented in the criminal justice system.

- **51% of people in prison** and **71% of people in jail** in the U.S. have/previously had a **mental health problem**
- **58% of people in state prison and 63% of people in jail** in the U.S. meet the criteria for **drug dependence or abuse**[3]
- **Overdose deaths are >100x** more likely for justice-involved individuals 2-weeks post release than the general population[4]

Focus on California

- Over the past decade, the proportion of incarcerated individuals in California jails with an active mental health case rose by **63%**[5]
- California's correctional health care system drug overdose rate for incarcerated individuals is **3x** the national prison rate[6]
- Among justice-involved individuals, **2 of 3** individuals incarcerated in California have high or moderate need for substance use disorder treatment[7]

Source: See PowerPoint notes section for citations.

Addressing the Needs of the Justice-Involved Population Is Key to Advancing Health Equity

Addressing the unique and considerable health care needs of justice-involved populations — who are disproportionately people of color — will help to improve health outcomes, deliver care more efficiently, and advance health equity.

In California, and across the US, justice-involved populations are disproportionately people of color.[1]

<u>In California:</u>

- **28.5% of incarcerated males are Black,** while Black men make up only 5.6% of the state's total population
- **Incarceration rate by race and ethnicity:**
  - **Black men:** 4,236 per 100,000
  - **Latino men:** 1,016 per 100,000
  - **Men of all other races/ethnicities:** 314 per 100,000

Source: [1]California's Prison Population, Public Policy Institute of California, 2017; [2]The Impact of Medi-Cal Expansion on Adults Formerly Incarcerated in California State Prisons

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:

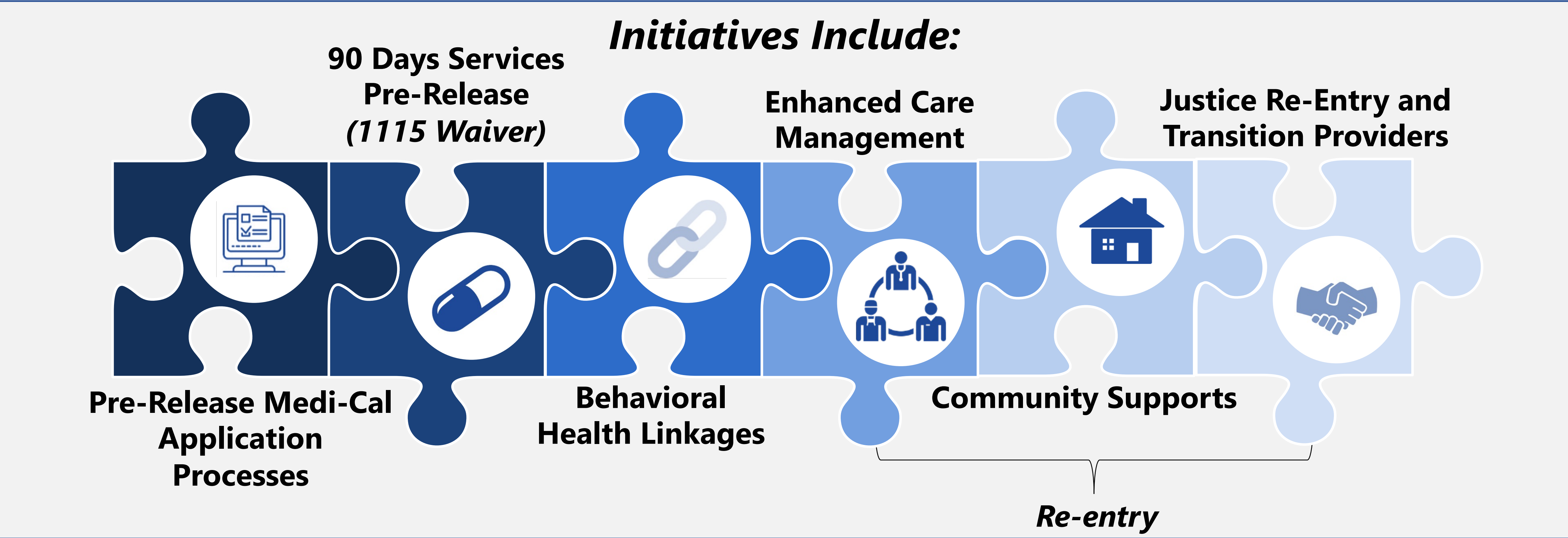
Advance health equity: The issue of poor health, health outcomes, and death for incarcerated people is a health equity issue because Californians of color are disproportionately incarcerated—including for mental health and SUD-related offenses. These individuals have considerable health care needs but 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

