Purpose

This refined Readiness Assessment (RA) tool is intended for use by the Department of Health Care Services (DHCS) and county correctional facilities (CFs) to support the submission, review, and validation of correctional facility readiness for the Justice-Involved (JI) Reentry Initiative implementation. It consolidates key readiness elements, required documentation, and reviewer criteria aligned with the [Policy and Operational Guide (POG) for Planning and Implementing the CalAIM Justice-Involved Reentry Initiative.](#)

Readiness Assessment Process

Correctional Facilities must complete the RA process and meet all prerequisites prior to going live streamline the process and clarify prerequisites, DHCS will make a preliminary decision about the CF's go-live date within 30 calendar days of the CF's initial RA submission to DHCS. However, final approval for going live is predicated upon completion of the identified prerequisites and all mandatory onboarding activities. CFs must also complete all required training and onboarding activities prior to go-live. Documentation must be submitted to substantiate completion of prerequisites and training activities. CFs must be responsive to DHCS' request for additional information, if applicable.

See Appendix A for a checklist of pre-requisites and Appendix B for a list of required documentation to submit with the RA. Appendix C details training requirements for the JI Screening Portal and Medi-Cal Fee-For-Service (FFS) claiming via the California Medicaid Management Information System (CAMMIS). Appendix D details requirements for training and onboarding for Medi-Cal Rx.

THIS PDF INTENDED AS A RESOURCE ONLY. PLEASE DO NOT COMPLETE AND SUBMIT THE READINESS ASSESSMENT VIA PDF. TO SUBMIT THE READINESS ASSESSMENT, USE THE NINTEX LINK PROVIDED BY DHCS.

Content

Instructions

Submitters (i.e., designated CF persons responsible) must complete all applicable sections of the Readiness Assessment via the Nintex Form, upload all required documentation, and ensure responses are accurate, complete, and aligned with the expectations outlined in the POG. Submitters should use this tool as a checklist and guide to prepare for go-live. Please note that DHCS reviewers will be using this same tool to review the information submitted in the survey.

Throughout this document you will see a narrative summary of each section with reference to the STCs and/or POG. Following the survey questions will be guidance that reviewers will use to assess a CF's readiness responses for each Focus Area using a specific subset of readiness criteria and suggested documentation to substantiate readiness.

In most cases, standard responses (below) will be used to collect information. Exceptions are detailed in the document, as applicable.

- » **Ready Now** – Fully implemented and operational.
- » **Ready at Go-Live** – Will be implemented and operational by the facility's go-live date.
- » **In Progress** – Implementation has started but is not yet complete.
- » **Not Started** – No work has begun on this requirement.
- » **Requesting Conditional Approval/Ready Post Go-Live** (no later than 12 months post go-live) – must complete conditional go-live section
- » **Not Applicable** – This requirement does not apply to the facility (explanation required).

Section 1: Facility Information

(Administrative details; no review criteria required.)

Survey Questions

» Correctional Facility Name(s): (Please include Sheriff or Probation in the facility naming convention for review purposes.)

» County Entity Submitting RA:

  o Sheriff

  o Probation

  o Health Services

  o Public Health

  o Other, please specify.

» Is the submitting county entity responsible for correctional health care services in the county?

  o Yes

  o No. If no, what county entity is responsible?

» Facility Type:

  o Adult Jail

  o Youth Correctional Facility

  o Other, please specify.

» Requested Go-Live Date (must be first day of month requested)

» Facility Point of Contact (name, telephone, email)

» Alternate Point of Contact (name, email, telephone)

» Pharmacy Director (name, telephone, email)

Section 2: Conditional Go-Live / Phased Implementation

"Facilities may request conditional go-live status, attesting to readiness for core components (care management, MAT, medications in hand) and providing a timeline for full implementation within 12 months. Priority populations and system readiness must be identified."
(STC 9.8.g, Attachment CC pp. 13–15)

If the CF is requesting to go-live conditionally prior to fully meeting all required readiness elements before go-live, CF must describe its proposed phased implementation (e.g., go-live with a subset of the Medi-Cal population, go-live for mandatory minimum requirements and phase-in other services, phase-in billing capability but provide core services to eligible Medi-Cal members).

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Conditional Go-Live/Phased Implementation	» Ready post go-live (within 12 months)	» CF must provide minimum mandatory core requirements (i.e., care management, MAT, medications in hand upon release) for all identified priority populations at or before go-live date. ***Pre-requisite for go-live***	» Phased Implementation Work Plan with timelines, milestones and key deliverables, including phase-in of additional populations until pre-release services can be offered to all Medi-Cal eligible individuals who meet service criteria

Conditional Go-Live Questions:

» Is the CF requesting conditional, phased go-live status?

  o Yes

  o No

  o I don't know; technical assistance is needed.

