

## READINESS ASSESSMENT FOR THE JUSTICE-INVOLVED REENTRY INITIATIVE

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### **Speakers:**

- » Autumn Boylan
- » Jill Michel

### **TRANSCRIPT:**

#### **11:00 – 11:04a.m. —Jill — Title slide**

Good morning, everyone.

We're just gonna wait a few minutes for everyone to join. My name is Jill Michelle, and I'll be facilitating this webinar.

You are part of the readiness assessment revision webinar for Office of Strategic Partnerships Justice involved initiative. As people are coming in, we're going to wait just a few minutes before we get started again.

You are part of the readiness assessment for the justice involved initiative webinar. We have 200 people registered, approximately 200 people registered, so we're just gonna keep letting people in.

We're at 93 right now, so let's give it just a couple more minutes before we start.

All right, it looks like we are at about 105 people signed in so far.

Again, my name is Jill Michelle.

I will be facilitating today with autumn Boyland as the presenter and this is our justice involved readiness Assessment template webinar.

That's why you're here.

We're gonna keep the Q&A open as we go.



We will also be posting the slides.

Or distributing the slides at the end of our session today.

OK.

So this is really gonna be an overview of our new update.

Share with you what's on the horizon, the different program policy areas that are changing and all of that.

So as a quick bit of housekeeping, this is a team's webinar.

We have the Q&A Open and AUTUM.

Boyland is going to be our presenter for the next for the next hour, so I will give it to you autumn to take away from here.

### **11:04—Autumn—Title Slide**

Morning, everybody.

So glad to have you here with us this morning.

Excited to share some updates about the justice involved reentry initiative.

And and some of the work that we have ahead of us in 2026.

So really excited to share. We've been working hard in the background. We've been live with this initiative for over a year now.

We have a lot of lessons learned.

That we've tried to apply to our internal procedures and and our external policies, and we're gonna walk through some of those today with the interest of encouraging those correctional facilities that have not yet submitted a readiness assessment or gone live with the initiative to get the ball roll.

In terms of submission and.

And moving forward with your readiness assessment processes.

So we're gonna, we're gonna dig into all of that today and.

To hopefully that by the end of today you'll kind of have a clear picture of what it is that you need to do in order to go live and join some of the colleagues across the state who have already successfully implemented this program.

So Jill, if you could take us to the next slide get started.

### **11:05:42—Autumn—Slide 1**

So just as an overview of what we're going to talk about.

Today, we do want to just make sure in case we have anybody who's new to to your role in, in a county Correctional Facility or who's not been tracking as closely what the initiative is all about. We'll give a brief overview of the initiative at large. We'll talk.

About some of the implementation successes that we've achieved together over the last year and a half or so.

And then talk about kind of what's coming up and the changes that we made.

To the readiness assessment process for those counties that have not yet gone live, as well as kind of talk about some of the key program policy and operations updates to help facilitate your participation in this very important program. So next please

### **11:06:32—Autumn—Slide 2**

So just as a brief overview, many of you have already heard this before or seen this slide before.

But in case any of you, like I said, are new to the discussions around the reentry initiative. Wanted to just give a broad overview briefly of what this initiative is all about. So the intention of this program is to support individuals who are incarcerated.

And who are formerly incarcerated with making sure they have access.

Us to services and supports through the medical program. It is through this program, the reentry initiative, that federal and state Medicaid funding is made available to correctional facilities, which up until the opportunity afforded by the federal government through the Support Act, was not available for Correctional Facility setting. Since medical benefits and Medicaid benefits at large were not available.

To individuals who are incarcerated.

However.

We launched last year our 1115 waiver program, which allows for 90 days of a targeted set of pre-elets services to be provided to medical eligible individuals who are incarcerated in state prisons, county jails and youth correctional facilities. Even prior to that though, we implemented across the state.

Pre release medical application processes.

Starting in January of 2023.

To make sure that our county correctional facilities are able to partner with county social services departments to help people get enrolled in the medical program so that there is access to those pre-release services benefits. But most importantly that folks are enrolled in the program when they are release.

From the carceral setting back into the community. So if there's no gaps in care and coverage and people can get.

Access to the support that they need.

This program is really built on the idea that we are not only treating people in that pre release period, but getting folks connected to a post release care manager.

So that their needs can continue to be met in the community.



So it's really about that coordinated reentry support from the managed care organizations across the state.

I'm making sure that our managed care providers.

Known as the Enhanced care management providers or ECM, providers are able to assist with those re entry efforts.

Provide those wrap around supports.

Make sure that people are getting access to primary care, specialty care, behavioral health and other ancillary services that they need, including health related, for their health related social needs.

So that's where things like community supports come in, and some of the housing supports that are available through that program.

