Medi-Cal Services & Supports for Californians Transitioning Out of Incarceration

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Medicaid is the nation's largest public health coverage program covering nearly 79 million people, including 13 million people in California.[1] In California, Medi-Cal is an essential program for adults and children who are low-income, pregnant, or have a disability, among other factors. In addition, Medi-Cal is an essential program for individuals transitioning out of incarceration. Roughly one million adults and youth involuntarily enter or are released from a California public carceral system annually.[2] At least 80 percent of individuals who are incarcerated in California are eligible for Medi-Cal and would benefit from Medicaid-covered services.[3] However, federal law prohibits the use of federal dollars to pay for Medicaid covered services for any adult who is an "inmate of a public institution."[4] Although the "inmate exclusion" is not a prohibition on eligibility for Medicaid, it has been identified as a barrier for individuals to receive access to services upon reentry back into their communities.[i] To learn more about the inmate exclusion and Medicaid eligibility for individuals who are incarcerated, please read **Medicaid Eligibility for Incarcerated Individuals in California**.

In 2021, California rolled out the California Advancing and Innovating Medi-Cal Initiative (hereinafter, "CalAIM") to transform and strengthen Medi-Cal by offering more equitable and coordinated health care coverage through a person-centered approach.[5] The CalAIM Justice-Involved Initiative (hereinafter, "Initiative") aims to improve access to and quality of health care for justice-involved populations as they re-enter into their communities.[6] Through this Initiative, California became the first state to receive federal approval from the Centers for Medicare and Medicaid Services (CMS) to offer and obtain federal funding for a targeted set of Medi-Cal services to youth and adults in correctional facilities for up to 90 days prior to release

[i] NHeLP strives to use inclusive and affirming language to accurately reflect the scope of incarcerated individuals and how it may affect their Medicaid coverage. However, federal and state statutes, regulations, and policies often use various terms to describe incarcerated individuals impacted by Medicaid exclusionary rules, including dehumanizing terms such as "inmate" or "juvenile." Because this issue brief seeks to provide a detailed overview of Medicaid policies that affect individuals who are incarcerated, it includes direct language from federal and state statutes, regulations, and policies, which may use such terms.

(hereinafter, "pre-release Medi-Cal services").[7] This issue brief will dive into the targeted pre-release Medi-Cal services being offered and describe other essential post-release Medi-Cal services that would support formerly incarcerated individuals.

Background on California's Incarceration Population

California has one of the highest incarceration rates in the world at 494 incarcerated individuals per 100,000 residents, which includes people incarcerated in prisons, jails, immigration detention centers, and youth correctional facilities.[8] In 2021, 199,000 Californians were confined in carceral systems, with Black and Latinx people being overrepresented in the State's incarcerated population.[9]

People confined in correctional facilities have significantly higher medical needs, both behavioral and physical, than individuals out of jail and prison. One quarter of the California imprisoned population have serious mental health conditions, such as a high rate of depression, anxiety, mania, posttraumatic stress disorder, and/or schizophrenia.[10] These conditions prevail or worsen depending on the type of treatment that an individual may experience while incarcerated.[11] For example, incarcerated people with a mental health condition may be disciplined and isolated in solitary confinement at higher rates than other incarcerated individuals.[12] Plus, California prisons have been sued for failure to provide adequate mental health care to incarcerated persons with serious mental health conditions.[13]

In addition to mental health conditions, nearly 66% of individuals who are incarcerated in California have a substance use disorder (SUD) and are receiving SUD treatment.[14] Overdose is one of the leading causes of death for people in California jails and prisons and for people being released from incarceration, making the death rate more than three times that of incarcerated people nationwide.[15] Other serious physical health conditions that California's incarcerated population experience include hypertension, asthma, hepatitis, tuberculosis and HIV or AIDS.[16]

Health conditions may worsen upon reentry if incarcerated individuals are not equipped with the necessary supports needed to help ease the stress that may come from transitioning back into the community. The Initiative will help improve access to the numerous Medi-Cal services that would help address some of the health care concerns that many incarcerated individuals experience upon reentry. Pre-release Medi-Cal services, in conjunction with essential post-release Medi-Cal services, are imperative in ensuring that individuals transitioning from carceral settings are able to immediately and seamlessly access necessary health care services.

Federal Guidance for Reentry Waiver Implementation

Although the inmate exclusion prohibits the use of federal financial participation (FFP) for Medicaid covered services for any individual who is an inmate of a public institution, there has been a major shift in federal law on Medicaid's role in funding services in carceral settings.[17] The Consolidated Appropriations Act of 2023 (CAA 2023) created a new mandate in Medicaid by requiring states to provide specific screening and diagnostic services and targeted case management to juveniles 30 days prior to release from incarceration.[18] Additionally, it also created a state option to allow states to provide targeted case management services to juveniles pre-trial.[19] These provisions are effective January 1, 2025.[20] In addition to the CAA 2023, CMS has encouraged states to request approval for federal funding through Medicaid section 1115 demonstration projects ("reentry waivers") for their justice-involved initiatives, which provide select services to individuals that are to be released from carceral settings.[21] CMS' approval of multiple reentry waivers from a variety of states has marked a significant shift in Medicaid's role in funding services in correctional facilities.[22] Reentry waivers are broader than the mandate established in the CAA 2023 and uses separate authority to achieve the goal of providing health care services for individuals being released from jail or prison.

On April 17, 2023, CMS released guidance to state Medicaid agencies on how states can implement an innovative service delivery system to facilitate successful reentry transitions for Medicaid-eligible individuals leaving prisons and jails and returning to the community.[23] This CMS guidance formalizes the policies and numerous guardrails to ensure that federal Medicaid funds are used appropriately for section 1115 reentry demonstrations in order to avoid incentivizing increased funding for carceral settings, which are not ideal settings for clinical care. Some important guardrails within the guidance include: overarching demonstration goals; time limitations; service limitations; eligibility requirements; enforcing a Medi-Cal suspension policy; and implementing a non-supplantation clause.[24]

As a requirement, CMS advised states that it will not approve reentry waivers that do not include at minimum the following pre-release services: (1) case management services for physical and behavioral health needs and Health-Related Social Needs (HRSNs); (2) Medication-Assisted Treatment (MAT); and (3) a 30-day supply of all prescription medications upon release.[25] Eligibility criteria for pre-release services are also included in the guidance, informing states they are limited to providing these services for incarcerated adults with the highest health care needs, whereas juveniles residing in a correctional facility are eligible for these services without such limitations.[26] Further, CMS explains that it will not approve reentry waivers unless the state suspends, rather than terminate, an adult's Medicaid eligibility once

they become incarcerated to ensure that upon release, the individual is able to easily access their Medicaid services.[27] This guidance represents the first time CMS has imposed restrictions upon a state's ability to terminate Medicaid for incarcerated individuals.[28]

Reentry section 1115 demonstrations are not intended to help absolve correctional facilities of their constitutional obligation to provide health care to incarcerated individuals when needed, and the demonstrations are not intended to transfer the financial burden of that obligation from a federal, state, or local carceral authority to the Medicaid program.[29] CMS requires that states incorporate a non-supplantation clause within the waivers. That is, CMS will not approve state proposals that seek to receive and use federal Medicaid matching funds for any existing carceral health care services that are currently funded with state or local dollars.[30] CMS also requires that, when the state has already covered specific services prior to the demonstration, the state must reinvest the new federal funding in services intended to support the incarcerated population.[31] It is important to emphasize that Medicaid funding should only be used for Medicaid services for incarcerated individuals transitioning out of correctional facilities and should not be used to funnel funding into other correctional facility services.