» Will the CF go live with a subset of the Medi-Cal population?

- o   Yes

- o   No

- o   If yes, describe priority population and phase-in approach over 12-month post go-live period.

» Does the CF attest that all core components (i.e., care management, MAT, medications in hand) will be fully implemented for the priority population at go-live?

- o   Yes

- o   No

» Will the CF phase in additional services (e.g., clinical consultation) after go-live?

- o   Yes

- o   No

- o   If yes, describe what services will be phased-in and timeline for go-live for each component.

» Will the CF need to phase-in billing capabilities after go-live?

- o   Yes, for CAMMIS FFS billing.

- o   Yes, for Medi-Cal RX billing.

- o   Yes, for both CAMMIS FFS and Medi-Cal Rx billing.

- o   No

- o   If yes for any of the above, when will billing capabilities go-live.[1]

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[1] Correctional facilities must comply with the requirements in the Medi-Cal Provider Manual for claim submission to be eligible for reimbursement. Under state law, Medi-Cal providers have 180 days from the date of service to submit a claim for reimbursement that is eligible for 100% of the FFS rate. There is a late submission penalty applied for claims received 181-365 days from the date of service. Claims received more than 365 days from the date of service are not eligible for reimbursement.

» If CF will phase-in billing capabilities, does the CF intend to submit paper claims[2] in accordance with DHCS requirements during the intervening period before billing systems are operational?

   o Yes

   o No

» Has the CF developed a timeline and milestone chart for achieving full readiness within 12 months?

   o Yes

   o No

» Will the CF need to phase-in billing capabilities after go-live?

   o Yes, for CAMMIS FFS billing.

   o Yes, for Medi-Cal RX billing.

   o Yes, for both CAMMIS FFS and Medi-Cal Rx billing.

   o No

   o If yes for any of the above, when will billing capabilities go-live

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any.

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[2] https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/5DA50755-4ACB-401B-92E1-317ADA0BF049/claimsub.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

Section 3: Readiness Elements, Documentation, and Reviewer Criteria

A. Organizational Structure

» "Facilities must demonstrate readiness in provider enrollment, billing capabilities, **organizational structure**, and facility infrastructure to support the delivery of pre-release services. This includes Medi-Cal provider enrollment, billing system contracts, and facility readiness for go-live."
(STC 9.8.c, Attachment CC pp. 5–7) (Policy Guide §9.3, p. 131-132)

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Organizational Structure	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Not ready by go-live date, TA needed » Not Applicable	» CF identifies county agency responsible for administering correctional health care services in the county » If the county agency responsible is not the Sheriff or Probation, CF details roles and responsibilities between county entity and Sheriff or Probation, as applicable » If the county agency responsible is not the Sheriff or Probation, CF demonstrates engagement/readiness of Sheriff or Probation, as applicable » If applicable, CF identifies contracted third-party vendors working with the County to deliver correctional health care services.	» County organization chart identifying organizational structure and reporting relationships for administration of correctional health care services » If applicable, interagency agreements or letters of support from Sheriff and/or Probation, as applicable for CF type

Organizational Structure Questions:

» What county agency(ies) is responsible for administering correctional health care services in the county?

  o Sheriff

  o Probation

  o Health Services

  o Public Health

  o Other: Please specify

» If more than one agency is responsible, what are the specific roles and responsibilities of each agency in the provision of correctional health care services, including behavioral health services? **Narrative Response**

» If the county agency responsible is not the Sheriff or Probation, please detail roles and responsibilities between the county entity and Sheriff or Probation, as applicable. **Narrative Response**

» If the county agency responsible is not the Sheriff or Probation, does the CF have formal arrangements to ensure engagement and readiness of the Sheriff or Chief Probation Officer, as applicable?

  o CF responsible party is the Sheriff of Chief Probation Officer's office

  o CF has a formal agreement with the Sheriff

  o CF has a formal agreement with the Chief Probation Officer

  o CF does not have a formal agreement but works closely with Sheriff's office to implement the JI Reentry Initiative

  o CF does not have a formal agreement but works closely with Chief Probation Officer's office to implement the JI Reentry Initiative

  o Other: please describe. **Narrative Response**

» Does the county contract with a third-party correctional health care services provider (e.g., Wellpath, NaphCare, Centurion Health)? **Yes or No**

- o If yes, what provider? **Narrative Response**
- o If yes, will the contracted third-party entity submit claims on behalf of the county? **Yes or No**