Are respite supports that are available through that program?

As well as the linkages to behavioral health, we know that one of the biggest risks for people leaving the Carceral setting, particularly for those who have a substance use disorder, is the risk of opioid deaths following incarceration, which is significantly higher when somebody's been Inc.

And so we want to make sure that there's that connection also to our county behavioral health agencies.

For specialty mental health and substance use disorder services.

As well as to our managed care plans for non-specialty mental health services, who could need a little bit of extra support but don't necessarily meet criteria for specialty mental health. And then of course the most important part of this whole puzzle is our justice reentry and transition.

Providers who support individuals both while they're in custody through the warm hand offs or through the provision of in reach care management services.

To that transition back into the community and making sure that we have the right.

Providers with the lived expertise in serving this population. So, this program is really about getting folks connected to the care and supports that they need to be stabilized to have the treatment that they need while they're in custody. But most importantly, to make sure that there's continuity of coverage and care back into the community and that there's a safe kind of landing for folks as they're transitioning back into the community.

### **11:11:40—Autumn—Slide 3 – Progress Update**

Jump up next.

So what if we learned over the last year or so?

And what? What if we, you know achieved?

I think that's a good place to start today's conversation, because really, throughout today's conversation, we're going to be focused on encouraging those correctional facilities that have not yet gone live to go live and I think that there is a big upside for you. Not only is there.

The chance to improve the health outcomes and.

More morbidity and mortality.

Rates for individuals as they're leaving a carceral setting, but there's also the opportunity.

To reduce recidivism and increase revenues to county correctional facilities for the work that you are all you know, in many cases already providing to your populations and to your communities through partnerships with community organizations.

From October 1st, 2024 through November 14th 2025 over 42,000 medical members have been identified by participating correctional facilities as being eligible for pre-release services.

This includes both youth who do not need to meet any additional health care service criteria, and adults who qualify for pre-release services based on.

Their identified conditions, whether that is a mental health or substance use Disorder or a significant chronic or clinical condition.

Or whether they're pregnant or postpartum.

Have HIV have an intellectual disability or development needs? IDD population right or traumatic brain injury, right? Like these are the healthcare service criteria and over 42,000 people that have been incarcerated during that period of time have been identified as being eligible for those services.

And our presumption is then that those people are getting at least one service or more from the correctional facilities that have identified those needs.

To date, between October of last year and the end of September this year, so one full calendar year, over 160,000 claims have been paid to correctional facilities across the state.

This does include the California Department of Corrections.

Rehabilitation and the California Correctional Health Care services departments for the 31 state prisons.

But it also includes reimbursement for 21 county adult jails and 10 youth correctional facilities that have gone live during that period.

And you see that there's a mix of both pharmacy claims and medical claims for services that are being reimbursed through this program with a total of about \$16,000,000 to date.

Being reimbursed during this period of time. Now I should note that this date these data

are incomplete because we pulled the data, you know right after the end of the federal fiscal year on 9/30/2025. However, there's a bit of a claims lag, right?

Medical providers have 180 days from the date of service to be able to submit a claim for reimbursement, and so we know that there are even more claims that will be paid for that same time period.

That there is all of those 42,000 individuals even more got access to services and sports as well as getting connections to their managed care organizations and the ECM providers in the post release period and the county level health agencies as well. We have 11 counties in addition to those that have already gone live that have submitted a readiness assessment for whom we are working with those counties to review and those folks will go live.

With the pre-release services in the coming months and you see those listed here on the page. However, we do have 43 counties that have not yet gone live with this initiative. And so really that's what has been top of mind for us and what we've been giving. Some thought to in why we are here today to talk to you about some of the changes that we've made to help.

Expedite those processes. Make sure that you have all of the information that you need to be able to submit your readiness assessment and go live with the initiative

#### **11:15:47—Autumn—Slide 4 – Live Correctional Facilities**

So just going through and listing out just so you're aware of your colleagues and who's been participating in this program, of course, last October 2024, we had three counties that were approved to go live Santa Clara, Yuba and Inyo, followed by San Joaquin County, San Francisco, Siskiyou, and Sutter and then in the middle there we have the state prisons went live in February of 2025 and then starting In this fiscal year, on the next page, you see the other counties.

#### **11:16:19—Autumn—Slide 5 – Live Correctional Facilities**

That have joined in and started to provide these services including the warm hand offs to medical eligible individuals in their facilities. So that includes Monterey County, San Mateo County, Kern, Nevada and San Diego.

And again, we have the rest of the counties and facilities that will be going live in 2026. We know many of you have been working on this for some time.

You've received path funding.

Through our providing access and transforming health JI capacity building program and we're we know that many of you are doing the work that you need to do in order to get ready for implementing this program.

