

## DHCS CALAIM JUSTICE-INVOLVED INITIATIVE ALL COUNTY CALL

**Date:** March 25, 2026  
**Time:** 10:00 am – 11:00 am  
**Number of Speakers:** 5  
**Duration:** 1 hour

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### Speakers:

- » Autumn Boylan
- » Sheela Abucay
- » Penny Sanchez
- » Kassandra Soto
- » Jodi Mulligan-Pfile

### Introduction

#### Sheela Abucay

[00:07] Sheela Abucay: All right. Good morning, everyone. Thank you for joining today's Caling Justice Involved All County Call. My name is Sheila Abukay. I'm the branch chief with the Justice Involved Reentry Services branch at the Department of Healthcare Services.

And I will be facilitating helping facilitate today's session. I want to just quickly acknowledge there's a huge turn out in today's session acknowledging again there is about 420 participants joining. I'm just going to give it a couple of moments or seconds here before we actually jump in into the into.

Today's session.

While we're doing that, we can move on to the next slide. There's a couple things I would just like to get us grounded in before we begin today's session and get into the topics. Before we begin and go through today's agenda, I want to quickly just ground us into some of the housekeeping items.



Please know that today's session is being recorded for note-taking purposes, but also to serve as a resource for participants who may not who are not able to join today's call with us live. The recording will be shared out.

Along with the meeting materials after today's call, as a reminder, again, today's call is scheduled from 10:00 AM to 11:00 AM. We do ask that participants please stay muted unless you are speaking. Really, this is just to help us reduce any background noise.

We also encourage folks to submit any questions that they may have throughout today's presentation in the chat. We will do our absolute best to address the questions while we receive them and if not, we will make sure to follow up.

with those responses by the end of the meeting.

Again, as I mentioned, we will make sure to send out today's agenda as well as the slide deck to all participants as well.

Let's go ahead and move on to the next slide.

All right. Again, I'll just quickly introduce myself again for folks who may just be joining us. My name is Sheila Abukay. I'm the Branch Chief with the Justice Evolved Reentry Branch with the Department of Health Care Services, and I'll be helping facilitate today's call on today's agenda.

We'll be covering covering a number of items, including some progress updates from our Deputy Director, Autumn Boylan. We'll also be providing some updates on our new readiness assessment, showing a demonstration video.

We will also provide you with a justice involved screening portal update. We'll quickly run through some hot topics and themes that we've been tracking and also some forthcoming guidance. We'll quickly run through our managed care plans and Correctional Facility.

We'll use Autumn's going to go ahead and ground us in the why and share some successful re-entry testimonies, and then we'll open up the forum for any questions that participants may have.

All right, on to the next slide, please.

All right. So real quick, before we go into all those items, really just want to ground us in the purpose of the All County Correctional Facility call. This is going to be a new series that we are going to put on calendar on a on a regular cadence. We're looking to put this on calendar.

For the last Wednesday of every month, but essentially this series is really going to enable the Department of Health Care Services to provide some timely and regular program updates to our partners.

It's gonna allow us to also highlight any operational changes, any previews to new tools or processes that we've created, and then really just ensure that counties have what they



need to move forward.

Confidently with implementation, we'll also use this space really to kind of clarify any common questions that counties are having, really give visibility into statewide progress and then also maintain again just some alignment between the Department of Healthcare Services and our partners.

It's going to allow us, it's going to allow our partners to also share best practices and also lessons learned. And then we'll also have the opportunity throughout some of these calls to provide technical assistance and support to counties who are implementing our efforts.

Again, meeting summaries and FAQs will also be shared out following each session. And then again, the series is part of this new series is also going to be part of the Department of Healthcare Services, larger monitoring and oversight strategy.

For the initiative.

Let's go ahead and go on to the next slide.

In addition to the all county call and just our efforts in really sharing out timely updates, we are also going to be implementing a new county liaison model where this county liaison will serve as a primary Department of Healthcare Services.

Point of contact for counties that are implementing the Justice Involved Reentry Initiative. Just a few quick highlights for our counties. It's going to really be a space where you can touch point and get that support that you need from your liaisons.

Liaisons will maintain a scheduled.

A regular scheduled check in with our counties. They'll provide operational and policy updates, but also have the ability to offer any technical assistance as questions arise. It'll be an opportunity for readiness assessment support, acknowledging there are still some counties who are working through.

The readiness assessment. So your county liaison will be able to guide you through those requirements, whether if it's through the old readiness assessment or our new formats through the Nintex form.

Our county liaisons will also make sure that we're tracking and documenting all the necessary information that we need from counties. And again, as I mentioned, provide any technical assistant calls, but also have the opportunity to really share our flag implementation risk early on in.