CMS does give states some flexibilities with certain requirements. For example, CMS welcomes and will consider proposals for pre-release Medicaid services that exceed the 30-day period, for up to a 90-day pre-release period.[32] This flexibility in the timeframe is significant because the limitation of a 30-day timeframe, as stated in Section 5032(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, may not be a sufficient period of time to begin supporting individuals who are incarcerated transition back into their communities, through services such as coordinating and transitioning care, particularly for individuals who need SUD services.[33]

One flexibility within the guidance that may raise concern is CMS not requiring states to provide pre-release Medicaid services through community-based providers.[34] Although CMS recognizes an "in-reach" model, where pre-release services are provided by community-based providers, as the preferred approach, its gives states the flexibility to not use this approach, which stems from the operational complexities that may arise when providing services in carceral settings, along with provider shortages.[35] As a result, states may choose to rely on carceral health care providers for delivery of some or all of the pre-release services.[36] Although not a CMS requirement for reentry waivers, states should use community-based providers as much as possible to build trust with individuals transitioning out of correctional facilities in an effort to strengthen the connection to the community upon release.

California's Reentry Waiver

On January 26, 2023, California was the first state to receive approval from CMS on its reentry waiver to provide pre-release Medi-Cal services for eligible incarcerated individuals 90 days prior to their release, creating a temporary and limited carve-out to the "inmate exclusion."[37] This section will discuss eligibility criteria for individuals who are incarcerated to receive pre-release Medi-Cal services, the Medi-Cal services being offered, how and when juveniles and adults can access these services, and the responsibilities and flexibilities counties can follow to effectively implement these services.

As a preliminary matter, individuals who enter into a correctional facility must be enrolled in Medi-Cal before being screened for eligibility to receive pre-release Medi-Cal services. Under state law and the reentry waiver, California is required to set-up pre-release Medicaid application processes to help adults and youth get enrolled into Medi-Cal prior to their release.[38] Under this obligation, if an individual was not enrolled in Medi-Cal upon entering into the carceral system, then correctional facilities are required to help the incarcerated individual enroll.[39] All counties must have implemented the pre-release Medi-Cal application processes by January 1, 2023.[40] The implementation of pre-release Medi-Cal application processes should ensure continuity of care between carceral settings and the community—ultimately improving health outcomes by reducing health disparities.

Although Medicaid enrollment and access to pre-release Medi-Cal services are different operational obligations, they go hand in hand when it comes to ensuring that all eligible incarcerated individuals can access necessary services prior to their release. Once eligible incarcerated individuals are enrolled in Medi-Cal, the counties must enforce the Medi-Cal suspension policy for that population to comply with both the federal and California law on Medicaid suspensions.[41] To learn more about California's legal obligations to implement the pre-release Medi-Cal application and the implementation of Medi-Cal suspensions generally, please read **Medicaid Eligibility for Incarcerated Individuals in California.**

Eligibility Criteria and Screening for Medi-Cal Services under the Reentry Demonstration

Consistent with the CMS guidance, the pre-release Medi-Cal services will only be available to incarcerated adults with the highest physical and behavioral health needs; and, available to all youth residing in a youth correctional facility, regardless of whether the youth has physical and behavioral health needs.[42]

Pre-release Medi-Cal services are available in the following correctional agencies: state prisons, county jails/detention facilities, and county youth correctional facilities.[43] For adults who are incarcerated in these qualified facilities, they must (1) meet the standard Medicaid eligibility criteria, and (2) experience one or more of the following health care needs: mental illness, SUD, chronic condition or significant clinical condition, intellectual or developmental disability, traumatic brain injury, HIV/AIDS, and/or be pregnant or postpartum.[44] Youth who are incarcerated are able to receive pre-release services without needing to demonstrate a particular health care need.[45] In addition, pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, pre-release services are available for youth under age 21 when they are necessary to correct or ameliorate a physical or behavioral health condition.[46]

Correctional facilities and prisons are required to screen all Medi-Cal eligible adults and youth for physical and behavioral health needs to ensure that all eligible individuals who meet the pre-release access criteria are able to receive Medi-Cal services.[47] Although there is flexibility in how a correctional facility can implement the screening process, they must use existing health screening and assessment systems to ensure that upon an individual's entry in the carceral system, they are screened for the pre-release services criteria.[48]

Pre-Release Medi-Cal Services for Individuals in Correctional Facilities

The pre-release services included in California's reentry waiver include the minimum services proposed in the CMS guidance and expand beyond the minimum services to include other services.[49] The following benefits will be available to eligible individuals who are incarcerated:

(1) **Case Management**: 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) ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community.[50] Pre-release care managers will develop a person-centered reentry plan, which will include important health information and any post-release planning.[51] Although the care management services provided under the pre-release services are similar to Enhanced Care Management (ECM) services, these are two separate benefits due to the context the services are administered and the type of providers that may be providing these services.[52]

(2) **Physical and behavioral health clinical consultation services**: include targeted preventive, physical, and behavioral health clinical consultation services, such as clinical assessments, patient education, therapy and counseling, and peer support services.[53]

(3) **Laboratory and radiology services**: pursuant to California's state plan, laboratory and radiology services are covered on order of a licensed practitioner except laboratory services in renal dialysis centers and community hemodialysis units.[54]

(4) **Medications and medication management**: pursuant to California's state plan, coverage extends to all medications, including over-the-counter medications, in the Medi-Cal Prescription Drug Contract Drugs List, and includes access to medications that are difficult to obtain in correctional facilities and helping individuals access medications that will stabilize their chronic conditions.[55]

(5) **Medication-Assisted Treatment (MAT)**: provided for opioid use disorder (OUD), alcohol use disorder (AUD) and non-opioid substance use disorder, along with other psychosocial services delivered in conjunction with MAT for both OUD, AUD, and non-opioid SUD.[56]

(6) **Community Health Workers/Promotores/Representatives (CHWPR) services**: includes preventive health services to prevent disease, help control chronic conditions or infectious diseases, and other conditions that may impact health.[57]

Also, consistent with the CMS guidance, the pre-release services can be provided via telehealth or in-person.[58] Correctional facilities are allowed to conduct appointments by video or audio only, as clinically appropriate, and consistent with Medi-Cal's telehealth policy.[59] California's Department of Health Care Services (DHCS) requires that providers offering telehealth services to incarcerated individuals comply with the Health Insurance Portability and Accountability Act (HIPAA).[60] The flexibility in how services can be provided are essential to ensure that as many people as possible are able to access these services in an efficient and effective manner.