So we're looking forward to working with those of you that have not yet submitted your

readiness or who are not sure about, you know, this program or we're ready and standing by to work with you to add your your counties to this list.

#### **11:17:18—Autumn—Slide 6 – Celebration**

So we just wanna take a quick moment to celebrate the successes because you know the 160,000 claims is really just a small start, you know, \$16 million for 9 counties and 31 state prisons is just the tip of the iceberg of the potential revenue and reimbursement that are available through this program to help support the work that you all are doing already to.

Enable a successful reentry for your population.

And and those of you who have been working with us, you know, Santa Clara, Yuba, San Francisco, you know, Monterey, like all of you who've been kind of helping us over the last year or so have been really informing the way that this program will move forward and how we should be proceeding and helping us to really understand the operational kind of considerations and what's feasible on the ground.

Which we're just really appreciative of all of the effort and the work that you've done. And again, I think that there's a lot to celebrate with what we've accomplished so far, so congratulations to those of you who've been working with us and hopefully this is meaningful for those of you that have not yet started your journey on the re-entry initiative because it.

Shows. I think that that the proof of concept is there, that this will work.

And that we can work together to improve the lives of our incarcerated population in California.

#### **11:18:56—Autumn—Slide 7 – On The Horizon: Next Steps**

So what's next?

And where do we go from here?

In 2026, Jill, you can go to the next slide

#### **11:19:04—Autumn—Slide 8 – Mandatory Go-Live by October 1, 2026**

In 2026, we'll be supporting those 43 counties that are mandated by state law to go live with the reentry initiative by October 1st, 2026. We heard in early surveys that many of you are planning to go live in October and that's great. What we're hoping to do today is encourage folks to think about going live A little bit sooner to think about submitting sooner rather than later. Your readiness assessment so that we can start working with you to get up and running and really one of the things that we wanted to make sure that we've highlighted again in case you're not tracking this piece or you're not familiar with this opportunity after our waiver was approved in talking with some of the counties

before they went live.

One of the things that we learned pretty quickly early on is that there's probably not any Correctional Facility in the state that was ready to go live with everything that we've planned for this initiative in the 200 page policy and operations guide as well as the special terms and conditions of the waiver.

So what we did is we went back to the Centers for Medicare and Medicaid Services, our federal partners and requested an amendment to our implementation plan.

To allow us to conditionally approve correctional facilities to go live with either a subset of services and or a subset of the population.

That's that's you're going to focus on, so for example.

Some counties are going live or went live. Excuse me.

Only with those individuals with a known release date.

So that's where we started with this program. And then for the 12 months following the initial implementation, they're able to ramp up and try to get to scale.

And that's allowable under our waiver and the special terms and conditions identified in our implementation plan.

Some other counties, for example, are contemplating only going live with their mental health population or with their Substance use disorder population. In fact, some states design their programs specifically around the behavioral health population.

And that's where they are focusing the entire initiative for their for their state.

So that's certainly allowable under the federal guidance. What is required in order to get a conditional approval is that at a minimum for whichever populations are going live that you are able to offer the care management services that are required, including the warm handoffs and the pre and.

Post release care management that you're able to provide Medicaid medication, assisted treatment for substance use disorders, including alcohol use disorder and opioid use disorders. So the mat services as well as providing those medications in hand 30 days a, a 30 day supply or full supply as described in the medical state plan.

Upon release now for that medications in handpiece, this is a requirement and it was one of the core components highlighted by the federal government in their guidance to states about the reentry demonstration initiative. However, we know and we have certainly learned over the last year and a half, that particularly for adult jails, but also for youth correctional facilities, that there are many circumstances in which you do not know.

When somebody is going to get released back into the community because we don't know the release date. So in those circumstances, sometimes people are released by the court and you don't know that they're going to leave from the court, so they can't get



their medications in hand or.

They're released at a time when your community in a rural county is unable to provide medications in hand. We.

At DHCS and the federal government know that these are.

The realities on the ground.

And so we at the state are really thinking about, you know, how we are monitoring these requirements in terms of compliance. You know we know that you won't be able to achieve 100% compliance. We want to be able to support correctional facilities to go live non the less. And make sure that for as many people as possible.

You know that though, that these core services are being provided.

To those individuals.

And so that's kind of the policy that we've outlined in our policy and operations guide and it's the way that we are thinking about readiness as we're working with counties to think about the conditional go live and what that means

#### **11:24:08—Autumn—Slide 9 – State Mandate for Pre-Release Services and Behavioral Health Links**

So just as a follow up to you know, the state mandate, just wanted to provide the information about where you can find this. So in the welfare and institutions code in section 14184.102, you'll see the state law that speaks to.