In the process. In addition to that, some counties who have already gone live or are planning to go live will also make sure that you get the opportunity to meet your county liaison through our meet and greets, but also through our scheduled.

Accounting one-on-ones.

And so a couple of our county liaisons have already reached out to our counties. We will



continue to do that so that all counties are aware of who their county liaison is going to be.

Awesome. With that, I'm going to hand over the presentation to Autumn Boylan, our Deputy Director, who will walk us through progress updates.

## **Introduction continues**

### **Autumn Boylan**

[07:52] Autumn Boylan: Hello, thank you, Sheila, and thank you to the DHCS team for all the work that you put in to support our counties with implementation. But most importantly, thank you to all of our county Correctional Facility partners, our state partners at the California Department of Corrections and Rehabilitation, our County Beaver Health Director.

And your teams and our medical managed care plans, it really does take kind of all of us collaborating and working together to make sure that this program is a success. And so far what we've learned is that we do have proof of concept that the program does and can work when.

And there are strong connections between our correctional facility partners, our managed care plans and our behavioral health plans. And so we're really excited to share some of the updates and progress of the program. We'll talk, as Sheila said, about some of the things that we know are still top of mind.

For all of you and looking forward to today's discussion, just as a reminder for folks who may be newer to the GI Reentry Initiative process, this is a version of the previous puzzle slide that you may have seen in in prior presentations.

But really wanted to emphasize here that the the whole point of the program and what we're doing with the Calum Justice Involved Reentry Initiative is making a connection between pre-release services, re-entry planning, warm handoffs to that post release re-entry.

And transition support that connection between services that are reimbursed through the Medicaid program in pre-release and that connection to the post release ECM community based provider that is contracted with the medical managed care plan and can support the long term recovery goals.

Of our individuals who are incarcerated in county jails, youth correctional facilities and state prisons is the reason for the whole thing, right? So many county correctional facility program partners are already implementing programs that support.

Entry transition and you have providers that you know and work with and our managed care plans might be new to this space. But the difference that this program specifically brings to to kind of really affect the outcomes in terms of our justice.



In both populations is that connection to their covered services under their managed care organizations, right? Getting access to behavioral health services that will be covered by our county behavioral health plans and support for individuals once they're in the community into the long term.

So we know when people release on probation or parole that they're supported by various agencies to make sure that they're getting the help that they need, but that support ends when their parole or probation ends. And so we want to make sure that folks are getting enrolled in care options that will.

Support them over the long term, and these transitions will really be what helps us move the needle in terms of recidivism, in terms of addressing morbidity and mortality for formerly incarcerated individuals and preventing opioid deaths. And it's not just about the.

Pre-release services and getting reimbursement for those services, although certainly there's a benefit to that as well. It's also about those community connections and long-term supports that are available through the managed care plans and the county behavioral health agencies as well as all of their providers.

Next.

Wanted to just kind of highlight that point about, you know, the why and we're going to talk a little bit more about this towards the end of today's presentation as well. We have an impact report that's coming out that will share stories about the first year of the initiative that.

Unfortunately, we thought that impact report was going to be released today. It was not released today, but it should be out either tomorrow or Friday early next week at the latest. But one of these, you know, a couple of these stories we'll share with you today, I think really hits the point if you're asking yourself if you're one of those counties that hasn't yet.

Implemented the initiative or submitted A readiness assessment and you're asking yourself what the return on investment is. That's what we're hoping to eliminate for you today. So I I wouldn't normally read the screen, but I do think it's important to hear the stories directly from our members and this is a real story from a real.

Member that was served through the reentry initiative. While I was incarcerated, I kept hearing about people getting passes for pre release care management. Eventually I received one myself. I didn't know what to expect, but I never imagined how much I would learn about myself and my deep rooted issues rebuilding my life after prison. It would have been so much harder without ECM and especially without my incredible care manager. She became like family to me. Her compassion and support connected me to resources that helped me achieve my goals. Whenever I needed something and



asked, she made sure I got help. My self-esteem was at an all time low, but thanks to ECM I now have.

Confidence and the tools to accomplish anything I set my mind to. And this is the why. If you're wondering, like, why do we do this? It's for our members. It's to improve outcomes for our members, to improve public safety, which we know that you all care deeply about, and to make sure that folks are getting connected.

To the long term care and supports that they need next.

Next slide.

So what does this impact look like? And we'll share this year one impact report out with all of you as soon as it's released. There will also be a press release, so stay, stay attuned for that. But in the first year of the program with just a handful of counties and our state prisons participating, we process.

