



CaAIM: Primer on California's Justice-Involved Section 1115 Waiver





Medi-Cal: CalAIM Overview

What is CalAIM?

CalAIM is a multi-year initiative to implement broad-based delivery system and payment reforms across the Medi-Cal program.

Implement whole-person care approach to address social determinants of health

Invest in prevention and improve outcomes

Create a coordinated system of care in Medi-Cal

Promote the exchange of robust health and social needs information

Enhanced Care Management (ECM)
Intensive whole-person care management and coordination to address the clinical and non-clinical needs of high-cost, high-need Medi-Cal members.

Community Supports (CS)
Cost-effective, health-supporting alternatives to services and settings covered under the State Plan. Community support services include housing navigation, respite, and sobering centers.

Population Health Management

Advance health equity and reduce disparities by targeting high-need, at-risk populations.



Serious mental illness/substance use disorder



Medically complex



Homeless/unstably housed



Justice-involved



Foster youth



At risk of institutionalization

CalAIM Vignette: “Frank”

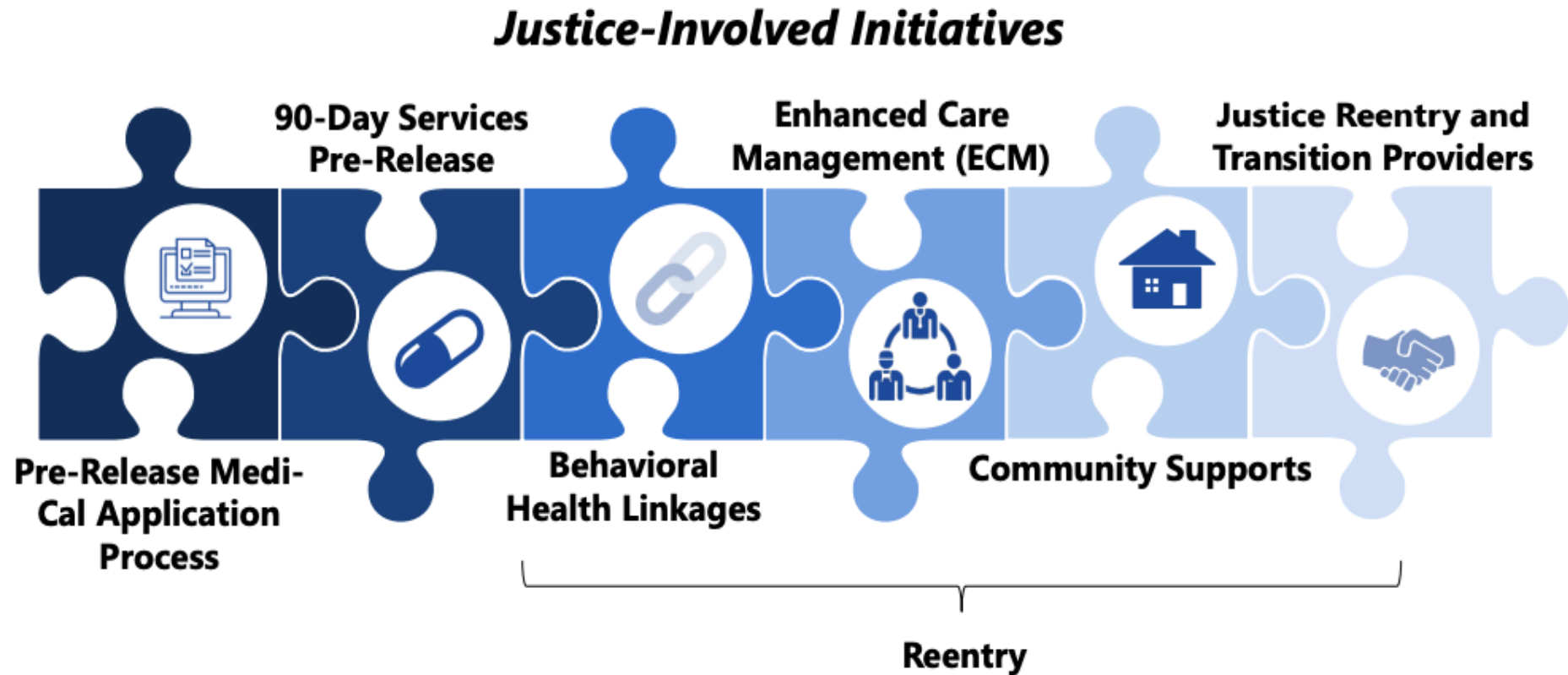


Frank has struggled with opioid addiction while living on the streets of San Francisco for the past 4 years. Frank visited the emergency department 7 times in the last 2 years because of overdoses and he returns to the streets after brief stays in shelters. In 2020, Frank contracted COVID-19 and continues to experience long-term symptoms. CalAIM’s ECM connects Frank with a care manager. They can meet at a nearby food bank to make plans for him to see his mental health provider to get his medication adjusted, and to follow up with his primary care doctor. The case manager can also connect Frank to a local CS provider who will help him secure safe, supportive housing.

Pre-Release Screening and Enrollment

- By January 1, 2023, all correctional facilities must implement a pre-release Medi-Cal application process
 - California Department of Corrections and Rehabilitation (state prison system)
 - County jails
 - Youth correctional facilities
- State legislature revised CA Penal Code Section 4011.11 to require county board of supervisors to designate an entity/entities to assist inmates with Medi-Cal application process
 - Sheriff may not be designated
 - CBOs may be designated but must be approved by jail administrator
- CA counties have taken different approaches to pre-release applications:
 - **Sacramento County:** county welfare worker (SSD) conducts screening; county navigator assigned to assist with application
 - **San Mateo County:** contracts with patient service assistant (PSA) agency
 - **Orange County:** contracts with CBO




Pre-Release Workflow



Pre-Release Services

- CMS approved pre-release services finalized in January 2023
 - CA first state to receive approval for services 90 days pre-release
 - Authorizes \$410 million for Providing Access and Transforming Health (PATH), Justice-Involved Capacity Building grants to implement pre-release services/coordinated reentry
- Correctional facilities must provide a set of minimum pre-release services
 - Facilities will complete readiness assessment in 2023 and select a go-live date to begin services
 - Will require substantial IT investments for data exchange and documentation
 - Expected to launch in early 2024

Pre-Release Services

 #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 	<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>

Thank you!

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