DHCS Federal authority for this program, as well as in the Penal Code that requires the county jails and county juvenile facilities to coordinate with medical care plans and County Behavioral health agencies to deliver these services in the pre-release period. So that's really what gives us the authority to say that this is a state mandate. And so we do expect those 43 counties to still go live with this initiative in accordance with state law.

We are not the state law enforcement agency, so we will work with those counties that are submitting their readiness assessment and we will work with those counties who are working towards implement of this program.

Many counties received path funding to help support your implementation, with the idea that you will be going live with this initiative.

And so that's where we're going to be leaning in, in terms of this state mandate over the next 10 months.

We're here to support you and we want to work together to make sure that we are successful in California in implementing this demonstration initiative.

#### **11:25:35—Autumn—Slide 10 – Readiness Assessment – Current State**

We know that it's not perfect.

We know that it's hard, but we also know that it can be done and we have the proof of your colleagues across the state who've been brave enough to go ahead and and partner with us to get this started, that that it works and as.

So, so where we want to spend the bulk of our time today is focusing on the the readiness assessment process.

So how do we enable you to be ready to go live by October or sooner?

Really, sooner is better.

And so we took a hard look at the readiness assessment.

Process. We looked at what some of the pain points were from what we heard from our Correctional Facility partners.

We tried to narrow down what is it exactly that we actually need to know from you?

Before you go live, at what point can we make a decision so that it's earlier in the process that you know, like, yes, you're on the right track, you're gonna go live?

Upon completion of kind of required onboarding activities and so that's what we've tried to outline.

But let's kind of start with where we were.

So we.

Couple of years ago now to 2 1/2 years ago, we released the readiness assessment document for review.

It was very narrative heavy.

There's still some narrative in this new process, but very narrative heavy for describing processes that you haven't actually implemented yet, or in some cases that you're in the progress of implementing.

And then we would evaluate those responses.

And do our best at DHCS to understand the preparations that you're making and the procedures that you're putting into place and in some cases, we weren't asking for enough information in order to make those decisions.

So there was a lot of back and forth. In some cases, you provided a lot of information and you know and so we really just wanted to be more transparent and be more.

Forthright about exactly what we're looking for in the readiness assessment process. We also had previously required that correctional facilities submit your readiness assessment to DHCS 6 months prior to your proposed go live date, so that we can notify everybody that we need to notify and get balls rolling.

And what we learned is that we don't necessarily need the full six months.

Often in these early days, it did take six months of back and forth.

To be able to get folks to the place where they were ready to go live.

But that's, you know, we were learning.

This is brand new program in the in the country we were the first ones to do it. I think we've learned a lot now that our correctional facilities were learning. Again. We've learned a lot now and we can apply those learnings to expedite that review process so that we don't have to get all of the materials six months in advance.

That being said, we do want to start receiving materials as soon as possible and on a rolling basis, and as you'll see, there's not only work as part of the readiness assessment, but there's pre go live activities that you're expected to complete. And so we want to make sure, that folks have enough time to complete all of the required activities.

### **11:29:00—Autumn—Slide 11 – Readiness Assessments – Waiver Requirements**

So I'm not going to go through all of these in detail.

This is all publicly available information.

It's in our 1115 waiver special terms and conditions. If you open up that document and look at STC 9.8, you'll see all of these elements over the next 4 slides.

It's also been evident in our policy and operations guide and in the readiness assessment tool that we previously shared with correctional facilities, but these are the elements that we are obligated as a part of our waiver to assess.

To make sure that the Correctional Facility is ready to implement the waiver program. So we're looking at your medical application processes. If you have a way to identify whether people qualify for the services.

That you can provide the full suite of services or timeline when you will be able to provide those services

### **11:30:18—Autumn—Slide 12 and 13**

Kind of slowly, just scroll through these next few slides.

That coordinating with your county partners managed care organizations and community providers that you're able to provide the reentry planning and care management pieces. That is really the core of what this program is all about.

You have data exchange processes in place that you have a staffing and project management support to actually able to do this work.

This is, you know, this is a program that requires an investment of your personnel, of your people, or you know, through partners with, with organizations that can administratively support this program.

So here's just kind of an overview of those requirements without all of the words, but these are all.

The things that we are obligated under our waiver to review as part of the writing and

assessment process. So these are all of the things that we are going to be looking for in the materials and responses that you provide to DHCS.

### **11:31:08—Autumn—Slide 14, – Readiness Assessments – New Approach**

So where do we go?

How do we make this a little bit easier?

So we we really have been working for the last couple of months to develop a new approach to the readiness assessments.

Where we are kind of switching to more survey style questions to obtain information from you that will help us to make a decision.