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**, <u>and</u>

✓ Meet **one** of the following health care need criteria:

- 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. Pre-Release services may be provided by correctional facilities, their contracted providers, or community-based in-reach providers.

- 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.

(service definitions can be found in the appendix)

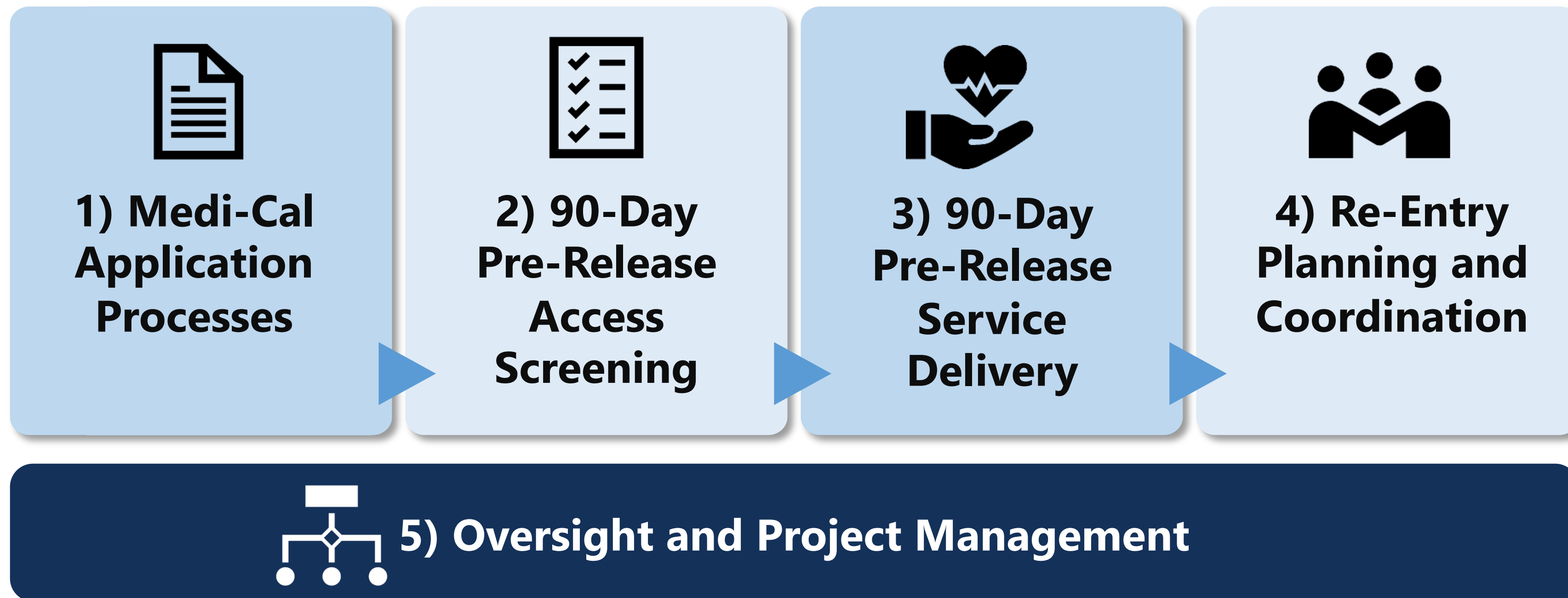
In addition to the pre-release services specified above, qualifying members will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment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

*MAT 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.