Pre-Release Services Delivery Model

Pre-release services will be delivered through Medi-Cal's Fee-For-Service (FFS) delivery system and all pre-release providers must enroll in Medi-Cal as an FFS provider.[61] DHCS allows pre-release services to be provided by either embedded/contracted or in-reach community-based providers and correctional facility staff—utilizing the flexibility within the CMS guidance on the type of providers.[62] Examples of in-reach providers may include community health workers,

peer support specialists, care managers, and other behavioral or physical health providers.[63] Both types of providers will be required to enroll in Medi-Cal as a provider.[64] While the targeted set of Medi-Cal pre-release services will be billed FFS, Managed Care Plans (MCPs) will be essential to establish a smooth transition for the individual from pre-release services into post-release (regular) Medi-Cal services upon reentry. However, this transition is only necessary if upon release the formerly incarcerated individual is enrolled into a Medi-Cal MCP.[65]

Short-Term Incarceration Stays & Unknown Release Dates

Often incarceration duration can be short and unpredictable due to the nature of the U.S. criminal legal system and such unpredictability can cause many individuals held in jails to have unknown release dates.[66] Shorter stays and unknown release dates can be challenging operationally for correctional facilities to implement pre-release Medi-Cal Services. To address these challenges, DHCS has established a short-term model that correctional agencies can implement to provide these essential services to individuals with short-term stays. The short-term model provides the minimum requirements and the timeline for county correctional facilities to provide and coordinate pre-release service delivery and reentry planning during the 21 days of incarceration for individuals with unknown release dates.[67]

If an individual is incarcerated for less than a year or their release date is unknown, then the county correctional facility is required to conduct an initial health screening within 48 hours of booking to determine if they qualify for pre-release services (Medi-Cal enrollment may also occur during this intake as well).[68] If it is not possible to conduct the screening for pre-release services at the initial health screening, then the screening should occur at the next comprehensive health screening, which typically occurs within two weeks of booking.[69] If neither of these options are possible, then the screening for pre-release services can occur at some point throughout the duration of the individual's custody and may be satisfied through clinical observation, medical record review, or self-attestation.[70] Contrary to when an individual is incarcerated for more than a year, the prison staff may screen individuals incarcerated for short periods for access to pre-release services during a health screening that takes place before the 90-day pre-release services period would begin for the individual or through clinical observation, medical record review, or self-attestation.[71] Although the Initiative's Policy Guide provides minimum requirements, correctional agencies can and are encouraged to initiate services earlier than the timeline requirements based on available staffing and resources.

Pre-Release Services Launch Date and Additional Updates

In California, DHCS' launch date for the pre-release services was set for October 1, 2024.[72] DHCS anticipates a two-year implementation period that would allow correctional facilities, county partners, MCPs, and community-based organizations to better prepare for the implementation of targeted pre-release services as required by state law and CMS. Currently, only three counties in California began implementation on October 1, while the remaining counties and state prisons are scheduled to go-live in 2025 and 2026.[73]

In addition to the implementation of California's reentry waiver requirements, as mentioned earlier, § 5121 and 5122 of the Consolidated Appropriations Act of 2023, made improvements to continuity of coverage and services for juveniles, by requiring states to provide certain services and screenings to youth 30 days prior to the release, and by creating a state option to allow states to provide Medicaid-funded services to juveniles pre-trial, effective January 1, 2025.[74] Although there is alignment between the reentry waiver and the CAA 2023, this new mandate is a separate federal requirement from the reentry waiver and must be implemented in accordance with federal requirements. As counties continue to go-live and implement these critical services in incarcerated settings, we encourage advocates to monitor implementation processes and hold the counties and correctional facilities accountable for providing these services in an effective and timely manner.[75]

Services Available to Facilitate Post-Reelease Services in the Community

The Initiative's Policy Guide establishes several specific services that will be available for Medi-Cal beneficiaries upon release from correctional facilities. For some of these services, carceral facilities are required to ensure in-hand provision at time of release. For example, upon release from correctional settings, formerly incarcerated individuals will be provided with a minimum 30-day supply of prescriptions for refills in place, as clinically appropriate, for covered outpatient prescribed medications and over-the-counter medications.[76] In addition, carceral facilities will be required to identify for need and provide durable medical equipment (DME) upon release, as well as provide prescriptions for DME by coordinating with community-based providers to ensure residential DME will be in place when needed.[77]

Other post-release services require ongoing coordination with Medi-Cal. Upon release, eligible formerly incarcerated individuals will be able to receive all full-scope Medi-Cal services once their Medi-Cal is reactivated, instead of the targeted set of pre-release services available during incarceration. Some key critical Medi-Cal services that individuals transitioning out of

incarceration can and should have access to include: Enhanced Care Management (ECM), Community Supports (CS), and behavioral health linkages. Since some of these critical transitional services are only available through enrollment in MCPs, it is important that the Medi-Cal MCP enrollment process for individuals incarcerated is as seamless as possible. This section of the policy brief covers the Medi-Cal MCP enrollment process for individuals being released from jail or prison and critical components for ECM, CS, and behavioral health linkages.

Medi-Cal MCP Enrollment

A key element of the Initiative is avoiding disruptions in care when an individual is released from incarceration. To that end, DHCS has established new processes to maintain enrollment of Medi-Cal beneficiaries in MCPs.[78] For members who were previously enrolled in an MCP upon entry into the correctional facility, Medi-Cal MCP enrollment will be put on hold for up to 12 months of incarceration.[79] When the individual is released, they will remain in the same MCP without the need to go through another MCP enrollment process if they remain in the same county they resided before incarceration.[80]

For Medi-Cal enrollees who were not enrolled in Medi-Cal nor assigned an Medi-Cal MCP upon entry into the correctional facility, i.e. enrolled in FFS, DHCS established new processes to get those individuals enrolled in a MCP.[81] For these individuals, after Medi-Cal eligibility is confirmed, the person will be assigned an MCP based on either prior plan assignment, plan assignment of family members, if any, or the use of an algorithm.[82] The person will also receive confirmation about their MCP enrollment, including information about how to change plans if needed.[83] DHCS will also inform MCPs about new member enrollment of individuals who are incarcerated that were not previously enrolled in a MCP before entering into incarceration.[84]

Although the assignment process varies depending on whether the individual was previously enrolled in an MCP, once released from jail or prison, coverage for all members will be effective retroactive to the first day of the month their MCP enrollment is activated.[85] For example, pursuant to the Initiative's Policy Guide, if an individual is released on April 15, MCP enrollment will be effective starting April 1.[86]

Enhanced Care Management and Community Supports

The Enhanced Care Management (ECM) and Community Supports (CS) benefits are key features of the CalAIM initiative and critical benefits for individuals transitioning out of

incarceration due to the complex health needs that many individuals may experience upon release.[87] The purpose of these benefits is for the individual receiving the care to be anchored in the community, where services would be delivered by community-based ECM and CS providers. Similar to pre-release care management services offered to incarcerated individuals 90 days before release, ECM provides comprehensive care management to eligible members with complex health needs after release.[88] California law states that individuals transitioning from incarceration and requiring immediate transition of services to the community, must receive ECM services since they are a targeted population of focus for ECM services.[89] CS are services that help address members' health-related social needs, such as securing housing or medically tailored meals.[90] Both ECM and CS services are only available for Medi-Cal beneficiaries who are enrolled in an MCP and only support the highest-need Medi-Cal MCP members.[91] This section will dive deeper into each benefit and why each one is critical for individuals who are recently released to access.