The idea is to eliminate the need for lengthy narrative responses where you're describing all of your policies and procedures.

We will ask for you to submit your policies and procedures so that we can review those, but it eliminates the need for a lengthy narrative responses.

This is not a grant application. You don't have to justify, you know your funding. What we want to know is that you have the elements in place to be able to deliver the minimum mandatory core set of requirements that are that are needed for this program. We wanted to also make sure that the prerequisites in terms of what has to be in place before we say yes, you can go alive or more clearly identified so that it doesn't feel like we are not telling you something that you need to know. So those are.

Identified throughout the document, we've included a checklist of those prerequisite requirements as well as checklists for the documents that we expect you to submit to us. Checklist for the pre go-live training activities for becoming a medical provider as well as being a provider in the medical RX space. We increased transparency through this process in terms of the review criteria and what what we are looking for in your document so that you have.

More information up front about what it is that we are hoping to see from you.

And it'll allow for DHCS to expedite the decision making process and allow us to make a preliminary determination within 30 calendar days of receipt of your readiness assessment.

Unfortunately, as we were all learning and you were all learning for those that went live, what happened with some of these earlier counties is that.

This back and forth that we were doing in terms of understanding your systems and your readiness to go live resulted in those kind of notifications going out very late in the process.

You know, sometimes a week before, sometimes a month before.

In a couple of cases, the day before your anticipated go live date and we want to eliminate the concerns about knowing whether you are going to go live or not.



So we will make that preliminary determination within 30 calendar days of receipt. We will accept your readiness assessments on a rolling basis starting at, you know starting in February.

I'll explain why starting in February in a bit.

And these and reducing that time frame for the review process allows for earlier possible go live dates approval of those documents completion of prerequisites and mandatory onboarding activities.

### **11:34:38—Autumn—Slide 15 – Readiness Assessments – New Tools**

So we do think that at a minimum, it's probably looking at-least a three month period.

There are system changes that we have to make to set you up in our systems.

There's medical enrollment that needs to be completed.

All of these things take time, so we do need probably at least three months from the submission of readiness to your requested go live date.

But we will take those on a rolling basis. And as I said, we've updated.

All of the tools.

And made those more transparent and available.

We're working on getting them posted to our website.

We have to get them in ADA compliant format, but we do have them and we are going to share them with all of the participants from today's meeting following the webinar via e-mail and we will be posting it and then we'll send out another notification once those. Materials are posted finally.

We are coding the survey questions.

Via a survey link that we will also make available. And that's the reason I said like starting in February, you could start submitting your readiness assessments. The PDF will allow you to see what you have to do to prepare and then you'll enter all of the information in the survey tool via Nintex and the link that will post on the DHCS website. And so that's where you'll enter your responses.

Your documents will be uploaded through that.

And all of that will be live.

Before the end of the month and then as you're looking at the readiness assessment template, you can start gathering your materials and your responses and preparing and then just enter the data that you need to enter into the survey tool when that link is made available.

### **11:36:32—Autumn—Slide 16 – Readiness Assessments Template Overview**

Christine has asked if they've started on the original template. Do they need to switch over to the new template? I think that I mean, if you're close to finishing it, I think you can apply like the review criteria and the documents and all of the same logic to the old template. We don't want you to.

To repeat, work that you've already completed to the extent that the new survey tool is helpful to you, we encourage you to use it.

But we don't want you to throw out, like if you're almost done and you're ready to submit. We don't want you to throw the work that you've done out the window.

But there should be.

Because we have to look at the same requirements, much of the work that you've already done in the old template is actually still relevant to this template.

It's just a matter of how we're asking for the information there is going to be some information in the new template that we did not ask for and so we may ask you to complete those portions of the survey like for example.

Collecting information about which county entity is responsible.

For correctional health care services in your county, one of the things that we learned pretty early on is that it's not always the sheriff or probation officer that's actually taking the lead in implementing the pre-release services.

So we want to make sure that we have the right organizational structure for your county that we understand who the points of contact are, how you're working together with your sheriff, with your probation officer, with your health department or Public health department, etcetera to implement this work.

And then you know some other questions that were not as apparent in the old template. You'll also see a list of documents that you know were not spelled out in the same way, and so that might be a helpful tool for you if you've already completed the prior version. This is really meant to streamline and be a more useful tool for counties, and so to the extent that this is a useful process to assist the work that you've already done, we we'd ask that you take a look at that.

OK.

So here's the overview.

So we're going to collect facility information like I just said, we want to know more about who's responsible for what in your county.

Who are the points of contact are?

Who? Your pharmacy director is because there's a lot of pharmacy components to this initiative so that we can make sure that we have the information that we need to be able to engage with you over that period of time prior to your go live.

