Enhanced Care Management for Justice Involved Members

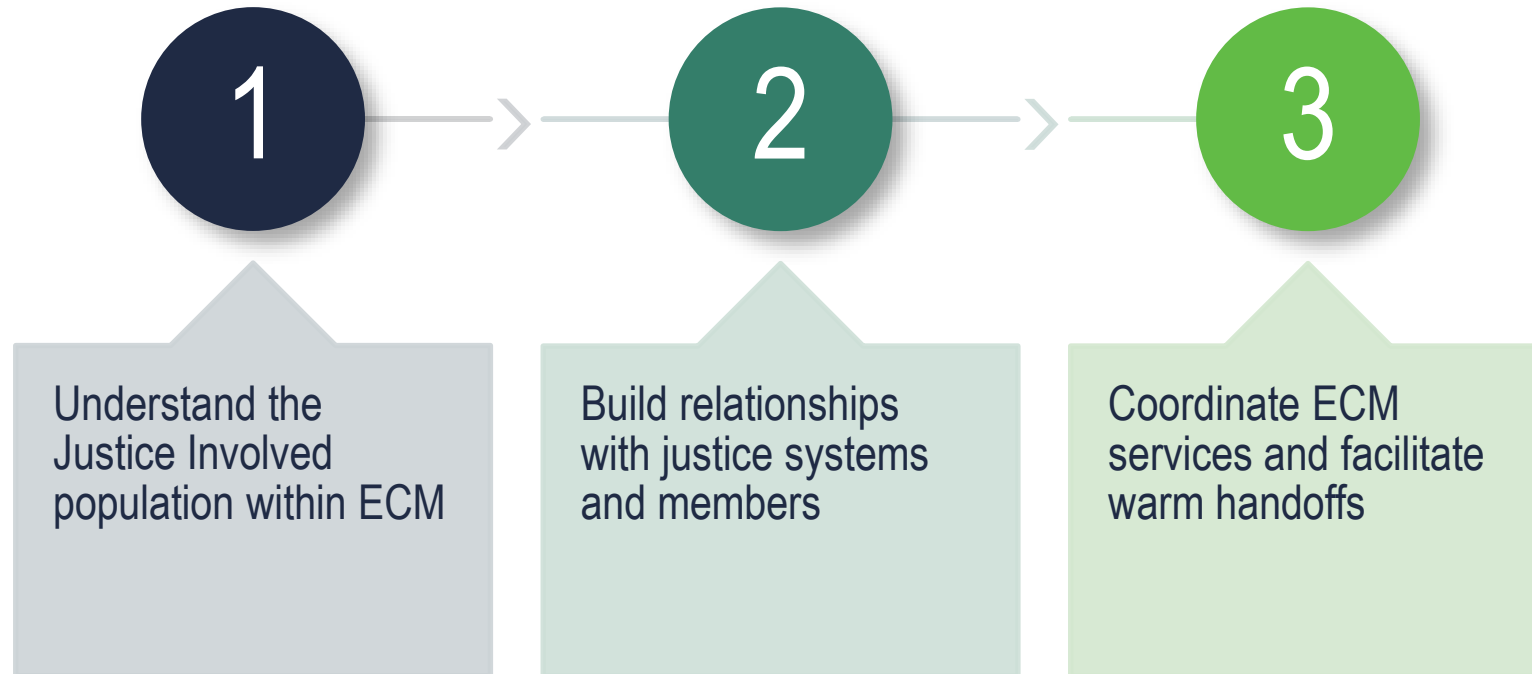**San Francisco Health Plan**

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Manager, ECM & Community Supports

Agenda

- San Francisco JI Landscape Overview
- Justice Involved (JI) ECM Provider Requirements
- Pre Release Activities
- Deliverables & Next Steps

Objectives of this Training

1

Understand the Justice Involved population within ECM

2

Build relationships with justice systems and members

3

Coordinate ECM services and facilitate warm handoffs

The CalAIM Justice-Involved Initiative

California is the first state in the nation to receive approval from the Federal government to offer a targeted set of services to incarcerated and detained individuals on Medicaid (Medi-Cal) in the 90-days prior to release.

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.

Eligibility Criteria: Justice Involved PoF

ECM Eligible individuals include:

- Adults who:

    - Are transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) or transitioned from correctional facility within the past 12 months; AND

    - Have at least one of the following conditions

        - (i) Mental illness;
        - (ii) SUD;
        - (iii) Chronic Condition/Significant Clinical Condition;
        - (iv) Traumatic Brain Injury (TBI);
        - (v HIV/AIDS;
        - (vi) Pregnancy or Postpartum.