- **Enhanced Care Management**

ECM is a care management service used to address the clinical and non-clinical needs of managed care members with the most complex medical and social needs.[92] It provides coordination of services and comprehensive care management in a community-based and person-centered environment. ECM is rooted in coordinating all care for members who receive services across different health delivery systems from physical to behavioral. Medi-Cal can be complicated and difficult to navigate for individuals with complex needs, so the ECM benefit is designed to provide robust care management to ensure the individual receives all the services they need.

ECM is critical for individuals recently released because navigating which Medi-Cal services the individual should access can be overwhelming and challenging; having a care manager navigate the process and coordinate services will help alleviate any stress that may come with transitioning back into the community. To be eligible for ECM, members must be enrolled in a Medi-Cal MCP and be within at least one of the ECM Populations of Focus.[93] One of the ECM Populations of Focus is adults and youth transitioning out of incarceration since many members transitioning from incarceration have disproportionately high physical and behavioral health care needs that require ongoing treatment and medication maintenance.[94]

An individual is eligible to receive ECM if the individual is (1) transitioning from a correctional facility or transitioned from correctional facility within the past 12 months and (2) have at least one of the following conditions: mental illness, SUD, chronic condition/significant non-chronic clinical condition, intellectual or developmental disability, traumatic brain injury, HIV/AIDS, or

is pregnant or postpartum.[95] Children and youth transitioning from a youth correctional facility are eligible to receive ECM if transitioning from a youth correctional facility or adult jail/prison or transitioned from being in a youth correctional facility or adult jail/prison within the past 12 months.[96] For juveniles, no other health criteria is required.[97]

Additionally, DHCS made eligibility even easier for formerly incarcerated individuals to access ECM upon release because the eligibility criteria for the individuals transitioning from incarceration population of focus aligns with the eligibility criteria for individuals who are incarcerated to receive targeted pre-release Medi-Cal services.[98] Importantly, members do not need to have received pre-release services to be eligible for this Population of Focus as long as they meet the eligibility criteria.[99] Examples of when an individual could be eligible for ECM without having received pre-release services include: (1) pre-release services are not live or are being phased-in, but ECM for the incarcerated populations has already launched; (2) individual was incarcerated for a very brief period; or (3) individual was not eligible for pre-release services when they were incarcerated but became eligible within 12 months of release. As of January 1, 2024, MCPs are required to have referral pathways in place for members who do not receive pre-release services since ECM for this Population of Focus has already gone live.[100]

Although services may vary depending on the member's needs, ECM core services include: (1) outreach and engagement; (2) comprehensive assessment and care management plan; (3) enhanced coordination of care; (4) health promotion; (5) comprehensive transitional care; (6) member and family supports; and (7) coordination of and referral to community and social support services.[101] Some eligible members may already receive some care management through other programs and in those instances, the ECM benefit will be additive, improve management of care across different delivery systems and address any unmet medical and social needs.[102] MCPs are responsible for ensuring non-duplication of services provided through ECM and any other program.[103]

For formerly incarcerated individuals who received pre-release Medi-Cal care management services during their incarceration, a transition needs to happen between the pre-release care manager and post-release ECM manager before the individual is released. If the pre-release care manager and ECM provider are two different people, the pre-release care manager is required to closely coordinate with the individual's post-release ECM provider and conduct a warm handoff.[104] A warm handoff will establish a trusted relationship between the individual and the new care manager to ensure seamless service delivery. At a minimum, a warm handoff should include (1) sharing the transitional care plan with the post-release ECM provider and the individual's assigned MCP, and (2) scheduling and conducting a warm

handoff meeting with the individual and both the pre- and post-release care managers.[105] The warm handoff must take place before the individual's release or within a week after their release.[106] If the pre-release provider and post-release provider is the same individual, a warm handoff will not be needed and the provider will review the reentry plan for the incarcerated individual prior to their release.

ECM for the individuals transitioning from incarceration population of focus went live statewide on January 1, 2024. Since the ECM implementation date for the justice-involved population preceded the go-live dates for pre-release Medi-Cal services, individuals who meet the ECM justice-involved eligibility criteria will be eligible for ECM prior to when pre-release services go live in correctional facilities.[107] However, the only way an incarcerated individual will be able to receive ECM before pre-release services is through either self-referrals and other referrals from family members, community-based organizations, etc.[108] Once all counties have implemented pre-release Medi-Cal services, the transition from pre-release care management services to post-release ECM services should be smoother.

- **Community Supports**

Community supports are services provided by Medi-Cal MCPs to address a member's health-related social needs and these supports can substitute for covered Medi-Cal services.[109] The purpose of CS is to allow members to obtain care in the least restrictive setting possible and keep them in the community as medically necessary. CS would expand access to services that were previously available only through home and community-based services initiatives, while assisting in addressing social needs. There are 14 community supports that that MCPs across all counties in California can elect to offer to their members.[110] Although MCPs can offer one or more of the 14 pre-approved CS, DHCS encourages MCPs to elect to offer all of the 14 approved CS.[111] CS can occur at the option of the Medi-Cal MCP and the member receiving the services, and all CS services must be pre-approved by DHCS as medically appropriate and cost-effective.[112] However, there are a couple of access limitations for CS. CS are only provided through MCPs, which precludes access to CS for individuals enrolled in FFS.[113] Moreover, CS are only optional for MCPs, which means members may not be able to access such services if their MCP does not offer coverage or does not deem it medically appropriate.[114]

Regardless of its limitations, CS services present enormous potential for individuals transitioning out of incarceration to help ease back into their communities. CS services are particularly important for individuals who have been recently released from correctional facilities because many of them have behavioral health conditions and disabilities that would

benefit from such services. In addition, recently incarcerated individuals are at heightened risk of being subject to re-institutionalization and ineffective and sometimes harmful practices in residential or inpatient settings. CS will help prevent the cycle of re-incarceration by ensuring that formerly incarcerated are provided with stabilizing supports when transitioning back into the community. Some of the social and economic barriers that formerly incarcerated people face include housing insecurity, homelessness, and food insecurity.[115]

- ***Housing Community Supports***

Formerly incarcerated people often lack stable housing and are 10 times more likely to be homeless than the general public.[116] In California, roughly 70% of people experiencing homelessness have a history of being incarcerated.[117] It is also difficult for individuals previously incarcerated to maintain housing and housing assistance, in part because of the shortage of affordable housing and lack of federal programs to provide housing assistance for individuals with a history of incarceration.[118] Due to these significant barriers, formerly incarcerated individuals are likely to benefit from the following housing-related CS:

(1) **Housing transition navigation services** assist members with obtaining housing, including but not limited to conducting a tenant screening and housing assessment, developing a housing support plan, assisting with the search for housing options, and assist with landlord education and engagement.[119] To read more on how an individual can qualify for this service, please read **DHCS Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide**.