Over 23,000 new medical applications for individuals in county jails and youth correctional facilities. As part of our pre-release medical application process, 35,000 people were screened and identified as eligible for pre-release services through our justice involved.

Screening portal. That number is now well over 50,000 Medi-cal members that are screened and determined to be eligible in our justice involved portal. 159,000 separate service encounters were billed and reimbursed. That includes services and prescriptions that were delivered and claimed for.

Reimbursement, which resulted in more than \$16 million in new reimbursements to correctional facilities. So there's real tangible impact to county correctional facilities to our state prisons to help supplement the work that you're already doing.

And make sure that get people are getting connected to care and services in the community next.

Some additional highlights. We had 31 state prisons that went live with pre-release services in February of 2025. So that's all of the state prisons in California and 54 county facilities in 15 counties as of March 1st have also gone live. So 35 adult jails and just. Noting that there are two counties that do not have an adult jail in the county and 19 youth correctional facilities and again 18 counties that do not have a youth correctional facility. All 58 county behavioral health plans or it's actually 56 behavioral health plans are live with behavioral health links and 24 medical managed care.

plans. Every Medi-Cal managed care plan in the state is required to offer enhanced care management for justice involved populations, as well as all other covered Medi-Cal benefits to those members upon re-entry. Next.

So what are we working on here at DHCS for 2026? Our biggest priority for 2026 is making sure that those counties that have not yet gone live are going live by the



October 1st go live deadline. That deadline is established in statute.

We have a couple of slides on that today, but I'll just say here that you know we're here to provide technical assistance, operational guidance and support to make sure that you can meet the requirements and that you are able to actually achieve that deadline of going live by October 1st.

1st we are also in the process of seeking a renewal of our 1115 waiver authority to continue and strengthen the Justice Involved Reentry initiative in the next waiver term. Some of you might know that we are that our current 1115 waiver.

Expires at the end of this calendar year and the new waiver term will begin on January 1st, 2027. Everything that we've heard to date from the Centers for Medicare and Medicaid Services from other states.

You know, and as we're having discussions with the federal government is that this re-entry initiative which has taken off across the country in all, you know, all kinds of states, red, blue and purple, that this re-entry initiative will continue in the next waiver period. So DHCS has.

Concerns about the renewal. We did just close the public comment period for our 1115 waiver renewal and I know that we did get some comments from some of you about how the initiative is progressing. So we do have some opportunities of course in the next waiver period to continue to address.

address some of the concerns and areas, you know, where you all have provided input. We're going to again talk about some of those today in terms of the hot topics, but what we've tried to do over the first year of this program and will continue to do as we go forward is make sure that we are responsive

To the operational considerations at the local level and that we actually are shaping this program in a way that will that will work and be feasible for county correctional facilities to implement. So you know we are open to that input and we continue to you know hear from you.

And and these meetings will be an opportunity for you to continue to provide your input and shape this program. I'll just remind folks too that we are the first state in the nation that to go live with pre-release services. There are a couple of states now that have also gone live, Washington, Montana for example.

Massachusetts, but we were the first one. So we're figuring it out as we go with your help and support and we'll continue to shape the program as we progress next.

As I mentioned, there is a state mandate that requires all county correctional facilities to go live with the reentry engine initiative by October 1st. So we know that there are some counties that don't have a correctional facility and you've asked for guidance. We're working on that and we'll provide that in the in the.



Coming weeks, we know that many of you will not fully meet all of the requirements by October 1st and that's OK. So in the latest version of the readiness assessment template, we included additional information about conditional go live.

Approval status, which allows you to request a conditional go live, which by the way, every facility so far that has gone live has done so with a conditional approval status. There wasn't a single county or state facility that was 100% able to meet every single requirement.

At the time of go live, we understand that, which is why we went back to CMS before we even launched the initiative to request that we could offer this conditional go live status so that county correctional facilities and our state prison partners could ramp up your operations over time.

As part of that though, there are three core components that must be delivered by October 1st to the best of your capabilities. That includes care management services, so all of the warm handoff services and that connection to the post release enhanced care.

Management provider. Again, that's the whole reason for the program. You must offer Medicaid medication assisted treatment or MAT services for substance use disorders, opioid use disorders and alcohol use disorders, and that includes all of the FDA approved.

For medication assisted treatment and for opioid use disorder, you must offer at least one of the agonist medications for newly initiated and for continuation, you must offer all, but for AUD you must offer all FDA medications.

And for and thirdly, you must offer medications in hand. We know that there are many, many operational challenges for some of you, particularly in small counties with meeting the medications in hand requirements. It's a full supply of medications in hand upon release.