Ensuring Provision of Pre-Release Services

Correctional agencies and facilities are statutorily mandated to comply with the CalAIM pre-release service requirements per California Welfare and Institutions Code §14184.800 and in accordance with correctional facilities' obligations to provide medically necessary care to justice-involved individuals. Additionally, as a condition of the 1115 Reentry 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: A readiness assessment will also be established for county social service departments to ensure eligibility and enrollment processes facilitate pre-release services and for county behavioral health agencies to ensure processes for behavioral health linkages are in place.

MAT in Jails and Drug Courts Learning Collaborative Jail MAT Implementation Grant Application

Adding slide on HMA funding opportunity as requested by Tyler. Also flagging that we have specific requirements for MAT in our P&O guide to ensure CFs are able to deliver MAT as required by our 1115 demo.

DHCS is currently funding the *MAT in Jails and Drug Courts* program. This program includes grant funds distributed to participating county teams who also receive technical assistance and coaching.

- There are two categories for funding opportunities available for counties to participate in the Learning Collaborative as it relates to MAT: Jail MAT and Drug Court
- **Jail MAT:**
  - Multidisciplinary team to support implementation of MAT in county jails with designated Jail MAT team lead(s); assigned a Jail MAT TA Coach
  - Encourage inclusion of drug court representative(s)
  - Engage child welfare, probation and other key agencies and partners in the county to drive progress toward a coordinated county plan for county residents with Opioid Use Disorder (OUD) and justice system involvement.
- **Drug Court:**
  - Multidisciplinary team to support implementation of and access to MAT in county drug courts with designated drug court team lead(s); assigned a county TA Coach
  - Support access to MAT for drug court participants
  - Encourage inclusion of Jail MAT representative(s)
  - Engage child welfare, probation and other key agencies and partners in the county to drive progress toward a coordinated county plan for county residents with OUD and justice system involvement.
- Interested teams may submit applications any time **before July 15, 2023**, with grant amounts being awarded on a rolling basis through July 15, 2023. Additional information available here.

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).