(2) **Housing deposits** assist with identifying, coordinating, securing, or funding one-time services and modification to enable a person to establish a basic household, such as set-up fees/deposits, first month coverage of utilities, and other medically-necessary adaptive aids and services.[120] Services do not include the provision of room and board or payment of ongoing rental costs beyond the first and last month's coverage.[121]

(3) **Housing tenancy and sustaining services** help the member maintain a safe and stable tenancy once housing is secured, such as providing early identification and intervention for behaviors that may jeopardize housing and advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.[122] This service includes coverage of room and board or payment of rental costs.[123]

If a member already received the housing transition/navigation services community support, the member may automatically qualify to receive both the housing deposits and housing

tenancy and sustaining services community supports.[124] However, if a member does not, then there are separate criteria for the housing deposits and housing and sustaining services that the member will have to meet to access these supports.[125] If a member is eligible for and receives housing deposits or housing tenancy and sustaining services, then the member would not automatically become eligible for housing navigation services.[126]

- ***Medically Tailored Meals/Medically-Supportive Food ("Meals") Community Support***

Malnutrition and poor nutrition can lead to devastating health outcomes or worsen health outcomes. Meals can help individuals achieve their nutrition goals at critical times to help them regain and maintain their health. However, food insecurity remains a major barrier that individuals released from jail or prison may face.[127] In the U.S., 91% of people released from prison reported experiencing food insecurity.[128] In addition, federal programs that address food insecurity, such as Supplemental Nutrition Assistance Program (SNAP) and state Temporary Assistance for Needy Families (TANF), may restrict benefits based on an individual's involvement with the criminal legal system—leaving individuals unable to access consistent food benefits.[129]

Due to food insecurity being a major issue for formerly incarcerated individuals, it is crucial that formerly incarcerated individuals utilize the *medically tailored meals/medically-supportive food* ("meals") community support to help ensure that they can access meals that are medically necessary to support their health care needs/conditions. The meals CS will provide medically tailored meals to members at home that meet the unique dietary needs of those with chronic diseases.[130] Members will also receive medically-supportive food and nutrition services, including medically tailored groceries, healthy food vouchers, and food pharmacies.[131] In addition, behavioral, cooking, and/or nutrition education is included when paired with direct food assistance.[132]

Meals CS will be provided to (1) members with chronic conditions, such as diabetes; (2) members being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization; or (3) members with extensive care coordination needs.[133] If eligible, members will be restricted to two meals per day or food and nutrition services for up to 12 weeks or longer if medically necessary.[134] Additionally, members that receive meals or reimbursements for meals from alternate programs will not be eligible to receive this community support.[135]

Ultimately, any CS service would be beneficial for individuals being released from incarceration to access. One of the key goals of the Initiative is to ensure that individuals are supported

during the transition from incarceration into the community through the provision of post-release services like ECM and CS.

Behavioral Health Linkages

As explained above, justice-involved individuals are disproportionately impacted by behavioral health conditions, which is why California's reentry waiver extends to the provision of MAT and behavioral health consultation services as part of the available pre-release services for eligible individuals.[136] In addition, the reentry waiver emphasizes the need to screen justice-involved individuals to facilitate behavioral health linkages upon release.[137] Pursuant to the reentry waiver, correctional facilities are required to have processes in place to conduct an initial mental health and SUD screening at intake, and then, as indicated, a second screen and/or full assessment with tools mutually agreed upon by the correctional facility and the county behavioral health agency.[138] This screening is used to determine if the individual's behavioral health needs meet behavioral health criteria in order to require behavioral health linkage.

Beginning on April 1, 2024, DHCS also requires correctional facilities, county behavioral health agencies, and MCPs to implement processes to coordinate and facilitate referrals to community providers in order to guarantee continuation of behavioral health services received while incarcerated.[139] During the assessments performed by correctional facilities, case managers will determine whether a person meets the eligibility and diagnostic criteria for Medi-Cal specialty mental health services (SMHS) through a county mental health plans (MHP) provider; Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services through a county DMC or DMC-ODS provider; or non-specialty behavioral health services through MCPs.[140] The case manager is then responsible for making a warm handoff to the corresponding provider(s) in the appropriate system.[141] This assessment and handoff process is important because the trifurcated nature of Medi-Cal's behavioral health system often leads to confusion among beneficiaries. The Initiative is designed to help justice-involved individuals navigate the system and access potentially life-saving treatment without delay.

Correctional facilities also have the option to contract with county behavioral health agencies to enable MHP, DMC, and/or DMC-ODS providers to provide pre-release services.[142] Those services may include screening/assessment, obtaining consent for provider consultation and data sharing, counseling or therapy, Peer Support Services, and behavioral health treatment–including MAT, clinical consultations, and care management, and any other necessary SMHS, DMC, or DMC-ODS service covered as part of the pre-release benefit depending on correctional facility capacity.[143] These contracts with county behavioral health agencies can facilitate transitions to treatment in the community because the same providers offering

services prior to release would continue providing services, as necessary, upon release. Alternatively, correctional facilities may contract directly with the same providers to provide pre-release services, as long as the provider is enrolled in Medi-Cal as a fee-for-service (FFS) provider.[144]

As part of behavioral health linkages, and after securing the beneficiary's consent, county behavioral health agencies must schedule follow-up appointments within clinically appropriate timeframes and with input from appropriate providers.[145] Pursuant to the Initiative's Policy Guide, appointments must be scheduled no later than one business day after the recommended timeline for urgent needs, such as MAT, and no later than one week for less urgent needs.[146] In addition, facilities must work with MCPs to ensure arrangement of transportation services to and from the services in the community.[147] County agencies must also participate in care transition meetings, which are facilitated by pre-release care management teams, for any beneficiary identified as needing additional team coordination.[148] Finally, the county behavioral health agency should offer to schedule a post-release appointment with the beneficiary to ensure a seamless transition, and should follow-up with the person as appropriate if the beneficiary misses the appointment.[149]

Conclusion

As implementation of the Justice-Involved Initiative, pre-release Medi-Cal services, ECM, CS, and behavioral health linkages begins, it is important for advocates and stakeholders to understand the key policies that DHCS has outlined as part of the roll out. The reentry waiver has been designed to ensure access to important benefits prior to release while maintaining the Medicaid protections that promote care be provided in integrated and community-oriented settings. In addition, the reentry waiver puts in place important policies to ensure smooth transitions when a beneficiary is released from incarceration—avoiding disruptions and delays in access to medically necessary and potentially life-saving physical and behavioral care services, such as ECM, CS and behavioral health linkages. As implementation progresses, monitoring the implementation of pre-release Medi-Cal services and other critical reentry services will be important to ensure that Californians who are transitioning out of incarceration are able to access these benefits.

