KERN HEALTH SYSTEMS

	KERN HEALTH SYSTEMS **POLICY AND PROCEDURES**		
Policy Title	ECM for the Individuals Transitioning from Incarceration Population of Focus	**Policy #**	18.34-P
Policy Owner	Enhanced Care Management	**Original Effective Date**	01/01/2024
Revision Effective Date	04/2025	**Approval Date**	05/13/2025
Line of Business	☒ Medi-Cal ☐ Medicare		

I.   PURPOSE

This policy outlines the requirements for implementing the Enhanced Care Management (ECM) benefit for the Justice-involved Population of Focus (JI POF) , in accordance with the California Department of Health Care Services (DHCS) Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative.

II.   POLICY

Kern Health Systems (KHS) is required to implement Enhanced Care Management (ECM) for the Individuals Transitioning from Incarceration Population of Focus (JI POF) under the CalAIM Justice-Involved Reentry Initiative. KHS' responsibilities for implementing (1) ECM for the JI POF and (2) the required infrastructure to ensure KHS is able to successfully provide ECM to the JI POF are organized into four sections, with data sharing requirements included throughout each section:

    A. ECM Network Development and Reporting
    B. Member Enrollment into a Managed Care Plan (MCP) and ECM
    C. Supporting Member Transition from Incarceration into Managed Care
    D. Post-Release MCP Services

III.   DEFINITIONS

TERMS	DEFINITIONS
N/A	

IV.   PROCEDURES

A. ECM Network Development and Reporting

1. KHS will contract with providers that meet Department of Healthcare Services (DHCS') minimum requirements for JI ECM providers (in alignment with JI MOC Addendum 3 Table 1. Minimum ECM Provider Requirements, Page 4 and Section 13.2.b.).

2. KHS will ensure that all contracted JI ECM Providers have developed a model of care specific to the needs of the Justice Involved POF.

3. KHS will collaborate with other MCPs in the county to identify qualified ECM providers with which to contract.

4. KHS will contract with a sufficient network of JI ECM providers to meet the projected need in Kern County (see Section 13.2.b and Section 13.2.e. of the Policy and Operational Guide).

5. KHS will collaborate with other MCPs in Kern County to achieve mandatory overlap of the JI ECM provider network to ensure continuity of care management across the pre- and post-release periods.

6. KHS will update their Provider Directory on an ongoing basis to contain contact information of all in-network JI ECM providers per existing provider directory requirements under ECM.

   a. Provider Directories will be updated in compliance with 42 Code of Federal Regulations (CFR) 438.10(h)(3)(ii), which requires that electronic provider directories must be updated no later than 30 calendar days after the MCP receives updated provider information.

7. KHS will update their Provider Directory to contain JI-specific contact information for JI ECM Providers, including:

   a. Indication that the ECM provider is a JI ECM Provider.

   b. If the JI ECM provider is enrolled as a Fee for Service (FFS) provider or contracted with correctional facilities.

   c. If the JI ECM provider will provide pre-release care management services and warm handoffs, or warm handoffs only.

      i. Provider Directories must be updated in compliance with 42 Code of Federal Regulations (CFR) 438.10(h)(3)(ii), which requires that electronic provider directories must be updated no later than 30 calendar days after the MCP receives updated provider information.

8. KHS will report its JI ECM provider network to DHCS via the JavaScript Object Notation (JSON) file.

B. Member Enrollment into an MCP and ECM

1. DHCS will execute auto-assignment for Medi-Cal enrolled individuals into an MCP in the county of residence indicated in MEDS at the time of release, based on prior MCP or family member assignment. KHS will be prepared to accept and serve new members.

2. KHS will send its standard member materials to each new member's residence.

3. KHS will have referral pathways in place to enroll individuals who did not receive pre-release services but are eligible for ECM under the JI POF. KHS must:

    a. Accept member self-referral.

    b. Accept referrals from member's family member, community-based organization serving the member, probation/parole, or provider.

    c. Work to establish partnerships with prison, jails, and youth correctional facilities, including developing a data sharing agreement between the correctional facility and/or correctional health services and the MCP and ECM provider before pre-release services go live.

    d. Accept referrals from prisons, jails, and youth correctional facilities for members that do not receive pre-release services.

    e. Work to establish partnerships with community-based organizations (CBOs), probation and parole offices, and community-based physical and behavioral health providers to facilitate partner organizations' referral of members to the MCP for ECM.

    f. Accept referrals from partner organizations.

4. KHS will have referral pathways in place to enroll individuals who received pre-release services, including a strategy to ensure ECM services start on the day of release by the same ECM provider that was assigned by the correctional facility and participated in pre-release services or the warm handoff during the pre-release period as applicable.

5. KHS will have streamlined/retrospective authorization processes in place for ECM for all members who received pre-release services, so that ECM services can start on the date of release (for KHS retrospective authorization policy please see internal UM policy 3.22-P Referral and Authorization Process).

6. KHS will make their point-of- contact known and available to correctional facilities, in order to support ECM assignment. KHS will ensure the point-of-contact has sufficient knowledge of ECM providers.