» Does the county contract with a third-party pharmacy vendor? **Yes or No**

- o If yes, what vendor? **Narrative Response**
- o If yes, will the contracted third-party entity submit claims on behalf of the county? **Yes or No**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Language Assistance	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Not ready by go-live date, TA needed » Not Applicable	» CF has a written policy for providing language assistance services in all threshold languages and formats accessible to individuals with disabilities (ADA-compliant). » CF ensures that all required materials (e.g., consent forms, screening tools) are available in threshold languages and accessible formats. » CF has procedures for accessing interpreter services (in-person, telephonic, or video) during intake, screening, and service delivery. » CF staff are trained in identifying language needs and accessing interpreter services. » CF ensures that language assistance is available during fair hearings and care planning.	» Language access policy and procedures. » Sample translated materials (e.g., flyers). » Interpreter access protocols or vendor agreements. » Staff training logs or materials on language

Language Assistance RA Questions:

» Does CF have a written policy for providing language assistance in all threshold languages? **Yes or No**

» Are translated materials (e.g., NOAs, consent forms) available in threshold languages and ADA-compliant formats? **Yes or No**

» Are interpreter services (in-person, telephone, or video) available during intake, screening, and service delivery? **Yes or No**

» Have staff been trained in identifying language needs and accessing interpreter services? **Yes or No**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Fair Hearing Support	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Not Applicable » Not ready for the go-live date, TA needed	» CF has policies and procedures to inform individuals of their right to a fair hearing, including timelines and how to request one. » CF provides assistance in submitting fair hearing requests, including language and disability accommodations. » CF ensures that incarcerated individuals can participate in hearings via telephone or video, as required. » CF staff are trained in fair hearing procedures, documentation, and coordination with county social services.	» Fair hearing policy and procedures. » Sample notification forms or scripts. » Staff training materials. » access.

Fair Hearing Support Questions:

» Does your facility have procedures to inform individuals of their right to a fair hearing? **Yes or No**

» Can your staff assist individuals in submitting fair hearing requests, including those needing language or disability accommodation? **Yes or No**

» Are staff trained in fair hearing timelines and documentation? **Yes or No**

» Will you coordinate with county social services agencies to ensure timely responses to hearing requests? **Yes or No**

B. Medi-Cal Provider Enrollment Requirements

"Facilities must demonstrate readiness in **provider enrollment**, billing capabilities, organizational structure, and facility infrastructure to support the delivery of pre-release services. This includes **Medi-Cal provider enrollment**, billing system contracts, and facility readiness for go-live."
(STC 9.8.c, Attachment CC pp. 5–7) (Policy Guide §9.3, p. 131-132)

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Correctional Facility (CF) Medi-Cal Enrollment	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Not ready by go-live date, TA needed » Not Applicable	» For each facility site, CF obtained a National Provider Identifier (NPI), Type II, from the National Plan and Provider Enumeration System (NPPES). ***Pre-requisite for go-live*** » CF enrolled each facility site in Medi-Cal as an "Exempt from Licensure Clinic" ***Pre-requisite for go-live*** » CF describes identified barriers or challenges to enrolling in Medi-Cal	» Fair hearing policy and procedures. » Sample notification forms or scripts. » Staff training materials. » access.

Correctional Facility Medi-Cal Enrollment Questions:

» Has the CF obtained a Type II National Provider Identifier (NPI)? If yes, include NPI. **Narrative Response**

» Has the CF submitted an application for Medi-Cal enrollment, for each carceral site, as an Exempt from Licensure Clinic?

   o If yes, please include the Medi-Cal Assigned ID number. **Narrative Response**

   o If no, please explain. **Narrative Response**

» If CF has not yet submitted an application for Medi-Cal enrollment for each carceral site, please indicate timeline for submission. **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Pharmacy Enrollment	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» If applicable, CF identifies onsite pharmacies, including NPI of each onsite pharmacy » If applicable, CF identifies community pharmacies, including NPI of each community pharmacy » Each identified pharmacy is enrolled in Medi-Cal ***Pre-requisite for go-live***	» Submit a list of pharmacy provider(s) that includes the pharmacy (business) name, pharmacy address, National Provider Identifier (NPI), pharmacy type (out of state, onsite, community), pharmacy's contact (individual) name(s) and contact information (email, phone number). This list is to include all pharmacy (business) providers that shall be providing medications/products for the justice-involved (JI) population during the 90-day pre-release period for medications and prescriptions dispensed upon release. *Note: Do not list individual pharmacists.*

Pharmacy Enrollment Questions:

» If applicable, has the CF submitted a Medi-Cal provider enrollment application for each onsite pharmacy?

  o If yes, please include the Medi-Cal Assigned ID number. **Narrative Response**

  o If no, please explain. **Narrative Response**

  o Not Applicable

» If applicable and CF has not yet submitted an application for Medi-Cal enrollment for onsite pharmacy, please indicate timeline for submission. **Narrative Response**

» Will CF use any community pharmacies for any aspect of the Justice-Involved Reentry Initiative? **Select all that apply.**

  o CF only uses a community pharmacy (i.e., does not have an onsite pharmacy)

  o CF will use a community pharmacy for pre-release medications.

  o CF will use a community pharmacy for substance use disorder medications.

  o CF will use a community pharmacy to provide medications in hand upon release.

  o Other. Please specify.