ENDNOTES

[1] CMS, July 2024 Medicaid & CHIP Enrollment Data Highlights (Oct. 31, 2024), https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html (79,560,396 people in all 50 states and D.C. were enrolled in Medicaid and CHIP and 13,442,757 enrolled in California).
[2] Leah Wang, *Since you asked: How many women and men are released from each state's prisons and jails every year?* (Feb. 28, 2024), https://www.prisonpolicy.org/blog/2024/02/28/releases-sex-state/; *see* Vera Inst. of Just., *California: The State of Incarceration*, https://www.vera.org/california-state-of-incarceration (last visited Oct. 22, 2024).
[3] Council on Crim. Just. and Behav. Health, *The Impact of Medi-Cal Expansion on Adults Formerly Incarcerated in California State Prisons* at 2 (December 2018), https://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2019/12/Offender-Medi-Cal-Utilization-Study-Research-Report-CCJBH-FINAL.pdf.
[4] 42 U.S.C. § 1396d(a)(32)(A); 42 C.F.R. §§§ 441.13(a)(1), 435.1009(a)(1), 435.1010. *See* CMS, Dear State Health Official Letter (Apr. 28, 2016) (SHO # 16-007), https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf.
[5] CAL. WELF. & INST. CODE § 14184.402.
[6] Cal. Dep't Health Care Servs., *Transformation of Medi-Cal: Justice Involved*, https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-JI-a11y.pdf (last visited Oct. 20, 2024).
[7] CAL. WELF. & INST. CODE § 14184.402. *See* CMS, Approval Letter for California Advancing and Innovating Medi-Cal (CalAIM) Reentry Demonstration Initiative Amendment (Jan. 26, 2023), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca1.pdf.
[8] Emily Widra, States of Incarceration: The Global Context 2024 (June 2024), https://www.prisonpolicy.org/global/2024.html.
[9] The Prison Policy Initiative, California Profile, https://www.prisonpolicy.org/profiles/CA.html (last visited Oct. 29, 2024).
[10] California Health Policy Strategies, L.L.C., *The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions*, 2009-2019 (Feb 2020), https://calhps.com/wp-content/uploads/2020/02/Jail_MentalHealth_JPSReport_02-03-2020.pdf. *See* Brandon Martin and Magnus Lofstrom, *County Jails House Fewer Inmates, but Over Half Face Mental Health Issues*, Public Policy Institute of California (October 2023), https://www.ppic.org/blog/county-jails-house-fewer-inmates-but-over-half-face-mental-health-issues/.
[11] *Id.*
[12] *Id.*
[13] *See, e.g., Court Imposes $112M Fine on State for Failure to Provide Adequate Mental Health Care in California Prisons* (June 27, 2024), https://rbgg.com/court-imposes-112m-fine-for-failure-to-provide-adequate-mental-health-care-in-california-state-prisons/.
[14] Mac Taylor, Legislative Analyst's Office, *Improving In-Prison Rehabilitation Programs* (Dec. 6, 2017), https://lao.ca.gov/reports/2017/3720/In-Prison-Rehabilitation-120617.pdf.

[15] Denise M. Allen *et. al*, *Impacts of the Integrated Substance Use Disorder Treatment (ISUDT) Program on Morbidity and Mortality* (Oct. 2023), https://cchcs.ca.gov/wp-content/uploads/sites/60/2023-ISUDT-Report_v36.pdf.
[16] Mia Bird and Shannon McConville, *Health Care for California's Jail Population* (June 2014), https://www.ppic.org/wp-content/uploads/content/pubs/report/R_614MBR.pdf.
[17] 42 U.S.C. § 1396d(a)(32)(A); 42 C.F.R. §§§ 441.13(a)(1), 435.1009(a)(1), 42 C.F.R. § 435.1010.
[18] Consolidated Appropriations Act of 2023 §§ 5121, 5122, Pub. L. No. 117-328 (Dec. 29, 2022). *See* CMS, Dear State Health Official Letter at 12, 27 (July 23, 2024) (SHO # 24-004), https://www.medicaid.gov/federal-policy-guidance/downloads/sho24004.pdf. Juveniles are defined as youth under the age of 21 or former foster care child under the age 26 while incarcerated. 42 U.S.C. § 1396a(nn).
[19] *Id*.
[20] *Id*.
[21] NHeLP supports initiatives to increase access to care for individuals involved in the criminal legal system and agrees that preparing incarcerated individuals for reentry is an important step in increasing access. Reentry demonstrations provide important opportunities to increase continuity of care and improve health care outcomes for individuals exiting prisons. However, as we have previously expressed, we question the legality of such waivers. The Secretary lacks authority to waive requirements found in 42 U.S.C. § 1396d, the prohibition on obtaining federal financial participation (FFP) for services provided to "inmates of a public institution," and no freestanding "expenditure authority" exists that authorizes the use of FFP for this purpose. However, since CMS is approving these demonstrations, it must ensure that there are appropriate guardrails in place to ensure that Medicaid funding is used strictly for services that aid in reentry, that providers are primarily community-based, and that any services are effectively tailored to promote successful community reintegration. *See* Nat'l Health Law Prog., Comments Re: California Section 1115 Demonstration Five-Year Renewal and Amendment Request: CalAIM Demonstration (Aug. 12, 2021), https://healthlaw.org/resource/nhelp-comments-on-california-section-1115-demonstration-fiveyear-renewal-and-amendment-request-calaim-demonstration/. *See* also Jennifer Lav, Nat'l Health Law Prog., *CMS Establishes Guardrails for Section 1115 Demonstrations for Justice-Involved Individuals in California Waiver* (Feb. 1, 2023), https://healthlaw.org/resource/cms-establishes-guardrails-for-section-1115-demonstrations-for-justice-involved-individuals-in-california-waiver/.
[22] California was the first state to receive approval of their reentry waiver in January 2023. Since then 10 states have been approved: Oregon, Washington, Montana, Utah, New Mexico, Illinois, Kentucky, Vermont, New Hampshire, and Massachusetts. There are still 13 states, including Washington D.C. pending approval. *See*, Elizabeth Hinton & *et al*., Section 1115 Waiver Watch: Medicaid Pre-Release Services for People Who Are Incarcerated (Aug. 19, 2024), https://www.kff.org/medicaid/issue-brief/section-1115-waiver-watch-medicaid-pre-release-services-for-people-who-are-incarcerated/.
[23] *See* CMS, Dear State Health Official Letter (April 17, 2023) (SMD # 23-003), https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf [*hereinafter* CMS SMD #23-003].