- Children and youth transitioning from a youth correctional facility within the last 12 months

San Francisco's JI Population

- Roughly 15k annual discharges/releases annually
  - 10k unique **adults** from San Francisco
    - About 8k will be eligible for ECM
      - **Approximately 6,500-7k will be SFHP members**
- Approx. **500 youth eligible** from juvenile justice system
- 95% have not been convicted of a crime
- 82% male, 17% female, 1% nonbinary
- Racial demographics
  - 49% Black/AA
  - 28% Latin X
  - 17% out of county

Most individuals are incarcerated for very short periods

- 50% are in less than 3 days
- 70-80% released 7 days or less

JI Provider Requirements

- Must enroll through the provider Application Validation for Enrollment (PAVE) system in order to provide FFS Medi-Cal services

- Have experience service the PoF

- Have capacity to provide culturally appropriate and timely in-person care management activities

- Must use a care management documentation system or process that supports documentation of integrated services and information.

- Ensure members are assigned to a Lead Care Manager who interacts directly with the member

Pre Release Only

- Must receive jail clearance to conduct visits with the member

- Have an acct to schedule visits within the jail

ECM Provider Activities

Reach out to JI facilities to discuss the clients needs and current care plan

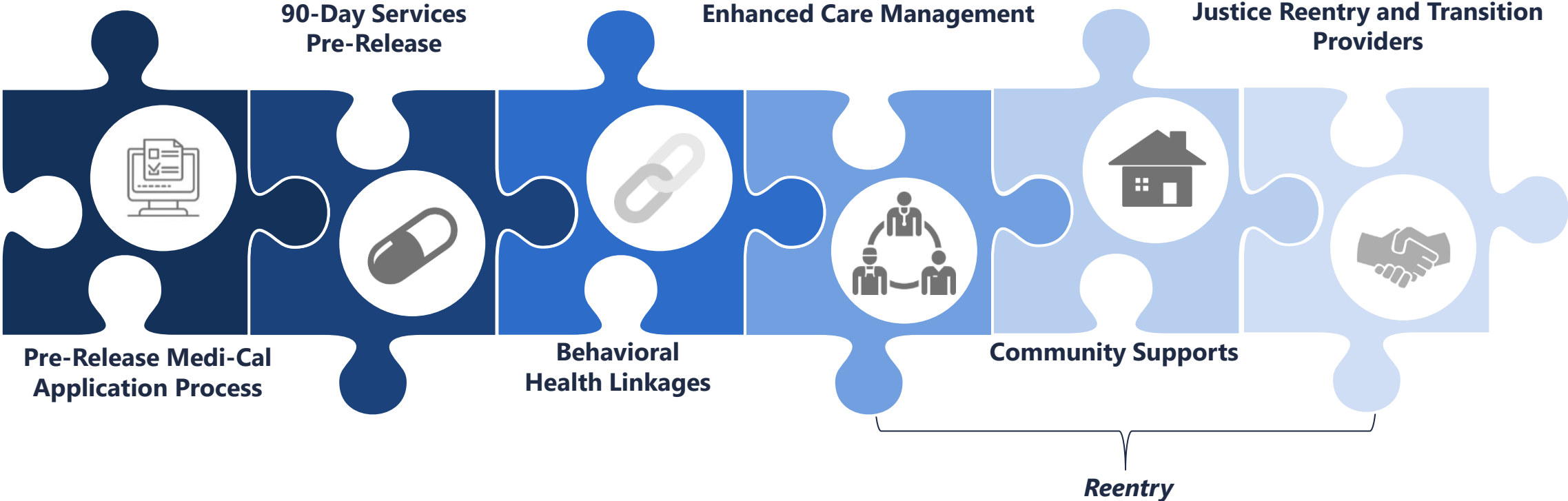Schedule initial visit with the client either through telehealth or in person

