CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

NASCIO 2026 State IT Recognition Awards Submission

Title: **California Advancing and Innovating Medi-Cal (CalAIM): Our Journey To A Healthier California For All**

Category: Cross-Boundary Collaboration

State: California

Agency: California Correctional Health Care Services (CCHCS)

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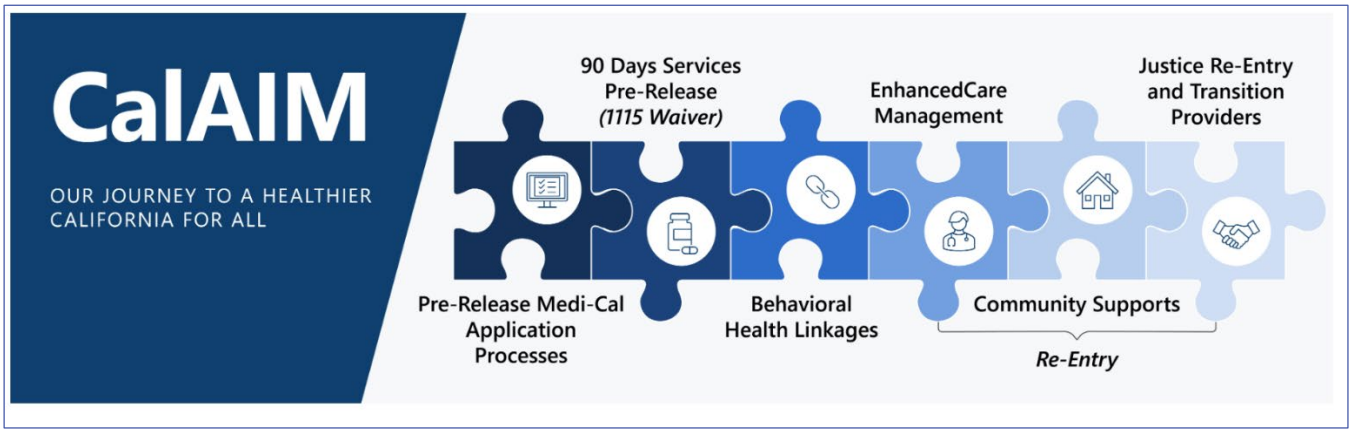


EXECUTIVE SUMMARY

California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Reentry Initiative

California is the first state in the nation to enable its prison system to function as a state-sponsored health coverage billing entity for pre-release services.

The CalAIM Justice-Involved Reentry Initiative is a landmark achievement in Cross-Boundary Collaboration uniting California Correctional Health Care Services (CCHCS), the Department of Health Care Services (DHCS), and the California Department of Technology (CDT). This initiative transcends traditional agency silos, replacing fragmented systems with a unified, statewide approach to healthcare equity. By synchronizing public safety and public health data, California has established a national model for seamless care transitions, ensuring that justice-involved individuals receive continuous, life-saving medical and behavioral health services upon reentry. For decades, individuals leaving incarceration were trapped in a "coverage gap," entering the community without insurance or a medical safety net. We have replaced that broken, paper-based system with a high-speed digital ecosystem that supports the most vulnerable at the most critical moment of their lives.

By aligning Medicaid policy with cutting-edge IT, we've built a seamless transition framework on three massive pillars:

- **Integrated Digital Workflows** pre-populate portals from within prison walls, ensuring coverage is live the second someone reenters society.
- **Seamless Data Exchange**: A secure, bidirectional pipeline now shares clinical summaries instantly, facilitating warm handoffs to community providers.
- **Future-Ready Infrastructure**: We're using elite statewide technology standards to keep data secure, scalable, and HIPAA-compliant.

The results are nothing short of transformative:

- **Zero-Day Coverage**: We've slashed Managed Care Plan enrollment from months to 30 days. Thousands of individuals now get immediate access to life-saving medications the day they walk out the door.
- **Medi-Cal Approval** by day of release has increased 40 percent.
- ***Total Automation***: We've replaced manual drudgery across California's 31 adult state prisons and 58 counties with lightning-fast, API-led data sharing.
- **Unmatched Efficiency**: What used to be a slow, manual process now takes just 5 to 10 minutes of minimal touch.

- ***True Health Equity****:* We are setting a new gold standard for care, directly reducing recidivism and saving taxpayer dollars by keeping people out of the ER.

The CalAIM collaboration is more than a project; it is a structural shift in governance. California has created the definitive national model for integrated, humane, and incredibly effective justice-involved healthcare. This is the future of reentry!

IDEA

Moving Healthcare from Isolated Doctor-Patient Interaction to a Multi-Sector Network

CalAIM is built on the concept of "systemic collaboration," moving healthcare from an isolated doctor-patient interaction to a multi-sector network. This model integrates traditional medical providers, social services, and government agencies through shared funding and data.

Evolution and Origins

CalAIM was not built from scratch; it integrated lessons from prior initiatives like the Whole Person Care (WPC) pilots and the Health Homes Program. These pilots demonstrated that addressing social needs drastically improved health outcomes for high-risk patients.