More on this in next section

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

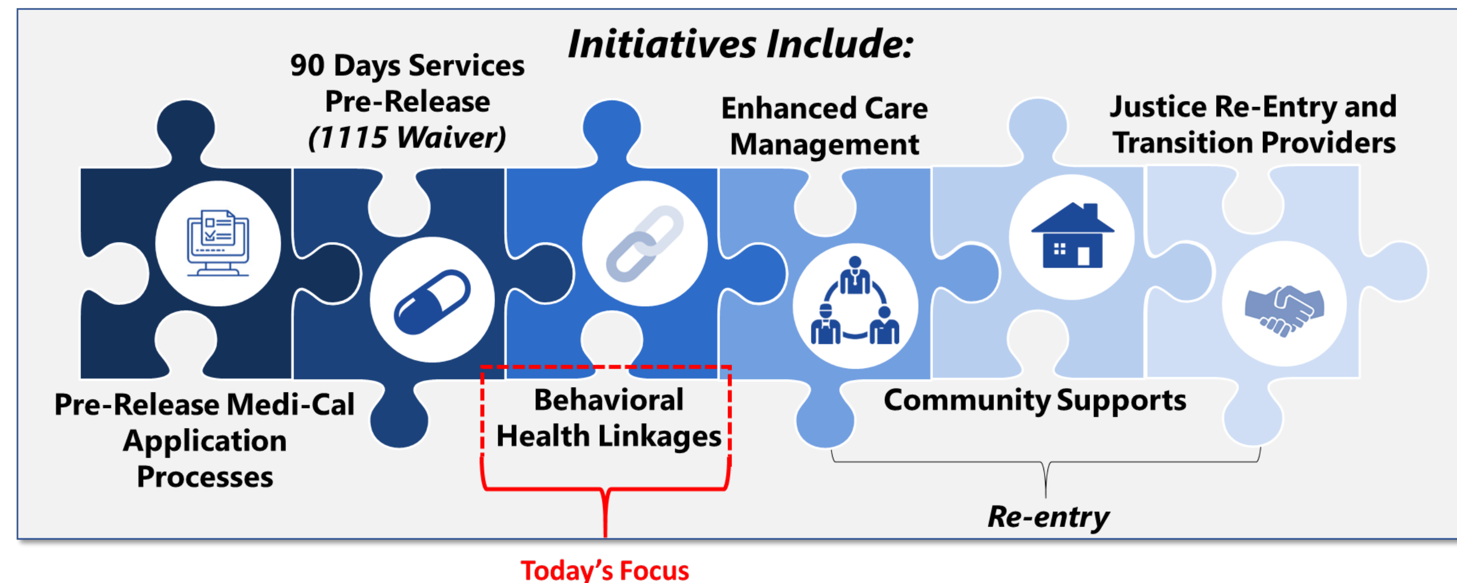
Deep Dive: Behavioral Health Linkages

Behavioral Health Linkage Overview

Through CalAIM JI, DHCS will require state prisons, county jails, youth correctional facilities, county behavioral health departments, and Medi-Cal managed care plans to implement processes for facilitated referrals and linkages to continued behavioral health treatment in the community for individuals who receive behavioral health services while incarcerated.

Specifically, behavioral health linkages include referrals for JI individuals to the following Medi-Cal delivery systems post-release:

- Specialty Mental Health Services (SMHS)/County Mental Health Plans (MHPs) and/or
- Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) and/or
- Medi-Cal managed care plan (MCP) or Fee-for-service providers *(note that this linkage is done through pre-release care manager hand-off and coordinated through post-release ECM or care manager provider)*



Goals of Behavioral Health Linkage

Behavioral health linkages will allow for commencement or continuation of behavioral health treatment once individuals are released to the community.

In order to support a comprehensive, robust, and successful re-entry process, behavioral health linkages should, at a minimum:

- **Optimize data sharing** between correctional facilities and counties to identify individuals with mental illness and/or SUD.
- **Ensure coordination and information sharing** related to care plans and transition/discharge plans, scheduling of community-based appointments, and completion of consent forms (including written consent per 42 C.F.R. part 2) among the correctional facility behavioral health providers, the county behavioral health providers, and, as applicable, the pre-release care manager and ECM provider developing the transition reentry care plan.
- **Leverage in-reach clinical consultations to facilitate relationship building prior to release** and enable professional-to-professional clinical handoffs with post-release behavioral health treatment providers.
- **Ensure there are scheduled/available follow-up appointments** with behavioral health providers and necessary prescribers upon release for those with behavioral health needs.
- **Ensure the post-release care manager and/or CHW will help individuals connect to any needed services** and show up for the behavioral health appointments.
- **Facilitate connections between pre-/post-release enhanced care managers and parole/probation officers** to ensure they are aware of any connections made with county behavioral health providers.

BH Linkage Minimum Requirements

To operationalize behavioral health linkages for individuals who will receive services through SMHS/MHPs, DMC, and DMC-ODS, DHCS has laid out the following minimum requirements for correctional facilities, county behavioral health agencies, and pre-release care management providers/post-release ECM providers. Additional detail on these minimum requirements and roles and responsibilities for implementation partners will be available in upcoming guidance documents

Minimum Requirements:

1. Correctional facilities will be required to leverage their existing processes to screen and identify individuals who may qualify for a behavioral health linkage.
    - County jails and YCFs will be expected to screen for this need at intake; CDCR will be expected to leverage existing treatment plans to screen for need.
    - Pre-release care managers should review all available records related to behavioral health care (in the correctional facility and the community) and if standard screening was not already performed, complete the standardized behavioral health screening to identify behavioral health needs, determine whether a behavioral health linkage is needed, and build the care plan.
2. Once a correctional facility implements pre-release services, they are responsible to implement any needed pre-release services, including but not limited to behavioral health clinical consultations including clinical assessment, patient education, therapy, counseling; MAT and psychosocial services delivered in conjunction with MAT; and care management as part of the pre-release services benefit, as appropriate. County behavioral health agencies may enter into agreements or amend current agreements as needed, by mutual consent, with the correctional facilities to provide or support in-reach provision of pre-release services related to reentry behavioral health treatment.
3. As part of warm linkages, County behavioral health agencies will be required, within 14 days prior to release (if known) and in coordination with the care manager, to ensure processes are in place for a warm linkage between the correctional behavioral health provider, a county behavioral health provider, and the member.