We also have a set of questions related to conditional go live or phased implementation. If you're planning to phase in and not go live with your full population or phase in components of the initiative, as long as you can implement those 3 core services, case management mat and.

Medications in hand, a 30 day supply.

Then you can go live, and So what?

Are you ready to do at go live?

What are you not ready to do at?

And what do you need? A little bit more time to ramp up after you've already got life.

Those are the kind of focus of those questions. And then in Section 3, it gets into all of the readiness elements.

So these are all of the elements that pretty much will match what is in the old readiness assessment template in that format also matches what's in our special terms and conditions.

So that's the reason I shared that with you earlier.

These are all of the things that we have to assess in terms of readiness so that we can get you up and running and approve your readiness assessment template. OK,

## **11:40:02—Autumn—Slide 17**

This is an example of what it'll look like.

So the format actually is going to look a little different, right?

It's going to be a survey.

We have to make this ADA compliant.

So you might not see the text box in the same way or something shows up, but basically this is the structure of how you'll see the new writing this assessment. So you'll see the focus area there at the top.

Under A, the organizational structure will have the link or the language that's in the special terms and condition that requires us to monitor for that focus area.

You'll see the readiness response, which is similar to what you would have seen in the prior template, and then you'll see the readiness criteria.



So what is it?

That what?

What is it that we're looking for in your responses and in your documents?

And which documents do we want you to share with us?

So that we can substantiate your narrative responses with a documentation.

So you'll see that throughout and we just gave one example here, but when we send out the PDF's after today's meeting, this is what it'll look like when we post it to the website.

It might look a little bit different, but I think you get the idea of what it is that we're going for here

### **11:41:28—Autumn—Slide 18**

now for the required documentation. You'll see a note.

In.

In the checklist portion, which is in the appendices of the PDF that that says that we know that you might not have a document that exactly matches what we listed in that in that list of required documents, that's OK.

It's OK if you don't have a policy and procedure for a specific thing. What we want is the documentation that addresses that subject matter.

Whatever the title is, whatever format the policy and procedures, maybe you don't have a standalone.

Policy and procedure, but it's embedded in another policy and procedure. That's OK. Just tell us where to find the information in the documents that you provide so that we can verify and substantiate the responses that you're providing.

So then along with each of those areas that you just saw at the top, this is kind of what follows.

So above you'll see.

Here's the criteria.

Here's what we're looking for.

Here's a documents that we want to substantiate.

### **11:42:31—Autumn—Slide 19 and 20**

And then there will be a series of go ahead and go to that next slide there.

Jill, thanks.

There will be a series of questions in the survey that we will ask you, and these are examples of the types of questions that we will ask.

So I already said the one about which county agency is responsible for administering correctional health care services?

If the county agency responsible is not the sheriff for probation officer, then like do make arrangements with them to ensure engagement.

How are you working together?

Do you contract with a third party correctional healthcare services provider?

If so, who is it?

What is their role like? These are the kinds of things that we want to know

### **11:43:13—Autumn—Slide 20 – Mandatory Prerequisites for Go-Live 1/7**

And then I'm not gonna go again through all of these seven slides, but in the materials and in the the readiness assessment template we listed out. So in the prior slides, you'll see there are some places where it says this is a prerequisite.

We pulled those out separately.

So you have a checklist format and you could go ahead and go through and make sure that you have these elements in place.

So the way that this is going to work is that you submit your readiness assessment, you say yes, we have this one or we're working on this one, but it'll be ready by go live.

There are these items that we've identified.

That the idea will be if they're ready by go live, the answer is going to be yes.

You are ready, right?

So we will give you that preliminary determination 30 days after receipt. You may have work that you're still doing before you actually go live.

And then we will verify that these items are all met before you launch.

### **11:44:25—Autumn—Slide 21 - Mandatory Prerequisites for Go-Live 2/7**

Your actual initiative, so you clearly know in advance which things are expected to be available at the time of go live, which things can be ramped up.

### **11:44:25—Autumn—Slide 22 - Mandatory Prerequisites for Go-Live 3/7**

We can, you know, talk about some of these things if they're in flight or in progress and what that looks like. But these are the things that, you know, we want to make sure you're tracking to.

So it's more like we'll say, yes, you're we think you're going to be ready.

You do all of your checklist of things, and then at the end of that period, you know you've done what we told you in advance you had to do, and you're going to go live on the date that we've all settled on.

### **11:45:01—Autumn—Slide 23 Required Documentation 1/8**

**So let's go ahead and** go past these prerequisite slides.

And and get into the documentation. So again here we put this all into the slides, but

you may not have exactly that policy and procedure, and that's OK as long as you have something that we can look at to substantiate and corroborate kind of the narrative response that.