[24] CMS SMD #23-003, *supra* note 23. *See* Jennifer Lav, *supra* note 21.
[25] CMS SMD #23-003, *supra* note 23.
[26] *Id*.
[27] *Id*. Prior to this approval, CMS has encouraged states to suspend, rather than terminate, Medicaid eligibility for adults upon incarceration, but this is the first time CMS has mandated it in guidance. After CMS guidance was released, Congress enacted the Consolidated Appropriations Act of 2024 mandating that all states are required to suspend an adult's Medicaid upon entry into a correctional facility, effective January 1, 2026. *See* The Consolidated Appropriations Act of 2024, Pu. L. No. 118-42 § 205 (Mar. 9, 2024). The SUPPORT Act of 2018 already required for states to implement a suspension policy for juveniles, youth under the age of 21 or former foster youth up to the age of 26 while incarcerated. 42 U.S.C. § 1396a(a)(84)(A); 42 U.S.C. § 1396a(nn).
[28] *See* Andrew Hayes and Cathren Cohen, Nat'l Health Law Prog., *Juvenile Justice Laws Provide Model for Improving Health Care Access for Individuals Leaving Incarceration* (May 27, 2021), https://healthlaw.org/juvenile-justice-laws-provide-model-for-improving-health-care-access-for-individuals-leaving-incarceration/.
[29] CMS SMD #23-003, *supra* note 23.
[30] *Id*.
[31] *Id*. CMS also provided a list of allowable investment plans in the guidance. Additionally, if such an occurrence happens, the state must submit a reinvestment plan within 120 of approval of the reentry waiver.
[32] *Id*.
[33] *Id*.
[34] *Id*.
[35] *Id*.
[36] *Id*.
[37] CAL. WELF. & INST. CODE § 14184.800(a)–(c). *See* CMS, Approval Letter for California Advancing and Innovating Medi-Cal (CalAIM) Reentry Demonstration Initiative Amendment (Jan. 26, 2023), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca1.pdf [hereinafter, DHCS CA Reentry Waiver Approval]. *See also* Cal. Dep't Health Care Servs., All County Welfare Directors Letter No. 24-04 (Feb. 29, 2024), https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/24-04.pdf [hereinafter, ACWDL #24-04].
[38] ACWDL #24-04, *supra* note 37 at 46–48.
[39] *Id*.
[40] *Id*.
[41] Consolidated Appropriations Act of 2024 § 205(a), Pub. L. No. 118-42 (Mar. 9, 2024); CAL. WELF. & INST. CODE § 14011.10(e). *See* ACWDL #24-04, *supra* note 37.
[42] Cal. Dep't Health Care Servs., *Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative* at 61–62 (Oct. 2023), https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf [hereinafter, DHCS CalAIM Justice-Involved Initiative Policy Guide].

[43] DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 42 at 62–66. Individuals residing in low-security institutions, which include g camps and two honor farms, are deemed "inmates" and do not have the freedom of movement, therefore pre-release services will be available to individuals confined in these facilities. *See Id*. at 61.
[44] *Id.* at 62–66.
[45] *Id*. at 63.
[46] 42 U.S.C. § 1396d(r)(5); Cal. Welf. & Inst. Code § 14059.5(b)(1).
[47] DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 42 at 67–72.
[48] *Id*.
[49] *Id*. at 75–78.
[50] *Id*. at 75–76.
[51] *Id*. at 103–105.
[52] *Id*. at 93–107. The care management model is only provided and billable during the 90 day prior to an individual's release and delivered through Medi-Cal fee-for-service, whereas Enhanced Care Management (ECM) is only available post-release and delivered through Medi-Cal Managed Care. However, we want to note that some care managers may also be ECM providers but may not always be the case.
[53] *Id*. at 108–110.
[54] *Id*. at 77; Cal. Dep't Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1-A 4, https://www.dhcs.ca.gov/SPA/Documents/Limitations-to-Attachment-3-1-A.pdf.
[55] Cal. Dep't Health Care Servs., Medi-Cal Rx Contract Drugs List (2024), https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf; *See also* Cal. Dep't Health Care Servs., Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cold/Cough Preparations (2024), https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_OTC_FINAL.pdf. Cal. Dep't Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1-A 17, https://www.dhcs.ca.gov/SPA/Documents/Limitations-to-Attachment-3-1-A.pdf, and Cal. Dep't Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1.A.1, https://www.dhcs.ca.gov/formsandpubs/laws/Documents/Attachment-3-1-A-1-3.pdf.
[56] CMS, Approval Letter for Cal. State Plan # 20-0006 (Dec. 20, 2021), https://www.dhcs.ca.gov/Documents/CA-20-0006-B-MAT-SPA-Approval-Package.pdf.
[57] CMS, Approval Letter for Cal. State Plan # 22-0001 (July 26, 2022), https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0001-Approval.pdf.
[58] DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 42 at 93.
[59] *Id*.
[60] *Id*.
[61] *Id*. at 131.
[62] *Id*. at 131–135.
[63] *Id*.
[64] *Id*.

[65] As mentioned earlier, the care management services provided through pre-release services are different from ECM since ECM is only provided through MCPs and the pre-release Medi-Cal services being provided in jails and prison will be provided through FFS.
[66] DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 42 at 79.
[67] *Id*. at 79–92.
[68] *Id*. at 68–69.
[69] *Id*.
[70] *Id*.
[71] *Id*.
[72] *Id*. at 47.
[73] *See* Cal. Dep't Health Care Servs., *County Correctional Facility Readiness Status*, https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/County-readiness-status.aspx.
[74] Consolidated Appropriations Act of 2023, *supra* note 18. *See* CMS, Dear State Health Official Letter (July 23, 2024) (SHO # 24-004), https://www.medicaid.gov/federal-policy-guidance/downloads/sho24004.pdf.
[75] DHCS has also required counties to submit data on DHCS-specified measures to monitor this program's performance that aligns with CMS approved and State monitoring policies. California has also included in its reentry waiver a non-supplantation clause and reinvestment plan to ensure that federal funding for Medicaid services are not shifted towards current carceral health care costs or absolve any California jails or prisons from its constitutional obligations. DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 42 at 175–177; DHCS CA Reentry Waiver Approval, *supra* note 37.
[76] DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 42 at 119–123.
[77] *Id*. at 123–130.
[78] *Id*. at 150–151; 191–192.
[79] *Id*.
[80] *Id*.
[81] *Id*.
[82] *Id*.
[83] *Id*.
[84] *Id*.
[85] *Id*.
[86] *Id*.
[87] CAL. WELF. & INST. CODE §§ 14184.205–14184.206. Although separate benefits, ECM and CS tend to be provided simultaneously. However, an individual may receive ECM and not community supports and vice versa.
[88] CAL. WELF. & INST. CODE § 14184.205; Cal. Dep't Health Care Servs., *CalAIM Enhanced Care Management Policy Guide* at 5–6 (August 2024), https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf [hereinafter, DHCS ECM Policy Guide].

