

## County Liaison Questions

### **Question 1. Is the Liaison role limited to County staff who provide Pre-release Services, and not intended for County Welfare District (CWD) staff who process Medi-Cal applications?**

- » DHCS Response: The DHCS County Liaison serves as the primary point of contact for Correctional Facilities and partners delivering JI Reentry Services. If staff have questions about processing Medi-Cal applications, they may email the assigned DHCS County Liaison for their county; however, Correctional Facility staff should also refer to All County Welfare Director Letter 2227, CalAIM Mandatory PreRelease MediCal Application. This document also references the DHCS published resource "Strategies for Conducting PreRelease MediCal Enrollment in County Jails," which was created to support CWDs and Correctional Facilities as they develop their prerelease MediCal application processes. Staff may additionally contact [CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov) for assistance

### **Question 2. Who will the County Liaison be reaching out to in each county? Will you use the PATH or Readiness Assessment contacts? Or another contact list?**

- » DHCS Response: The County Liaison will be initially reaching out to the person listed as the point of contact the submitted Readiness Assessment. Once this is completed, they will be requesting assistance with identifying the appropriate people to include in check-in meetings, technical assistance provided, and communication.

### **Question 3. Does DHCS have plans to post the County Liaison contact list?**

- » DHCS Response: DHCS is working on posting a public list of County Liaisons. In the meantime, each County Liaison will be proactively reaching out directly to their assigned county to introduce themselves, share their contact information, and begin establishing regular communications. County Liaisons will be reaching out to counties to assist with readiness and provide technical assistance. Counties are free to engage with their County Liaison as needed, and Liaisons will maintain contact

and schedule check-ins appropriately. If your county liaison has not reached out, please email [CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov).

## Readiness Assessment Questions

**Question 4. We have already submitted our readiness assessment, which is pending DHCS review. If there are questions or suggestions, will they be returned in the same format?**

- » DHCS Response: Readiness Assessments submitted in the old format will not be converted into the new electronic format. However, we are still reviewing them based on the requirements in the Nintex form. If we find anything additional that is needed, we will let you know, but this will not delay your go-live. Any outstanding items will be listed in an issue/action summary, which you can return to us using the conditional approval reporting form that we will provide.

## PATH Funding Questions

**Question 5. The last Budget Modification for PATH 3 is due 3/31/2026. Many counties have not launched yet. Will there be other opportunities for Budget Modifications in the future?**

- » DHCS Response: DHCS recommends that counties reach out to their Technical Assistance Third Party Administrator, Public Consulting Group, for questions regarding PATH 3 budget modification requests.

**Question 6. When will counties who requested PATH 3 expenditure date extensions be notified of the decision?**

- » DHCS Response: DHCS recommends that counties reach out to their Technical Assistance Third Party Administrator, Public Consulting Group, for questions regarding PATH 3 expenditure date extensions and notifications.

**Question 7. Is the state considering any sustainable funding streams for county facilities once PATH funding sunsets? While we will be able to bill Medi-Cal, many responsibilities required of county facilities under the Readiness Plan are not Medi-Cal billable. Maintaining the expected level of structure, staffing, and ongoing operational readiness will require stable, long-term funding. Can you speak to whether the state is planning for this?**

- » DHCS Response: The Department of Health Care Services (DHCS) recognizes the need for sustainable, long-term funding to support county facilities beyond the

one-time PATH funding. To address this, DHCS is working to implement a new Medi-Cal Administrative Activities (MAA) program specifically for Justice-Involved (JI) individuals. This program is designed to provide an ongoing funding stream for certain administrative activities required under the prerelease mandate—activities that are currently supported by PATH funds.

DHCS has developed a Justice-Involved MAA Operational Plan and a comparison matrix of existing MAA programs (such as County-based MAA, School-based MAA, and Mental Health MAA) and the proposed JI MAA. If approved by the Centers for Medicare & Medicaid Services (CMS), this new JI MAA program would allow correctional facilities to claim reimbursement for planning and administrative activities related to the Justice-Involved Reentry Initiative.

At this time, DHCS is in the process of submitting the JI MAA proposal to CMS and cannot provide a specific timeline for approval. However, the package is nearly final and ready for submission. If approved, this program would help ensure a more stable and sustainable funding source for county facilities to maintain the necessary structure, staffing, and operational readiness required by the initiative.

## Billing Questions

**Question 8. When trying to come up with FFS fee schedules, we see the document that references the CPT and HCPC codes to be used. We have gone to the DHCS site where we can enter the code and find a fee. Is this the recommended way of finding fees? Also on that fee schedule site, there is a reference to a conversion rate of fixed. Does that mean that there is no conversion for different licenses such as MD, LMFT etc.?**

- » DHCS Response: The rates table is a good place to start. However, there are other factors that may impact reimbursement, including, but not limited to: unique adjustments, modifiers, claim timeliness, etc. The following resources will help you get started:
- » Medi-Cal Rates Table:
- » [Medi-Cal Rates | Medi-Cal Providers](#)
- » [Notes to Rates | Medi-Cal Providers](#) explains the different procedure types and provides guidance on how to use the Rates worksheet.
- » Medi-Cal Rates are updated and effective as of the 15th of the month and published to the Medi-Cal website on the 16th of the month.

- » Article: [Justice-Involved \(JI\) Reentry Initiative: Rates Reminder for Embedded Providers](#)
- » This article explains that JI services fall under standard Medi-Cal policy and are subject to a one percent rate reduction in accordance with Welfare and Institutions Code (W&I) Section 14105.191, as modified by AB 1183 (2008).
- » All billing providers are required to establish and bill their usual and customary service charge (fee) for services rendered. Defaulting to a Medi-Cal rate schedule as the billed service charge is discouraged, as it may not accurately reflect the actual costs of providing services.
- » For assistance with general billing policy and procedures, contact Medi-Cal via the Telephone Service Center (TSC) at 1-800-541-5555 from 8 a.m. to 5 p.m., Monday through Friday, except holidays.

**Question 9. What documentation is provided to Correctional Facilities once approved to bill Medi-Cal?**

- » DHCS Response: Once a provider is approved to bill Medi-Cal, DHCS sends a provider enrollment approval welcome letter. The documentation also includes billing instructions.

**Question 10. Are embedded health providers required to be signatories to the MCPCF MOUs?**

- » DHCS Response: Embedded health providers are not required to be signatories to the MCP–CF MOU unless:
  1. They are a Knox-Keene licensed subcontractor, and
  2. They have delegated responsibilities for care coordination or referral functions.