Level-Setting: Responsibilities for Pre-Release Services and Behavioral Health Linkages

Activity	Description of County Behavioral Health Responsibilities	Pre-Release Service for Behavioral Health or Behavioral Health Linkage
Screening/ Assessments for Behavioral Health Needs	Based on correctional facility capacity, correctional facilities may contract with a County behavioral health provider to perform behavioral health assessments. If correctional facility contacts County behavioral health agency to conduct an assessment the visit must occur within the same timeline as set in community standards or outlined in contract put in place with correctional facility. Correctional facility may also opt to have county provider participate as in-reach providers.	***Pre-Release Service for Behavioral Health, responsibility of correctional facility: performed either by corrections, by facility contracted provider (in some counties this may be through county BH plan); or if existing contract not in place, by in-reach providers.***
Consent	Based on correctional facility capacity, obtain consents, as needed, to provide clinical consultations during the pre-release period.	***Pre-Release Service for Behavioral Health, responsibility of correctional facility: performed either by corrections, by facility contracted provider (in some counties this may be through county BH plan); or if existing contract not in place, by in-reach providers.***
	Based on correctional facility capacity, obtain consents, as needed to assume responsibility for care in the post-release setting and connect individuals to resources as needed.	***Behavioral Health Linkage; Dual responsibility by County Behavioral Health and Correctional facility.***
Initial Data Sharing	Based on correctional facility requests: • Provide medical records as appropriate for individuals with treatment history.	***Behavioral Health Linkage; Dual responsibility by County Behavioral Health and Correctional facility.***

Level-Setting: Responsibilities for Pre-Release Services and Behavioral Health Linkages

Activity	Description of County Behavioral Health Responsibilities	Pre-Release Service for Behavioral Health or Behavioral Health Linkage
Behavioral Health Treatment, including MAT, and clinical consultations	Based on correctional facility capacity, correctional facilities may contract with a County behavioral health provider to perform timely in-reach behavioral health clinical consultations, assessments, counseling or therapy, Peer Support Services, MAT, other medications and/or medication administration, and any other DMC/DMC-ODS or SMHS service covered as part of the pre-release service benefit as appropriate. If correctional facility contacts County behavioral health agency to conduct behavioral health treatment, the visit must occur within the same timeline as set in community standards or outlined in contract put in place with correctional. If there is not an existing contract in place for these services, correctional facilities may elect to have in-reach providers, who may be county providers, provide these services.	***Pre-Release Service for Behavioral Health, responsibility of correctional facility: performed either by corrections, by facility contracted provider (in some counties this may be through county BH plan); or if existing contract not in place, by in-reach providers.***
Data Sharing	Based on information shared by correctional facility, • Receive correctional facility medical record information and ensure that it incorporated into post-release medical record. • Identify any individuals who may benefit from professional-to-professional Clinical Handoff.	***Behavioral Health Linkage; Dual responsibility by County Behavioral Health and Correctional facility.***
Release Planning	If individual consents, schedule follow-up appointment date/time/location within clinically appropriate window, as defined by care manager with input from clinical providers. Follow-up appointments should be scheduled no later than 1 business day after recommended timeline for urgent needs (e.g., MAT) and no later than 1 week for less urgent needs (e.g., a stabilized SMI follow-up appointment) • Work with MCP, as appropriate, to ensure transportation to appointment has been arranged. • *Best Practice: behavioral health provider meets individual in lobby upon release and escorts to follow-up care.*	***Behavioral Health Linkage; Dual responsibility by County Behavioral Health and Correctional facility.***

Level-Setting: Responsibilities for Pre-Release Services and Behavioral Health Linkages