And a full supply typically means 30 days. It could mean more, it could mean less, but it's as clinically appropriate. We know that there are some times when people get released from the court or get released unexpectedly where you are not able to give medications in hand. We understand that.

We understand that in some communities there is not a community pharmacy that is available 24 hours a day, seven days a week. So what we're looking for you to be able to do is for the most amount of people possible.

That you are releasing folks with medications in hand and we'll be monitoring data and setting benchmarks once we kind of get a better understanding about what is possible and how this is working in certain counties or all counties I should say to make sure that those were.



Requirements can be met and the thresholds are taking into consideration reasonable reasons why those commitments can be made. So when you conduct correct, excuse me, when you request a conditional goal life status in your readiness assessment, we're asking for.

to provide a timeline for full implementation. This could mean that you're going to go live with a small population, maybe your substance use disorder population, or your mental health population, or your behavioral health population, or another priority population, and then ramp up to other populations as you progress over time.

But you so this is an option. And again, there's every single approval to date has been a conditional approval next.

These are just the references to the places in the statute that gives us the authority for the state mandate for pre-release services. I'm not going to review this, but we've shared it out multiple times. It's also in the policy and operations guide and I'm happy to answer questions if you have questions about it.

Next.

Wanted to give an update on Path Round four. We I know that it's been a long time since folks submitted applications for the Path Round 4 funding. We have had \$31 million available to support Path Round four. It was leftover funds that were either unawarded.

Or unclaimed by counties. We did kind of do a pretty intensive outreach to those counties that had not applied for funds to make sure that those funds were actually not going to be requested by those counties before we reassigned them. So that was part of the reason for the delay, but.

Ultimately, we received applications requesting more than \$350 million in funding. Of course, that led us to make some very hard decisions. We have finalized the round for awards PCG, our third party administrator for the Path Grants.

We will be sending award notices to county correctional facilities that were awarded.

Only the county correctional facilities will receive a path Round 4 award. Again, we had to make some really hard decisions, but the explicit purpose of the additional fundings is to support the go-life implementation.

For correctional facilities. So it'll be variable amounts and we capped the amounts in three tiers. So \$1 million will go to 12 counties who are making significant progress towards implementation but have not yet gone live with pre-release services. 15 counties that have gone live with pre-release services will receive an award, and county correctional facilities that are making some progress toward implementation will receive an award of \$300,000.

So again, we know this isn't kind of what anybody wanted. We we diced it and sliced it

every possible which way we consulted with our county association partners and unfortunately again with 31 million available, but 350 million in request.

We had to make some hard decisions, but what we've tried to do here is make sure that we're giving money to the correctional facilities to support your go live and and trying to maximize that in as many counties as possible.

Next.

All right. So I'm going to turn it over to Jody, who's going to walk us through the new readiness assessment template and do a demo for us.

## **Readiness Assessment & Nintex**

### **Jodi Mulligan-Pfile**

[26:58] Jodi Mulligan-Pfile: Hi, everyone. Thanks, Autumn. You can go ahead and head on over to the next slide.

So as many of you know, we created a new readiness assessment process using what's called an in text form. So this will be an automated process. Along with that, we created a readiness assessment template that is basically a it's about an 80 page document that has everything that you need in it. It's a really.

Really nice resource. It has sort of a full look at what that application looks like, what you can be prepared for so that when you go in to submit you have all of your ducks in a row. That template has an explanation of the conditional go live and phased implementation approvals process that.

Autumn just talked about there's a checklist of go live prerequisites, a checklist of required documentation, your medical preparedness checklist, and your medical RX readiness resources checklist in. We are going to be turning these slides around to you right after this meeting.

We will also if someone might want to drop in the chat, there's also a link just to the Nintex. So on our resources page there's a link to the ready to assessment template and a link to the actual Nintex form that you can fill out.

On the next slide here in just a few seconds, I'll I I did a a fancy demo for for you all, but I wanted to kind of just mention a few little tips and tricks before that starts. We know that many of you submitted using the the previous format, so we've reviewed using. Sort of a Nintex lens to that and we created a reporting document for for those of you that are being conditionally approved for certain sections. Thank you for sticking with us through all the iterations of that conditional approval process. We're going to continue reviewing use that using that process. So don't feel like you have to resubmit or recreate anything.

I did want to also point out that with this new process, what's cool about it is that when



you are conditionally approved for any section, you can just go right back into your form and you can update using this automated process. You don't have to go to any separate form, you can just get in and update.

Using your Nintex form. So if you have to upload a new document, something's being decided upon by your Board of Supervisors, something like that. There's a new a policy that needs to be uploaded. You can just go right back into the document and do it in that same Nintex document that you submitted.