Communicate with the MCP (if assigned) regarding enrollment in ECM

Facilitate a warm handoff to a different ECM Provider when necessary

Timeline of Services

90-Day Services Pre-Release

Enhanced Care Management

Justice Reentry and Transition Providers

Pre-Release Medi-Cal Application Process

Behavioral Health Linkages
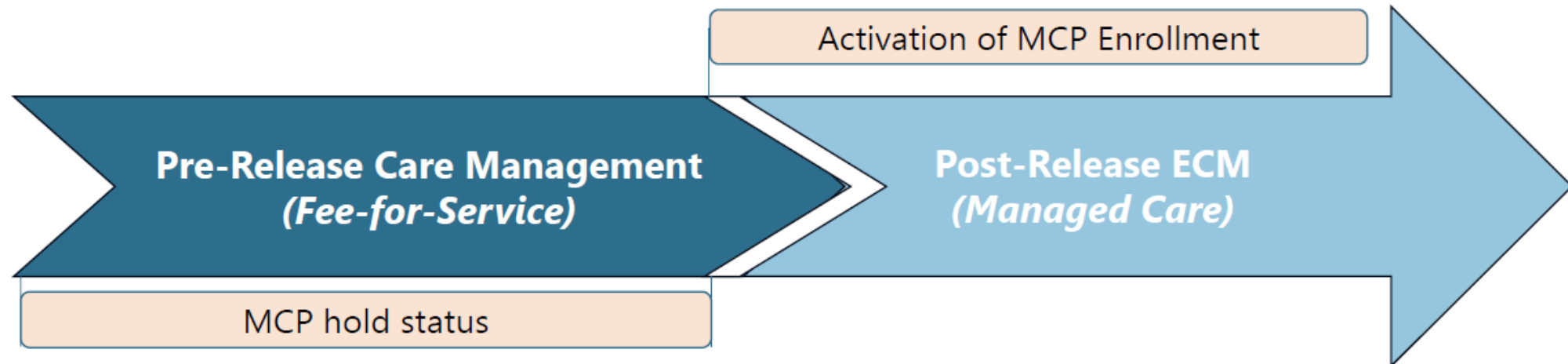
Community Supports

Reentry

Ensuring Access to Managed Care Post-Release

DHCS has established new operational policies and processes to ensure access to 90-day pre-release services and immediate access to post-release.

New processes include:
- Placing current MCP enrollment into a "hold" status, rather than disenrolling individuals who enter incarceration.
- Maintaining individual in "hold" status for entirety of incarceration.
- Auto-assigning individuals into a post-release MCP (in a "hold" status), at the start of the pre-release period (i.e., when JI Aid Code is assigned).

Activation of MCP Enrollment

Pre-Release Care Management
(Fee-for-Service)

Post-Release ECM
(Managed Care)

MCP hold status

Referral Communication from CDCR to MCP

Sample email from Nursing LVN to JI Liaison

Patient [Insert Patient Name] is releasing and has completed the CDCR Health Risk Assessment. The patient has been assigned to [Insert MCP] and is interested in Enhanced Care Management. Please assist in assigning an ECM.

- Please see the patient information below.

Name:
DOB:
Patient Language:
MediCal Number: (BIC or CIN)
CDCR#:
Expected Release Date:
County of Release:
Anticipated Residence Address:
Warm Handoff: Yes/No
Plan for Warm Handoff: Teams
Pre-Release Care Manager:
Probation/Parole Contact:

Referral Communication between Jail System

Jail Health Services is implementing an embedded care manager model, which means that a Jail Health care manager will be assigned and provide release planning services while eligible individuals are incarcerated and will work with ECM providers to transition care to the community upon the individual's release from custody.

Completion of whole-person needs assessment (documented in medical record)

Creation of care linkages and coordination with community-based providers and services

Participation in warm handoff encounter (when the pre-release care manager is different from post-release care manager)

Completion of a reentry care plan (documented in medical record)

Work with Correctional Facilities

- Schedule visits with the client via telehealth
- Review the completed HRA from CDCR
- Conduct intake assessment
- Create Care Plan
- Communicate with CDCR Staff

Work with the SF County Jails

- Obtain jail Clearance

- Tour the Jail

- Schedule visits with the client via telehealth or in person
    *Scheduling through Emillio system is required

- Conduct intake assessment

- Create Care Plan

- Communicate with Jail Staff

When MCP is Known

- Correctional facility/pre-release care manager must reach out to the MCP JI Liaison at the MCP to which the individual is assigned.
- MCP JI Liaison assigns the post-release ECM provider and communicates assignment to the correctional facility via secure email.

When the MCP is Unknown and Referred to a Provider

- The correctional facility must use the MCP Provider Directory from a MCP in the county to which the individual will be released to reach out to a JI ECM provider.
- ECM Provider will bill Fee For Service as the member will have State coverage
- The correctional facility must communicate the ECM provider to MCP, once assigned.

What Happens Once an MCP is Assigned?

The ECM Provider who is currently providing services:

- ECM Provider will check eligibility on the 1st of the month to identify MCP assignment.

- If ECM Provider is contracted with the MCP.. Provider will contact MCP and inform them they are the Provider and MCP will assign Provider, who will continue services and bill MCP.

- If ECM Provider is not contracted with the MCP
  - ECM Provider will contact the JI liaison at the new MCP to inform them they are the current ECM Provider, and they will need to facilitate a warm handoff.

Warm Handoff Activities

Share reentry care plan with the individual, the post-release ECM Lead Care Manager, post-release providers, and the MCP.

Conduct a pre-release warm handoff meeting (in-person or via telehealth) to:

- Establish a **trusted relationship**
- **Review, update, and discuss the reentry care plan** with the individual
- Obtain any necessary additional **consents** for information sharing
- Identify **outstanding service needs**.