Activity	Description of County Behavioral Health Responsibilities	Pre-Release Service for Behavioral Health or Behavioral Health Linkage
Professional-to-Professional Clinical Handoff	Participate in care transitions meeting, facilitated by pre-release care management team, for any client that has been identified by correctional staff, care manager, or clinical consultants as needing additional team coordination (e.g., clients identified to have high/complex needs). This could include BH team members such as psychiatrists, psychologists, LSCWs, behavioral health care managers (TCM), or peer supports.	***Behavioral Health Linkage: Dual responsibility by County Behavioral Health Plan and Correctional facility. Billable by County Behavioral Health Plan through Short Doyle and by correctional facility through CA-MMIS***
Follow-Up Post-Release	Offer to schedule individual for appointments on an ongoing basis as needed, within clinically appropriate timeframe, no later than 3 days later than recommended follow-up. Work with MCP to ensure they have adequate transportation to appointment. If individual does not come to appointment, follow-up with individual, consider deploying Certified Peer Support Specialist, and work with ECM provider to reschedule as soon as possible for individual.	***Behavioral Health Linkage: Responsibility by County Behavioral Health Plan, applicable services will be billable by County Behavioral Health Plan through Short Doyle***

Behavioral Health Linkage Go-Live Timeline

DHCS will require Behavioral Health linkages to go-live for all state prisons on April 1, 2024; Behavioral Health linkages will go-live for counties in tandem with pre-release services.

Go-Live Timelines:

- **For Referrals Received from State Prisons:** County Behavioral Health Agencies would be required to implement all components of Behavioral Health linkages, including ability to receive referrals from the California Department of Corrections and Rehabilitation (CDCR) correctional facilities in all counties, by April 1, 2024.

- **For Referrals Received from County Facilities:** County Behavioral Health Agencies would be required to implement all components of Behavioral Health linkages, including ability to receive referrals from all counties, by April 1, 2024, *except professional-to-professional clinical hand-offs*.
  - The professional-to-professional clinical handoff component of Behavioral Health linkages would be required when the referring correctional facility is live with pre-release services and therefore the aid code is active, as this service leverages pre-release enrollment/screening processes.
  - County Behavioral Health Agencies would not be expected to meet expectations associated with pre-release services until correctional facilities in their county implement the pre-release services initiative (no sooner than April 1, 2024, and no later than March 31, 2026).

Capacity Funds

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.

Timing for Release of PATH Funds and State Guidance

DHCS memorialized policy requirements and operational expectations in draft CalAIM Justice-Involved Policy and Operations Guide.

- **PATH Guidance:** DHCS released the PATH Round 3 application and guidance in May 2023.
  - DHCS streamlined PATH Round 3 applications to collect essential information about applicant.
  - 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.
  - Applications are due **July 31, 2023.**
  - **Note:** Correctional facilities and county behavioral health agencies ***must*** complete a Technical Assistance Survey focused in order to receive PATH Round 3 funding.

- **Policy and Operational Guidance:** DHCS released a draft Policy and Operations Guide for stakeholder input in June 2023.
  - Stakeholders will have three weeks to provide feedback on draft guidance.
  - DHCS intends to finalize Policy and Operational Guidance in summer 2023.

- **BHIN: → DHCS TO UPDATE SENTENCE**

Understanding Technical Assistance Needs for Behavioral Health Linkages

Correctional facilities, county behavioral health agencies, and MCPs will be required to implement linkages to behavioral health providers to achieve behavioral health care initiation or continuity through professional-to-professional clinical handoffs as set forth in California Penal Code section 4011.11(h)(5)

1. **TA Survey:** To support planning and implementation of behavioral health linkages, DHCS is asking all county behavioral health agencies to complete a survey to gauge the level of the technical assistance that county behavioral health agencies will need to successfully implement the initiative. **To receive PATH Round 3 funding, County Behavioral Health Agencies must complete this Survey.**
   - 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 county behavioral health agencies must support to implement the six focus areas, including DHCS-designated "Minimum Requirements" that must be implemented prior to go-live with behavioral health linkages.
     - **Please complete the Technical Assistance survey here.**

1. **Implementation Plan:** As part of PATH JI Round 3 Funding, county behavioral health agencies will be required to submit an implementation plan, outlining current processes, identified gaps, and use of PATH funding.