Additionally, many counties have asked us for the ability to print an entire PDF of their application. We're working on that on the back end. However, once you submit your full application, you can let your liaison know that you need a PDF of the entire application and they can they can do that on the back end and get that over to you.

With that, we're going to go over to our our this next slide and there's going to be a short demo just kind of running you through what that process is going to look like.

### **Michael Hedin**

[30:09] Michael Hedin: And to make this work, I'm going to have to. Unshare and then reshare. Give me one moment, everybody.

### **Pre-recorded audio**

Pre-recorded audio: Hi, I'm going to walk you through how to access your readiness assessment survey and how to access some of the resources surrounding that and what everything's gonna look like on the user end so that you sort of understand what this pro, this new process looks like.

So here you'll see that we're on the Resources page, which is on the Justice Involved Reentry Initiative page of the DHCS website. We'll go ahead and drop this link in your PowerPoint presentation so that you have it, so that when you're when you're ready to go, you can just head on in there and and click on that link.

For now, we're going to head to this Justice Involved Reentry Initiative Correctional Facility Readiness Assessment. And please understand that this is not in fact the application which we're calling a survey. This is just a guidance document that.

Gonna tell you all the things you need to know, all of the sections, all the subsections. You're gonna be looking at a very involved appendices that tells you about all of your supporting documents and what those are.

And why you need them. And it's also going to walk you through all the different steps that you need to be working on in tandem as you are getting ready to submit this application.

So this is a really great resource. So please make sure that you take a look at this, read through this with your teams. This has everything that you need. Next up, we're going to



head back to our resources page and we're going to take a look at the Justice Involved Reentry Initiative Correctional Facility.

Right into some survey. So when you're we've gone through that other document and you've pulled together all your supporting documents and you think you have all your ducks in a row, this is where you're going to want to head to start that survey. So this is called an Nintex form and this is something that we developed in-house here at DHCS.

And you'll see the first thing you see is a just a landing page which sort of just explains the readiness assessment process and gives you some instructions. And then you'll go ahead and hit that next and you'll you'll take be taken to the first page where you're going to enter all of that important information about your county.

Your correctional facility names, your request to go live date. We need a facility point of contact. We would really appreciate an alternate point of contact and a pharmacy director if you have one, but not required.

Wherever you see an asterisk, you're going to have to put something in those sections in order to be able to submit and move on. So from here what I want to show you is when you submit you will be taken to.

Another page that's going to tell you that you're going to be getting an e-mail, and in that e-mail you're going to get something that looks a lot like this. So this is going to give you a full picture of all of the sections that are required to be submitted. You'll see here in the right column.

That I have submitted all of these sections because I went through an entire readiness assessment, uploaded documents and submitted so that I really understood what it was like from the user end. And so I've already gone through and submitted and completed my readiness assessment. The cool thing about this process is that you can go back at any time.

And you can update these sections. You can forward this e-mail to your teams and you can work on it together. I'm going to go ahead and open up, let's say the 3D Section 3D medi-cal eligibility and enrollment incarceration status notifications.

And So what you'll see from this vantage point is that you're now taken back to the page where you have already possibly submitted or you haven't submitted yet and you're just starting out that section. And then just be aware when you're working through these sections, some of them only have one tab at the top, some of them have. One or two tabs. Some of them have three or four tabs, but just make sure you're completing all of the subsections for each of these major sections before you are submitting.

And you'll notice that down at the bottom for these sections, there's an area where you

can drag your supporting documents. Now, for instance, if you're say this top item here is your medical RX submission methods.

Process and your that process is is still in development. You can put a holding file there, like maybe a Word document that says this process is in development or a draft document that shows what that process is, but it's still being signed off on with a timeline of when that you propose that that will be read.

That's perfectly fine to do because we're offering that conditional approval process and that means that you'll have a year post go live to be able to go back into this form as is. Remember that lovely e-mail that I showed you? You can go back into these sections. During your conditional approval process that your posts go live and you can update these sections with those supporting documents. So I hope that this helps a little bit and you could always reach out to us, reach out to your county liaisons and let us know if you have any questions.

### **Jodi Mulligan-Pfile**

[36:25] Jodi Mulligan-Pfile: Thank you all. I just wanted to point out one more time that you can bounce around the sections, you don't have to go in order. So just keep that in mind. If you have other teams that need to work on certain sections at the same time, you can forward that e-mail to your teams.

So just keep that in mind. And with that, from here, I'm going to go ahead and hand this on over to Penny Sanchez and Cassandra Soto, who will be talking with you all about screening portal updates. Thanks so much.