PAVE Enrollment

Provider Types for Fee for Service Enrollment

- JI ECM Providers may bill FFS by enrolling in PAVE under an existing provider type (there is not an "ECM" provider type in PAVE).

- Examples of provider types who may enroll to provide JI ECM services *include, but are not limited to*: Exempt from Licensure Clinic

- Community-Based Organization (CBO)

- To learn more about provider types eligible to enroll in PAVE, please see the Provider Enrollment Options webpage.

- **Please note, programmatic updates are in process to ensure that all the appropriate providers types can bill these services, additional information is forthcoming.**

PAVE Enrollment for JI ECM Providers

JI ECM Providers who seek to enroll in FFS Medi-Cal via PAVE must enroll under an <u>existing provider type</u>. There is not an "ECM" provider type in PAVE.

DHCS expects that most JI ECM Providers will enroll under the following existing provider types:

1. **Community Based Organization (CBO)***

2. **Facility:**
   - Federally Qualified Health Center
   - Community Health Clinic
   - Community/County Hospital

FFS enrollment is processed differently based upon provider type:

» CBO enrollment is processed via PAVE *(see next slide for additional details).*
» Facility enrollments are processed by the California Department of Public Health.

DHCS Services | Individuals | Providers & Partners | Laws & Regulations | Data & Statistics | Forms & Publications | Search

Application Information by Provider Type

Find your provider type to get specific instructions on how to apply for fee-for-service enrollment.

A-M	N-Z
Acupuncturist	Non-Medical Transportation Provider
Audiologist	Nurse Anesthetist
Certified Mastectomy Fitter	Nurse Midwife
Chiropractor	Nurse Practitioner
Clinical Laboratory	Occupational Therapist
Clinical Social Worker	Optometrist Package
Community-Based Organization (for CHW & AP services)	ORP (Ordering/Referring/Prescribing) Only Enrollment
Dental	Orthotist
Diabetes Prevention Program	Pharmacy Provider
Dispensing Optician	Physical Therapist
Doctor of Medicine	Physician Assistant
Doctor of Osteopathic Medicine	Podiatrist Package
Doula	Portable Imaging Provider
Drug Medi-Cal Providers	Prosthetist
Durable Medical Equipment Provider	Psychologist
Exempt from Licensure Clinics	Rendering Providers

Medi-Cal Enrollment Resources

» **Enrollment Requirements by Provider Type:** Additional information on enrollment requirements by provider type and resources specific to each provider type.

» **PAVE Enrollment as CBO:** Instructions and a step-by-step walk-through on PAVE enrollment as a CBO.

» **Provider Enrollment Page:** Verify existing FFS enrollment via the Open Data Portal List of Enrolled Fee-For-Service Providers file linked on web page.

- » If additional questions arise after reviewing available materials on the DHCS web page, JI ECM providers should contact PAVE@dhcs.ca.gov with specific questions or requests for TA on PAVE enrollment.

Care Management Bundles

DHCS developed five care management bundles to support streamlined Medicaid billing and claiming. Pre-release care management services is paid for via Fee-for-Service (FFS) Medi-Cal.

Bundle 1: Health Risk Assessment (HRA)/Whole Person Needs Assessment
- Completion of the HRA and documentation of pre-release service goals.

Bundle 2: Care Coordination
- Coordination of pre-release care and with community-based providers and services.

Bundle 3: Care Manager Warm Handoff
- Handoff meeting between the pre- and post-release care managers and the member.

Bundle 4: Reentry Care Plan
- Completion of a final reentry care plan.

Bundle 5: Post-Transition Support
- Support in the post-release period and prior to Managed Care Plan (MCP) activation.

Billing Conventions

Bundle	Billing Code	Bundle Description	Base Bundle Rate	Max Billing Frequency per Person	Billing Frequency by Organization
1	G9001	Health Risk Assessment	$ 256.27	1	CDCR
2	G9002	Care Coordination	$ 52.16	13	CDCR x 7, ECM x 6
3	G9012	Care Manager Warm Hand-Off	$ 166.70	1 for each care manager (max 2)	CDCR x 1, ECM x 1
4	T2024	Reentry Care Plan	$ 199.00	1	ECM when involved
5	G9002	Post Transition Support	$ 52.16	11 (2 pre-release care manager, 9 post-release care manager)	CDCR x 2, ECM x 9

Fee For Service Resources

- [Medi-Cal Provider Website](#)
  - Provider Manuals - Provider Bulletins
  - Medi-Cal Subscription Service (MCSS)

- [Medi-Cal Learning Portal (MLP)](#)

- Telephone Services Center (TSC): 1-800-541-5555

- Provider Field Representatives

- Claims Assistance Room (CAR)

SFHP JI Liaisons

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Thank you!