2. **Readiness Assessment:** In order to ensure county behavioral health agencies are able to receive behavioral health linkages, the State will require correctional facilities demonstrate readiness.

Discussion

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A

Appendix

CA Penal Code §4011.11 (2021)

Authorizing Language for Behavioral Health Linkages

(h) (5) (A) No sooner than January 1, 2023, the State Department of Health Care Services, in consultation with counties, county sheriffs, probation departments, Medi-Cal managed care plans, and Medi-Cal behavioral health delivery systems, shall develop and implement a mandatory process by which county jails and county juvenile facilities coordinate with Medi-Cal managed care plans and Medi-Cal behavioral health delivery systems to facilitate continued behavioral health treatment in the community for county jail inmates and juvenile inmates that were receiving behavioral health services before their release.

(B) Notwithstanding any other law, including, but not limited to, Sections 11812 and 11845.5 of the Health and Safety Code and Section 5328 of the Welfare and Institutions Code, the sharing of health information, records, and other data with and among counties, Medi-Cal managed care plans, Medi-Cal behavioral health delivery systems, and other authorized providers or plan entities shall be permitted to the extent necessary to implement this paragraph. The department shall issue guidance identifying permissible data-sharing arrangements.

(C) For purposes of this paragraph, the following definitions shall apply:

(i) “Medi-Cal behavioral health delivery system” has the same meaning as set forth in subdivision (i) of Section 14184.101 of the Welfare and Institutions Code.

(ii) “Medi-Cal managed care plan” has the same meaning as set forth in subdivision (j) of Section 14184.101 of the Welfare and Institutions Code.

Mental Illness and Substance Use Disorder

<table>
<tr><th>Qualifying Criteria</th><th>Definition</th></tr>
<tr><td>Mental Illness</td><td>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:
i. The member has one or both of the following:
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:
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.</td></tr>
<tr><td>Substance Use Disorder</td><td>A person with a “Substance Use Disorder” shall either:
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.</td></tr>
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Chronic Condition/Significant Non-Chronic Clinical Condition (1 of 2)

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	▪ Hip/Pelvic fracture; ▪ HIV/AIDS; ▪ Hyperlipidemia ▪ Hypertension ▪ Incontinence ▪ Severe migraine or chronic headache ▪ Moderate to severe atrial fibrillation/arrhythmia ▪ Moderate to severe mobility or neurosensory impairment (including, but not limited to spinal cord injury, multiple sclerosis, transverse myelitis, spinal canal stenosis, peripheral neuropathy); ▪ Obesity ▪ Peripheral vascular disease; ▪ Pressure injury or chronic ulcers (vascular, neuropathic, moisture-related); ▪ Previous stroke or transient ischemic attack (TIA);	▪ Receiving gender affirming care; ▪ Active respiratory conditions, such as severe bronchitis, COPD, asthma or emphysema ▪ Severe viral, bacterial, or fungal infections ▪ Sickle cell disease or other hematological disorders; ▪ Significant hearing or visual impairment; ▪ Spina Bifida or other congenital anomalies of the nervous system; ▪ Tuberculosis; or ▪ Type 1 or 2 diabetes.

I/DD, TBI, HIV, Pregnancy

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

Definitions of Covered Services

Covered Service	Definition
Case Management	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: ▪ 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	Physical and behavioral health clinical consultation services include targeted preventive, physical and behavioral health clinical consultation services related to the qualifying conditions. Clinical consultation services are intended to support the creation of a comprehensive, robust and successful reentry plan, including: conducting diagnosis, stabilization and treatment in preparation for release (including recommendations or orders for needed labs, radiology, and/or medications); providing recommendations or orders for needed medications and durable medical equipment (DME) that will be needed upon release; and consulting with the pre-release care manager to help inform the pre-release care plan. Clinical consultation services are also intended to provide opportunities for 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. Services may include, but are not limited to: ▪ 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	▪ 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. 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.

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: ▪ Covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with approved Medicaid State Plan). ▪ DME consistent with Medi-Cal State Plan requirements.