[89] CAL. WELF. & INST. CODE § 14184.205(d)(7); DHCS ECM policy guide, *supra* note 88 at 11, 32–35.
[90] CAL. WELF. & INST. CODE § 14184.206; Cal. Dep't Health Care Servs., *Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide* at 3–4 (July 2023), https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf [hereinafter, DHCS CS Policy Guide].
[91] CAL. WELF. & INST. CODE §§ 14184.205(a); 14184.206(a). Access to care management services post-release can be challenging for individuals who may still enrolled in FFS upon release. Individuals may still be enrolled in FFS due to numerous reasons–whether failure to be auto-assigned, other processing issues, or requests to remain in FFS.
[92] DHCS ECM policy guide, *supra* note 88 at 5–6.
[93] *Id.* at 32–35.
[94] CAL. WELF. & INST. CODE § 14184.205(d)(7); DHCS ECM policy guide, *supra* note 88 at 32–35.
[95] DHCS ECM policy guide, *supra* note 88 at 33–34. For both youth and adults, MCPs cannot impose additional eligibility requirements for authorization of ECM.
[96] *Id.* at 34. Applies to children and youth under 21 or former foster youth between 18 and 26
[97] *Id.*
[98] *Id.* at 33.
[99] *Id.*
[100] DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 42 at 179.
[101] DHCS ECM policy guide, *supra* note 88 at 59–60.
[102] *Id.* at 68.
[103] *Id.*
[104] DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 42 at 106–107. The pre-release care manager may be the same person who provides ECM post-release.
[105] *Id.* at 106–108.
[106] *Id.* If it is not possible to conduct the warm handoff prior to release, then it must occur within one-week post release and information must be shared within 24 hours.
[107] *Id.* at 179–178.
[108] *Id.* at 192–193.
[109] CAL. WELF. & INST. CODE § 14184.206; DHCS CS Policy Guide, *supra* note 90 at 3–4. Health-related social needs (HRSN) are an individual's unmet, adverse social conditions that contribute to poor health outcomes. These needs, when unmet, can drive lapses in coverage and access to care, higher downstream medical costs, worse health outcomes, and perpetuation of health inequities, particularly for children and adults at risk for poor health outcomes, and individuals in historically underserved communities. See CMS, Framework of Coverage of HRSN Services in Medicaid and CHIP (Nov. 16, 2023), https://www.medicaid.gov/health-related-social-needs/downloads/hrsn-coverage-table.pdf.

[110] CAL. WELF. & INST. CODE § 14184.206(c)(1)–(14); DHCS CS Policy Guide, *supra* note 90 at 3–4. The 14 pre-approved CS: Housing transition navigation services; Housing deposits; Housing tenancy and sustaining services; Short-term post-hospitalization housing; Recuperative care (medical respite); Respite services; Day habilitation programs; Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF); Community Transition Services/Nursing Facility Transition to a Home; Personal Care and Homemaker Services; Environmental Accessibility Adaptations (Home Modifications); Medically-Supportive Food/Meals/Medically Tailored Meals; Sobering Centers; and Asthma Remediation.
[111] CAL. WELF. & INST. CODE § 14184.206(c); DHCS CS Policy Guide, *supra* note 90 at 3–4; Cal. Dep't Health Care Servs., *CalAIM Community Supports – Managed Care Plan Elections* (July 2024), https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf. MCPs can propose additional CS for review and approval of DHCS, or may choose to offer different CS in different counties–although advocates have encouraged MCPs to offer similar services in all counties. MCPs may also add or remove CS at defined intervals. MCPs may terminate a CS upon notice to DHCS once annually, except in cases where the CS is terminated due to the beneficiary's health and safety concerns. If an MCP terminates a CS, they must publicize the service end date and provide at least 30 days' notice to their beneficiaries and implement a plan for continuity of care for those who were receiving that CS.
[112] CAL. WELF. & INST. CODE § 14184.206(a).
[113] *Id.*
[114] CAL. WELF. & INST. CODE § 14184.206(c). Additionally, DHCS plans to implement a new Transitional Rent CS, effective January 1, 2025. Transitional rent will provide coverage of rent/temporary housing as a Medi-Cal service delivered only through Medi-Cal Managed Care Plans. On January 1, 2025, the coverage of Transitional Rent will be optional for MCPs, then it will be the first mandatory community support on January 1, 2026. *See* Cal. Dep't Health Care Servs., *Transitional Rent Concept Paper* (Aug. 2024), https://www.dhcs.ca.gov/services/Documents/MCQMD/Transitional-Rent-Concept-Paper-08222024.pdf.
[115] The Reentry Coordination Council, *Coordination to Reduce Barriers to Reentry: lessons learned from COVID-19 and beyond* at 7–8 (Apr. 2022), https://www.justice.gov/opa/press-release/file/1497911/dl?inline [hereinafter, The Reentry Coordination Council].
[116] *See* Lucius Couloute, *Nowhere to Go: Homelessness among formerly incarcerated people* (Aug. 2018), https://www.prisonpolicy.org/reports/housing.html.
[117] *Id.*
[118] The Reentry Coordination Council, *supra* note 115 at 7–8.
[119] DHCS CS Policy Guide, *supra* note 90 at 10–16.
[120] *Id.* at 17–19.
[121] *Id.* at 17.
[122] *Id.* at 20–25.

[123] DHCS CS Policy Guide, *supra* note 90 at 21.
[124] *Id.* at 17, 21.
[125] *Id.* 17–18; 21–24.
[126] *Id.*
[127] The Reentry Coordination Council, *supra* note 115 at 8–9.
[128] *Id.*
[129] *Id.* at 8–9.
[130] DHCS CS Policy Guide, *supra* note 90 at 54. Medically-Tailored meals are tailored to the medical needs of the Member by a Registered Dietitian (RD) or other certified nutrition professional.
[131] *Id.*
[132] *Id.*
[133] *Id.* at 54–55.
[134] *Id.* at 55.
[135] *Id.*
[136] DHCS CA Reentry Waiver Approval, *supra* note 37; DHCS CalAIM Justice-Involved Initiative Policy Guide, *supra* note 42 at 151–161; 199.
[137] *Id.*
[138] *Id.*
[139] *Id.* at 151–161; 199.
[140] *Id.*
[141] *Id.*
[142] *Id.* at 151–161; 199.
[143] *Id.*
[144] *Id.*
[145] *Id.*
[146] *Id.*
[147] *Id.*
[148] *Id.*
[149] *Id.* For information on additional Medi-Cal mental health and SUD benefits, see Chapter 3 and Chapter 4 of NHeLP's Guide on Medi-Cal Services.