You're providing we're not necessarily asking you to create new policies and procedures. We want to know how these things are handled in your county. And you can submit whatever documents.

You.

You need to submit or that you already have that kind of substantiate these pieces.

### **11:46:01—Autumn—Slide 24 Required Documentation 7/8**

And so you can.

We'll scroll through.

You can kind of take a look at what's what's required there, but we will.

Make sure that you have that list as you're working through the readiness assessment process with us.

OK so.

A couple of other tools that are available now so on our website today.

And we'll make sure that folks have the link for this as a matter of fact, maybe we can put it in the Q&A is we have on our website a justice involved reentry initiative checklist.

### **11:47:38—Autumn—Slide 25 – Medi-Cal Rx Readiness Resource Checklist**

So kind of a medical preparedness checklist and you can go through on the website and there are different steps, so medical fundamentals.

Eligibility claim forms and submission.

There's lots of information about what you need to do to be an active medical provider.

There's the check right schedule and the transaction center electronic billing and.

You know, information about reasons for decisions on claims FAQ. There's all kinds of resources here.

So these are kind of critical.

Little pieces of information for new medical providers and in this space of the re-entry initiative, that's what you will be, is a medical provider.

And so we want to make sure that you know how to work with the medical program and all of this information that Arkham is and gain while teams put together is really meant to help assist you in learning these programs.

### **11:48:21—Autumn—Slide 26 – Next Steps**

So as I said, kind of next steps we really want to make sure that you all can meet your state obligation in the in the state mandates to go live.



This is meant to streamline things a bit.

We'll make the nintex link available, you know, within the next couple of weeks.

We're programming it now, so it'll be up before the end of the month.

We are providing the PDF for you now and.

We're gonna post the PDF on our website so that you can start to prepare to submit and as soon as that link hits, you can start submitting your readings assessment, or if you've already updated, you know if you already have the other template kind of well in pro.

You can just use the PDF of the readiness assessment in the new template to go back and verify that you hit all of the things that we expect to see and submit that as soon as possible.

There's no need to adhere to that six months in advance submission, and even if you want to go live in October still, which we would highly encourage you to start this process sooner than that.

But if you're going to still wait for October, I wouldn't wait to get started on your readiness assessment.

We encourage you to get started with that process sooner rather than later.

Get started with the trainings.

Get started with all of the resources around Medical RX.

And make sure that you're connecting with our team.

Team to to work through any questions that you have about the program or Medi-Cal or how to participate and we are a kind of reorganizing ourselves to make sure that we have county liaisons available to support you folks that will be will put that information on our.

Website Too on who to contact, how to do that?

For now, you can still e-mail us at that CalAIM Justice advisory group@dhcs.ca.Gov.

But we really encourage folks to get this ball rolling. We're in January.

It's gonna be October before we know it and and we want to make sure that we're able to support you all with this with this process.

### **11:50:36—Autumn—Slide 27 – Key Program, Policy and Operations Updates**

OK, let's switch gears just a little bit.

I'm not going to go into a ton of detail, but in early December we had a webinar about the Correctional Facility and managed care plan

### **11:50:45—Autumn—Slide 28 – Correctional Facility/Managed Care Plan MOU**

MOU wanted to resurface some of those slides just in case. Folks missed that webinar and you were not able to participate all of.

These materials are available on our website and we'll show you where to find all of that in just a moment.

But we did release that MOU template in late November, early December and we want to make sure that you are tracking that this is a part of this reentry initiative program.

### **11:51:26—Autumn—Slide 29 – Approach for MCPs and CFs to Execute MOUs**

So kind of our goals are really to help make those connections between the county correctional facilities and the managed care plans, because you'll really need to work together, share information.

And share data so that their network contracted providers can support your populations upon re-entry.

So this applies to the sorry. Go back one, Jill.

This applies to the county jails and the County Youth Correctional facilities. You can enter into the MOUs at county level, so whichever entity is responsible for correctional health care services for the jail and the youth Correctional Facility. If it's the same entity, you can enter into a single MOU. If it's a different county entity responsible for county jails and youth correctional facilities than you would each enter into that and make sure that you have the appropriate signatories.

And then, of course, for CDCR, they will also enter into an MOU with a managed care plans

### **11:51:26—Autumn—Slide 30 – Parties to the MCP-CF MOU**

And so during the public comment period, we did get a lot of feedback as well as from Cal, Sheriff and CPOC about, you know, which entity should be the signatory.

So you know, we tried to open that up to make sure it works for your county, depending on the parties responsible.

So the Correctional Facility and any public entities responsible for the delivery of correctional health care services should each be parties to the MOU.