C. Supporting Member Transition from Incarceration into Managed Care

1. DHCS will share member assignment data when the member's prerelease service aid code is activated. The MCP will identify members who will require coordination in the pre-release period.

2. KHS will publicly post contact information for MCP JI Liaison. The MCP JI Liaison must be an individual or a team (i.e., not a hotline) who will be available to support correctional facilities, pre-release care management providers, and/or ECM providers as needed.

    a. The KHS JI Liaison must be available during regular business hours and must respond to after-hours communication within one business day.

3. KHS will support the development of the Reentry Care Plan for individuals who will be enrolled in the MCP upon release, as requested by the pre-release care management provider and/or their team or the ECM provider (if different). KHS will implement the following key expectations supporting the development of the reentry care plan:

    a. Receive Member Data from the correctional facility to support care for the individual in the post-release period.

    b. Ensure the ECM provider participates in a warm handoff.

        i. KHS will make every effort to ensure the warm handoff occurs in the pre-release period.

        If it is not possible to conduct the warm handoff in the pre-release period, the warm handoff must occur in the post-release period within one week of release. Additionally, KHS will ensure that the post-release ECM provider receives the reentry care plan and relevant health information for the individual, which must be shared by the correctional facility within one business day of release.

    c. KHS will have processes in place to receive the Reentry Care Plan transmitted as part of the warm handoff or by the correctional facility or their delegate upon an unexpected release.

    d. KHS will facilitate referrals to community-based behavioral health services for any behavioral health needs that do not qualify for county- based services (e.g., non-specialty mental health services, MAT, tobacco cessation); facilitate referrals to county-based behavioral health services, when appropriate; coordinate with the pre-release care manager and/or post-release ECM provider to ensure transportation is arranged to any needed appointments or admissions to treatment facilities; and ensure the ECM provider follows up with members post-release to ensure connection to identified behavioral health services. KHS will also be prepared to do the following:

<blockquote>
<blockquote>
<ol type="i">
Ensure the post-release ECM provider participates in behavioral health transition meetings, warm handoffs, and follow-up planning, including confirming transportation to needed behavioral health services.

</blockquote>

<ol type="a" start="5">
KHS will ensure that the ECM provider supports scheduling for required post-release physical, behavioral health, and social services.

</blockquote>

<ol start="4">
KHS will ensure that the ECM provider connects the individual with needed Community Supports (e.g., recuperative care), including coordinating prior authorization and scheduling services for the day of release, for elected Community Supports which KHS offers, should the MCP be known upon release.

KHS will ensure that the ECM provider sets up Non-Emergency Medical Transportation (NEMT) for post-release services for the individual when they reenter the community, including on the day of release.

<blockquote>
<ol type="a">
This may also include but not limited to setting up transportation to a treatment facility on the day of release, if needed, KHS will also facilitate PCP assignment and provide information on in-network providers to support in scheduling service appointments

</blockquote>

D. Post-Release MCP Services

KHS will provide ECM services starting on the day of release, or as close to release as possible, consistent with ECM Policy.

KHS will ensure that the ECM provider meets the individual within one to two days of release, with the best practice being the ECM provider meeting the individual upon release.

KHS will ensure a second follow-up appointment occurs within one week of release.

<blockquote>
<ol type="a">
ECM-contracted Lead Care Managers should initiate contact within one to two days post-release and conduct a second appointment that occurs within one week of release to ensure continuity of care and seamless transition and to monitor progress and care plan implementation.

</blockquote>

<ol start="4">
KHS will ensure that the ECM provider leverages the reentry care plan that was developed in the pre-release period as the post-release Care Management Plan.

V.   ATTACHMENTS

N/A	

VI.   REFERENCES

Kern Health Systems
18.34-P, ECM for Individuals Transitioning from Incarceration (JI POF)

Reference Type	Specific Reference
Other	**3.22-P Referral and Authorization Process**
Other	ECM Policy Guide
Other	Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative

VII.   REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revision	04/2025	New policy developed and submitted to DHCS to comply with ECM Justice Involved Model of Care Addendum III. Recent revisions include minor update to bring policy current.	D.D Manager of ECM
Revision	09/20/2024	Annual Policy review and updates.	L.H.P Director ECM
Created	10-2023	Policy created to meet JI POF-specific requirements of the KHS ECM Program in compliance with DHCS Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative guidance: MCP Requirements.	ECM

VIII.   APPROVALS

Committees | Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	12/07/2023, JI ECM MOC Addendum III	7/16/2024
Choose an item.		
Choose an item.		

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Chief Financial Officer		
Chief Compliance and Fraud Prevention Officer		
Chief Health Equity Officer		
Chief Legal and Human Resources Officer		
Chief Information Officer		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 18.34-P, Enhanced Care Management for the Individuals Transitioning from Incarceration Population of Focus

Reason for revision: New policy developed and submitted to DHCS to comply with ECM Justice Involved Model of Care Addendum III. Recent revisions include minor update to bring policy current.

Director Approval		
Title	**Signature**	**Date Approved**
Amisha Pannu Senior Director of Provider Network		
Robin Dow-Morales Senior Director of Claims		
Loni Hill-Pirtle Director of Enhanced Care Management		

Date posted to public drive: _____

Date posted to website ("P" policies only): _____