## **Portal Updates**

### **Penny Sanchez**

[36:50] Penny Sanchez: Thank you, Jody. Thank you very much, Jody. Hello, everyone. What I'd like to talk to you can go ahead and go to the next slide, please. So what I'd like to talk about next is some lesson learned that we got out of some of the early JI screening feedback we got from our county partners. So during. Initial launch of our JI screening port portal, we got some early feedback from our early adopters and some of the other counties that there was just some specific challenges, mostly around understanding how to use the portal and the fact that we could only do one transaction at a time. So as a result of that.

HCS engaged in some human centered design workshops and really also looked at doing some extensive interviews with our early adopters to try to figure out what we could do to improve the user experience.

So as a result of that, there were a few things that were done. Number one, we had the



Ji screening portal user guide that was created and this really provides you kind of step by step how to use the Ji screening portal.

Which I that was launched in October of 25. One of the other significant issues that was brought to our attention is that only being able to do a single transaction at a time by having somebody sit at a pro portal website and key data in.

Was problematic, especially for our mid to large size counties. So we looked at how we could accommodate those counties and it really wasn't a one-size-fits-all. So what we did decide to do is really to.

Large batch type interfaces that we could do. One was using the Ji screening portal where we introduced in September of 2025 an ability to do batches of 200 and that is an up a bulk upload process that allows counties to still use interface with the Ji screening. Portal, but actually do it as a batch interface and an upload. The other one is we are currently in system test of an application programming interface which is going to be a system to system transaction that will include all 7 transaction types.

That will allow your system to speak to meds directly to do the various transactions and that Ji application programming interface will be available to start user acceptance testing this spring and we will be inviting counties to participate in.

UAT with us. So if there's counties out there that would like to engage early in the UAT process to bring up an API within your system, certainly reach out to your representatives at OSP and with Cass and her team because we would like to understand who those counties are so we can move forward.

If you can move to the next screen.

So just a little bit more detail. The JIAPL API is truly a technical system to system interface. There's no usually any human intervention. You've got a system coded to initiate transactions directly to meds and then receive the responses and so those.

I would assume would be our larger counties, but certainly moderate-sized counties and even small counties could have the system capability to do this. We invite you to do any of them. So what this really does is open up really 3 modes now to do your transactions, either the single transaction through the Ji screening portal.

The bulk mode, which you can see here what we're calling the the Ji multiple screening member feature, which is your bulk upload. We do accept all 7 transactions now with again, like I said, up to 200 members per transaction can go through.

And then of course the JIAPI, which would be an unlimited number of members through a system to system interface. So all three of those ultimately will be available. Our goal is to have everything up and running by summer.

So the other thing that we have made, the other change that has been made is we received feedback that there was some informational needed that informational items



that were needed on the portal and that was the Reddit residents county and the responsible county.

That comes from meds. So these this data is now visible. It's not used for any of the determination, but it is information that's now available on the GI screening portal. So with that, I'd like to turn it over to Cass.

To talk about the early access.

### **Kassandra Soto**

[41:49] Kassandra Soto: Thank you, Penny. Hello all. My name is Cassandra Soto and I serve as the Chief of the Operations Management Branch. And today I'm going to speak on Early Access Simulation or what we would call EAS. So some might ask what is it? EAS is a simulation environment that mirrors the Ji screening provider portal and is intended to offer.

You are.

Risk free learning using test data. The correctional facility staff can choose to participate for up to 30 days and upon requesting to participate, correctional facilities will receive one-on-one portal support from our JI support team. There is a requirement for EAS participation that is at the correctional facility must have. Approved MPI with DHCS, meaning that the provider application one must be submitted to and then the 2nd and approved by the provider enrollment division. For more information or to request participation, please contact the e-mail listed on the screen. And then now I'm going to hand this presentation back over to Autumn. Thank you all. Have a great day.

### **Q&A Session**

#### **Autumn Boylan**

[42:52] Autumn Boylan: All right. Thank you so much, Penny and Cassandra. We know and even just looking at the comments today, some of the things that we continue to hear as hot topics we are working to address in forthcoming guidance. So let's go to the the first one on the next page.

Edge.

So we know and many of you are even commenting in the Q&A in the chat today that unknown release dates continue to be a challenge. We know that we hear you, we understand it and we are actually trying to figure out some ways that we might be able to.

Provide solutions that will mitigate but not completely solve the issue of unknown release dates. So we did release as part of our guidance the short-term model to give

some flexibility to adult jails and youth correctional facilities for when people are released, you know.

By giving suggested suggested timelines for when certain activities might take place. But we know that even if somebody is incarcerated in a county jail for months, their release might still be unpredictable and unknown when exactly that's going to happen. We've been having some conversations with some of your colleagues who've already gone live to try to figure out some solutions for this, and we're working internally on a potential strategy here. It may take us some time to implement, but I think we're getting close to at least a partial.