So for example, for an adult jail, if the public health Agency is responsible for implementing the justice involved reentry initiative and oversees Correctional health care services in the county, then the Public Health Agency would be the lead agency for that agreement.

But we want to make sure that the sheriff is also on board.

With the provisions of the MOU, so that would be a kind of a joint.

A joint signing of that MOU to make sure that all parties are aware of these agreements, that you'd be making with the managed care organizations in your county

### **11:53:40—Autumn—Slide 31 – 2025-2026 MOU Execution Timeline**



And so for, you know, from a timeline perspective, for those of you that already went live prior to January of this year, we want you to start working on these MOUs if you haven't already, right?

So hopefully you've heard from your managed care plans and they've initiated these conversations?

We know that you're probably haven't executed the MOUs yet, but that those conversations are already started.

And for those of you that have not yet gone live yet and will start to go live in 2026, we do want this work to happen concurrently with your readiness process and your mMedi-Cal application.

But there should be work being done with your managed care plan to negotiate the terms of the MOU and define who's going to be responsible for what. It's an important part.

Of making sure that we're successful with this reentry initiative and that the.

You understand what the managed care is obligated to provide to you and they understand what you will provide to them to make sure that our shared Members are able to get the support that they need from both entities.

### **11:54:55—Autumn—Slide 32 – MOU Resources**

and we linked here in the slides to all of the resources, including the MOU template. The All plan letter that gives the policy to the managed care plans are just as important. Has lots of information.

We're adding even more information, including all of the tools that we discussed about today and and we'll put all of that information on our web page.

But many of these resources are already available today.

### **11:55:25—Autumn—Slide 33 - Key Resources**

And so then the last piece is really just, you know that we're here for you.

Let us know what questions you have.

We know that there's lots of questions. There's lots of resources available.

On our website, including all of the links to the learning collaboratives from last year contact lists, there's the provider manual. All of these resources are really meant to be available to you, and then Jill, you don't need to go through the appendix so you can actually probably leave.

It on the on the e-mail or or take down the slides. I think we'll we'll try to answer a couple of questions that are in the chat. And for those that we didn't answer.

We'll try to make up an FAQ document and get those posted. But there's one question what's the difference between the PDF and the survey link? So the PDF is a resource that will help you complete the survey, but the information is the same.

So the questions will be the same the, you know, all the resources, the documents that you need to upload will be the same.

We just don't want you to fill out a paper form or fill out the PDF. F version and submit that directly to us.

You can use that to help you prepare to complete the survey link via nintex. So that's the difference between those and and hopefully you know that that makes sense, but we.

Yeah. At at any rate, that's what the difference there is, OK.

So I think we already answered the question about whether you have to, if you've already completed the old template, can you use it? Yes you can.

And we will be sending out the slides.

If for counties that have already submitted your write in assessment but need to make additional updates, do you need to use this template or submit using the original? If you're already in the process, continue with the process, but I still think that it's worth your time for you. To look at this new template because it has a lot of that kind of more transparent resources in terms of.

What we're looking for and we'll apply that same frame and from our review perspective in terms of the review criteria, regardless of which template you're in the process of of using to submit your responses.

So I think it'll help expedite that process for you.

But you should continue using the process that you're already started with, unless you find it to be more expeditious and helpful. If you if you fill out the new template as well. I know that there are a lot of questions about if you're in a county that does not have a Correctional Facility for either or both adults and youth, is there a different assessment that you should complete? I think there are many similarities in terms of the expectations, right?

And it depends somewhat on the nature of the relationship.

So are you and is your county an inreach provider, or is all of all of that work already



being done?

By the other facility and you're really doing that re entry support, we will have a separate.

Survey tool.

For counties that don't have a facility in your county.

That will have a kind of a reduced number so that we can ask 13 like basically what is the circumstance and then in some cases you might need to complete the same tool and in other circumstances.

Depending on your answers to the original set of questions, there may be a different subset of things that will be asking you about, but I would be looking at facility information, the enrollment information and requirements, the warm handoff information I would be looking at, what your scope of.

Responsibility is for those youth versus what you've contracted with another county to provide.

We'll get the information from that county about what's happening in their Correctional Facility.

But we want to know kind of what your role is and how that's working for youth that are being housed in another county.

So I know that's not a fully complete answer.

We don't have all of that for you today, but we'll be following shortly with that information and probably do a separate meeting for those counties so we can walk through kind of our thinking on that.

### **11:55:25—Jill —Slide 34 – Thank You**

So we are at time. So I wanted to thank everyone for attending.

Thank you for the questions.

Feel free to send them as well to the call.

I am just advisory group inbox.

We appreciate you coming today and look forward to working with you in our new readiness assessment template, have us well.