The state recognized that the existing system was a patchwork that varied wildly by county. CalAIM was designed to standardize benefits across the state so that a patient's care wouldn't depend on their ZIP code.

Key Components of the Vision

The initiative transitioned from a concept to a phased rollout with several core pillars:

- Replaces fragmented case management with a single lead care manager to coordinate a patient's needs.
- Moves toward proactive outreach and prevention for all Medi-Cal members rather than just reacting to crises.
- A first-in-the-nation attempt to provide Medi-Cal services to people up to 90 days before their release from incarceration to ensure a stable reentry into the community.
- The Enhanced Care Management (ECM) benefit introduces a central collaborator for a patient’s life to replace fragmented case management.

- Justice-Involved Integration: This initiative represents a structural shift in how the healthcare system views the correctional system. Rather than treating incarceration as a period of "paused" care, CalAIM treats it as a critical window for reentry coordination. By establishing pre-release enrollment and direct community handoffs, the state ensures that a patient's medical history and insurance status travel with them across the prison gate.

IMPLEMENTATION

Seamless Integration of Correctional Health Data with Public Medicaid Infrastructure

In February 2025, California achieved what was long considered impossible: the seamless integration of correctional health data with the state's public Medicaid infrastructure. This was not merely a technical deployment; it was a feat of Cross-Boundary Governance that required CCHCS, DHCS, and CDT to co-author a new playbook for inter-agency operations.

Unified Governance Framework

The initiative's backbone was a tri-agency leadership model that bypassed traditional bureaucratic bottlenecks:

- CCHCS and California Department of Corrections and Rehabilitation (CDCR): Acted as the frontline clinical engine, transforming 31 state prisons into "Medi-Cal hubs" that could identify eligible individuals and initiate care 90 days before release.
- Department of Health Care Services (DHCS): Negotiated the nation's first-ever federal waiver to allow Medicaid funding behind prison walls, providing the policy and financial rails for the project.
- California Department of Technology (CDT): Served as the critical technical mediator, providing the oversight and security guardrails necessary to bridge highly restricted correctional networks with community health systems.

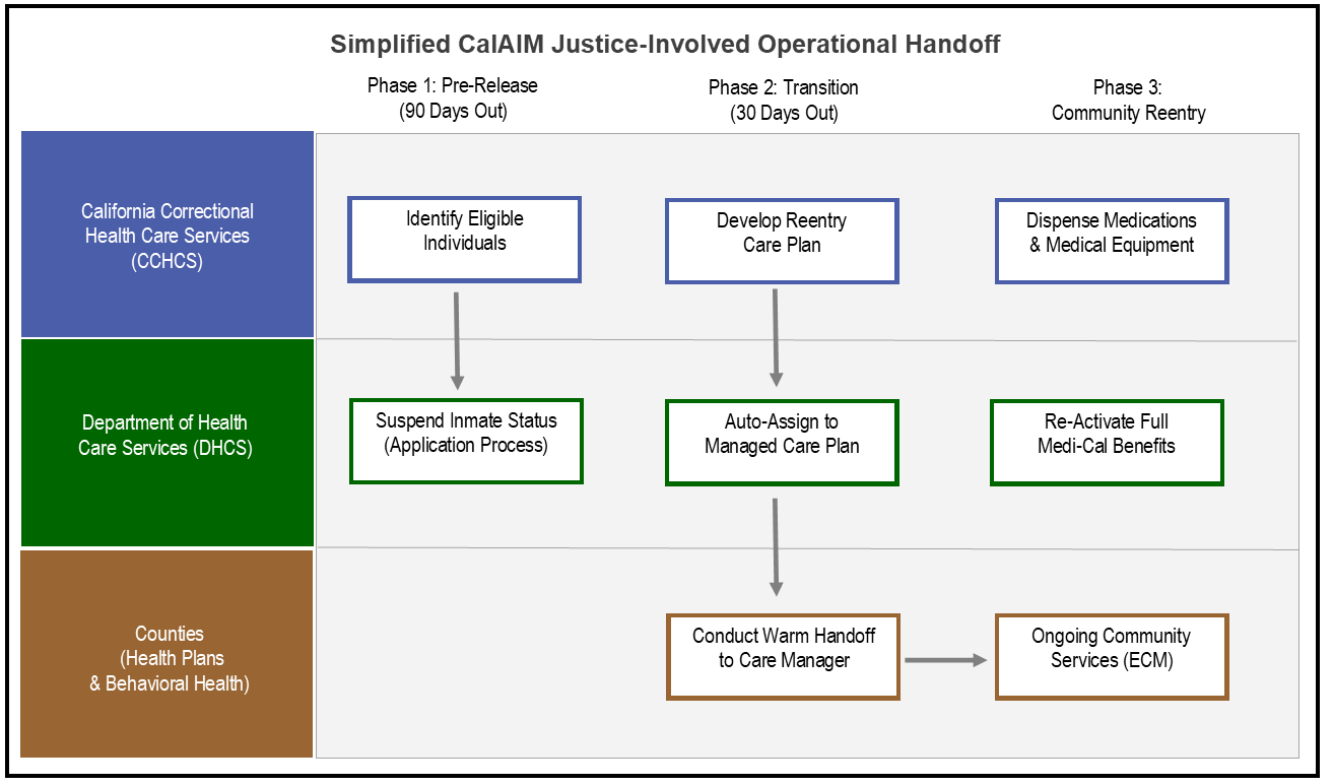
Solving the Warm Handoff Challenge

Before this collaboration, the handoff from prison to community was often a paper packet that never reached a doctor. We replaced this with a Digital Reentry Ecosystem:

- Bidirectional Data Exchange: We reconfigured existing electronic health records (EHR) interfaces and developed new API-led connections between CCHCS and external county

social service departments. This allowed clinical summaries to securely "leap" the prison wall, arriving at community clinics before the patient did.

- Automated JI Referral Process: A landmark collaboration between CCHCS and the Medi-Cal Eligibility Data System (MEDS) now triggers an automated referral the moment an individual hits the 90-day pre-release window. This ensures Managed Care Plans (MCPs) are activated on Day 1, a process that once took months.



Empowering the Community through PATH

Recognizing that state systems are only as strong as their local partners, the collaboration leveraged the Providing Access and Transforming Health (PATH) initiative.

- Incentivized Collaboration: Hundreds of millions in PATH funding empowered Community-Based Organizations (CBOs) to upgrade their own IT systems, ensuring they could receive the warm handoff data from the state.
- The Enhanced Care Management (ECM) Bridge: By integrating CBOs directly into the CCHCS transition workflow, we created a single Lead Care Manager role that spans the release date, providing a continuous human and digital connection for the individual.

Stakeholder-Led Refinement

To ensure the system worked for those it served, the Justice-Involved Advisory Group held monthly "sprint reviews" with county agencies, advocates, and individuals with lived experience. This constant feedback loop allowed the tri-agency team to pivot and refine the digital workflows in real-time, ensuring "standardized care regardless of ZIP code."

IMPACT

Delivering Measurable, Life-Saving Outcomes

By March 2026, the CalAIM collaboration moved beyond implementation to deliver measurable, life-saving outcomes. By bridging the data gap between 31 state prisons and 58 counties, California has effectively eliminated the reentry coverage gap that once left thousands of vulnerable individuals without a medical safety net.

Unprecedented Reach and Scale

- ***Massive Screening Volume****:* Our unified system has successfully screened **32,116 incarcerated individuals** for targeted pre-release services.
- **Statewide Activation**: All 31 state prison facilities are active, providing a targeted set of Medi-Cal services 90 days before release—the first program of its kind in U.S. history.
- **Youth and Adult Inclusion**: This impact extends to 33 county jails and youth correctional facilities across 13 early-adopter counties, ensuring a "no wrong door" approach to reentry health.

Speed, Accuracy, and Efficiency

- **The 30-Day Window Revolution**: We have slashed Managed Care Plan (MCP) enrollment times. Formerly a multi-month bureaucratic hurdle, thousands of individuals now have active, live coverage within **30 days of release**, ensuring immediate access to life-saving medications.
- **Zero-Delay Pharmacy Access**: The automated pharmacy claims system, launched in early 2025, has already processed over **17,280 pharmacy claims** for individuals during the critical pre-release window.

- **Manual Touch Reduction**: By replacing manual, paper-based drudgery with API-led data sharing, we have reduced a complex, multi-agency process to a **5- to 10-minute automated task**, freeing staff to focus on direct care coordination rather than data entry.

Strong, Automated Infrastructure Supports Cost Reimbursement

CCHCS implemented a robust reconciliation framework with automated validation and executive reporting to maximize federal reimbursement of Medi-Cal expenses and maintain high oversight standards. Since deployment of the CalAIM initiative, the reimbursement infrastructure has demonstrated high availability and scalability:

- Processing an average of ~4,000 eligible individuals daily.
- Successfully submitted 160,000+ combined pharmacy and medical claims.
- Generated $14.5 Million in federal reimbursements to date, validating the efficacy of CCHCS's in-house build.

Long-Term Systemic Value

- **Closing the Approval Gap**: Medi-Cal approval by the day of release has **increased by 40 percent**, directly correlating with a reduction in emergency room visits for formerly incarcerated individuals during their first month in the community.
- **Health Equity and Recidivism**: By integrating children and youth into Enhanced Care Management (ECM) with a **102 percent year-over-year increase** in enrollment, we are breaking the cycle of incarceration at its root.
- **Taxpayer Savings**: By shifting from reactive emergency care to proactive, coordinated community health, this initiative is projected to save millions in state and local healthcare costs by preventing unnecessary hospitalizations and stabilizing behavioral health needs.

A New National Benchmark

The CalAIM initiative has successfully demonstrated that **Cross-Boundary Collaboration** is not just about sharing data, it's about sharing a mission. California's digital reentry ecosystem is now the definitive national benchmark, proving that with the right IT governance, we can deliver integrated, humane, and incredibly effective healthcare to those who need it most.