Solution for for this, which we know is like one of, if not the biggest challenge to the justice involved pre-release program. This is true by the way across the country, so not just in California, but something that all of the states that are implementing the pre-release.

Services are are working on solutions around and so you know we are we are committed to trying to to at least give some additional flexibilities in the policy to make sure that this is accounted for and taken into consideration.

Next.

We also know that there's been a lot of questions about, you know, what codes can be billed for clinical consultation. For example, our guidance already says evaluation and management codes and not procedure codes for clinical consultation. So your office visits are all billable.

We've had a lot of questions about what's billable for behavioral health links through what delivery system at DHCS, for example. And so we're working on some, some guidance that's actually very close. We'll send it out for public comment.

And it will give some additional direction around which codes are eligible for reimbursement and like really kind of lay out more specifically the subset of codes that are included for this program. So we think that that will be helpful guidance.

And and that should be coming soon. As a matter of fact, I'm expecting the next version of it this week. So we'll clean that up and get it out for public comment in in the next week or so. But but the team has been working really hard on on kind of identifying.

You know all of the codes that are relevant for the Justice Evolved Reentry initiative, making sure that we're not excluding codes that are actually important to the work that you do. And and we've been talking with some of our partners on on some of those at the county level to make sure that we're not moving forward in error, but we will give you a chance to comment.

and tell us if you think that we've gotten it right or not before we publish it as final guidance for the program. Next.



We've also been updating the policy and operations guide. What you're going to see in the next version of the guide is actually we're going to kind of take it apart a little bit. Right now it's over 200 pages of guidance and there are a lot of topics covered. So we're going to start issuing kind of more foundational.

Guidance that will be the regular guide. It'll have all of the kind of standard medical and and waiver pieces in it. And then there will be standalone chapters to deal with the specific topics that you see on the screen so that you can dig into whatever specific area of work that you're responsible for.

And not have to look for all of the information that pertains to a specific topic throughout the guide, but that you can just kind of click on the standalone chapter that is most relevant to whatever question you're you're trying to answer in that moment and then going forward in the future once all of these chapters.

Are released, we'll start issuing more program policy letters that will be supplemental guidance to the policy and operations guide. And as we continue to shape the program, we will redline and update the guidance, but this will also allow us to update the guidance.

More quickly, instead of updating 200 pages at once, that covers the full scope of the program. We can update specific chapters and components of the guidance as necessary, which will allow us a much quicker turn around, which we know has been. A challenge for for some of our county partners. So that's coming soon and we'll be rolling that out in the various chapters. So the first, the first chapters will be focused on kind of that that standard overarching guidance.

We also have the guidance around the screening portal and identification of eligible members coming soon. And then the the pre-release services benefit scope is actually the same as that benefit guide that I just talked about a few minutes ago. So all of that will be coming out shortly.

Next.

We've also heard the need from our probation officers in California and others at the local level that it would be helpful for us to put together a an ECM toolkit for ECM providers working with justice involved populations.

So we will work with the county probation officers of California to include information about probation requirements, for example, to ensure successful collaboration between our ECM providers and county probation departments. The topics in this may include things like what to know about court orders and the risks of.

Probation violations so that our ECM providers are not scheduling appointments in a neighborhood where somebody can't legally go because it'll get them in trouble. For example, we'll also make sure to include information about the need to obtain a release

of information so that the ECM provider can as.

appropriate and I'm pursuant to a release and consent from the member, share information with probation officers. And I would just remind folks there that this is ECM providers are healthcare providers and probation

Officers help arrange for health care, but you also have law enforcement responsibilities, so there is a division of labor and responsibilities there and consent is required.

But but we want to make sure that we're giving appropriate guidance. We'll also give some information about accessing community sports and other resources that are specifically important.

It's important for our justice involved populations to be successful in their transition back into the community. So our teams are working on this and they'll be reaching out to our partners to help craft some guidance that will be specifically for our ECM providers.

Working with some of our with some of the reentry providers in this space that we know are delivering these ECM reentry services today so that we can have a toolkit that will really work for for the community-based organizations that are filling these responsibilities next.

And then I know I've seen a couple of questions about this in the chat and in the Q&A today, but.

Just acknowledging that we've gotten a lot of questions as of late about small and rural counties. So we will be putting out some guidance for that. We're having some internal conversations. We've been talking with some key informants about, you know, strategies for this.

For for these correctional facilities in small and rural counties, so to multiple things, right. So guidance for for correctional facilities with small populations or average daily populations where you're kind of wrestling with the cost of implementing the program versus the revenue that.

Could be generated through reimbursement. So we're working on some guidance for that. We know that in some counties and communities like I just mentioned that there are limited community resources including limited number of providers and limited access to community pharmacies, for example on nights and weekends. We know that 18 counties don't have.

Youth Correctional Facility that you contract out those services to another county.

And so making sure that we're clear about what readiness assessment, readiness assessment looks like for counties without a Correctional facility and what exactly the obligations of those counties are for the re-entry part of the pre-release services.

Package. So we're working on this and working with our county partners to drop some



guidance and I know that many of you have questions about this. So it's something that we're we're actively working on and we just wanted to acknowledge that today. Let's go to the next slide.

So my team is busy answering questions in the background. We're going to try to get as many questions as we can answer today, but acknowledging we just have a few minutes. So when I just remind folks that we did issue a template for the managed care plan and Correctional Facility MOU early earlier or later I guess.

In 2025, that MOU is live and as I said in the beginning, there are good reasons for you to work with your managed care plans to establish an MOU and make sure that there is a connection and coordination between the correctional facility and the managed care plan, even if you are already working with providers.

In the commun.

It is important to make sure that the managed care plan and the correctional facility are working together so that we we can make sure that your folks who are getting out of correctional facilities at the county or state level are supported for the long term and that the services that are being provided to them are covered by.

Medi-cal plan in the community. And so that's it's really something I think for folks to think about and it is a requirement of this program. So all of the resources are on the next slide and linked on our DHCS website, but if you're getting outreach from your managed.

Care plans in your county and you don't know what that's about. That's what this is about. So please work with them to to establish the memorandum of understanding and to build those relationships that will help support folks who are re-entering into the community. It will not only make the program more successful.

Make our justice involved individuals who are leaving incarceration more successful in the community as well.

Next page.

So I just want to kind of close out today as again, my team continues to address the questions. We'll put out a meeting summary, we'll share the slides, we'll respond to the questions in the meeting summary that we didn't get to so that everybody has all of the responses to all of the questions.

But wanted to close out today with the why. And again, we're going to meet again next month. So there'll be also an opportunity for us to take some of these questions that we heard today into that next meeting and make sure that we're addressing everything that is top of mind for all of you.

But as you think about the why, it's really about an anchoring on that successful re-entry. So I talked about this at the front of the call. I'm going to close with it again



today. Next slide.

In the impact report, you're going to see all of these stories. So one of the things that we wanted to highlight here, and I'm not going to read this, but it's really this is from one of our ECM providers who is working with folks leaving incarceration today as part of this program.

And it really, I love the way that they kind of frame up what the ECM providers do. They make sure that the doctor's appointments are scheduled. They set up appointments in the first week or so after post release. They offer resources, right? Like this is what they do and they will do those coordination.

Pieces with you and for you, depending on the model that you've arranged for in terms of your care management model, and their job is to support our members with their whole person care needs in the community. You'll see these stories again highlighted in our impact.

Next.

Next slide. Thanks. Now the other thing you'll see in our impact report, and there's a couple of these. I'm not going to go through these today, but you'll see these scenarios. These are real stories about real Medi-cal members who were released in custody, were receiving pre-release services, got the warm handoff, enrolled in enhanced.

Advanced care management and then kind of what happened after release with those individuals. And these are examples, they're illustrative, but this is really what the program is all about, is that post release community support and making sure that people are set up for success.

There's a couple of these, so let's just skip through these, Mike, and we'll go to that last quote in the deck for today.

Keep going. There you go. I just want to share this last, this last quote before we close out for today. Thank you all for being here. Really appreciate the time and effort that you're putting into this initiative. We know that you're working hard. We're here to work hard with you, for you, to support you. This meeting series will.

Hopefully do that, but I do want to close out today with this last story, and this again is from a real medical member who received support through this program. I felt cared about like I mattered to someone and it felt good. It felt like I was worth it. I remembered being on drugs and homeless in the streets with.

No place to go. I knew I wanted to change, but I didn't know how. I'm grateful to my care manager for a lot. I'm able to have a certificate from parenting classes coordinated by my care manager and show the court that I'm bettering myself for my son, for myself, and for society.

And that's why we're here. Even just reading that, it gives me the chills a little



bit. That's why we're here is to make stories for all of our members like this a success and to really change the trajectory and the outcomes for our justice involved populations.

Not just for their sake, but of course that is also true for their families and for our communities as well. So we appreciate your partnership. We appreciate you spending so much time with us and we look forward to connecting with you via our liaisons or otherwise. Thanks for.

Joining us today. We'll see you next month and and we hope that this was helpful. Thanks everybody.