» Does the CF use an out-of-state pharmacy? If so, what pharmacy? **Narrative Response**

» Did CF verify that all pharmacies are enrolled in Medi-Cal? **Narrative Response**

» Upload Pharmacy provider list

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Ordering, Referring and Prescribing (ORP) Practitioners	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF documents procedures for enrolling ORP providers as 'ORP-Only' Medi-Cal providers » CF maintains procedures for verifying ORP-only Medi-Cal enrollment for new hires and existing employees, as well as contracted third-party providers » CF identifies embedded ORP providers with associated Type I NPI numbers » CF describes barriers or challenges experienced with implementing » CF identifies any planned process improvements, if applicable » CF provides adequate training for ORP providers » CF identifies county agency responsible for administering correctional health care services in the county » If the county agency responsible is not the Sheriff or Probation, CF details roles and responsibilities between county entity and Sheriff or Probation, as applicable » If the county agency responsible is not the Sheriff or Probation, CF demonstrates engagement/readiness of Sheriff or Probation, as applicable	» List of embedded ORP providers in each carceral facility (Name, Facility, Type I NPI) » Policies and/or procedures pertaining to ORP providers » Description of staff training activities » If applicable, request for exemption in accordance with DHCS policy. » County organization chart identifying organizational structure and reporting relationships for administration of correctional health care services » If applicable, interagency agreements or letters of support from Sheriff and/or Probation, as applicable for CF type

Ordering, Referring, and Prescribing Practitioners Questions:

» Has the CF documented procedures for enrolling ORP providers as 'ORP-Only' Medi-Cal providers? **Yes or No**

» Does the CF maintain procedures for verifying ORP-only Medi-Cal enrollment for new hires and existing employees, as well as contracted third-party providers? **Narrative Response**

» Does the CF provide adequate training for ORP providers? **Narrative Response**

» Describe any barriers or challenges experienced with implementing ORP procedures. **Narrative Response**

» Identify any planned process improvements, if applicable. **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

C. Billing System Capabilities

"Facilities must demonstrate readiness in provider enrollment, **billing capabilities**, organizational structure, and facility infrastructure to support the delivery of pre-release services. This includes Medi-Cal provider enrollment, **billing system contracts**, and facility readiness for go-live."
(STC 9.8.c, Attachment CC pp. 5–7) (Policy Guide §9.3, p. 131-132)

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Medical Claims Billing via CAMMIS (DHCS Fee for Service Billing	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF has an active billing system or vendor contract capable of submitting claims to CAMMIS for pre-release services. » CF has policies and procedures for medical billing, including claim submission, error resolution, and reconciliation. » CF staff have completed Medi-Cal billing training via the Medi-Cal Learning Portal. » CF has tested billing workflows and can demonstrate successful test claims or mock submissions. » CF ensures that billing is limited to the approved pre-release services (e.g., care management, MAT, labs, radiology) and complies with the inmate exclusion rule exceptions.	» Billing vendor contract or system overview. » Medi-Cal billing policy and procedures. » Attestation of compliance with Medi-Cal billing standards and STC 9.3. » Completed test claim or billing workflow diagram.

Medical Claims Billing via CAMMIS Questions:

» When will billing capability for medical claims go-live? **Narrative Response**

» Does the CF have an electronic health record? If yes, what EHR? **Narrative Response**

» If applicable, has the CF established an EHR/Billing vendor contract for medical claims? If yes, what vendor? **Narrative Response**

» Are policies and procedures in place for claim submission, error resolution, and reconciliation? **Narrative Response**

» Has the CF completed applicable Medi-Cal trainings in the Medi-Cal Learning Portal? **Yes or No**

» Have you tested billing workflows and submitted mock or test claims? **Yes or No**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness

Pharmacy Claims Billing (Medi-Cal Rx)	» Ready now
	
	» Ready by go-live date
	
	» In Progress
	
	» Not Started
	
	» Requesting Conditional Approval
	
	» Ready post go-live (within 6 months)
	
	» Not ready for the go-live date, TA needed
		» All pharmacies and/or pharmacy billing vendors used by the CF and/or CF providers have the capability and processes in place to submit pharmacy claims/bills for medications/products dispensed in patient-specific packages to Medi-Cal Rx. ***Must be met no later than 6 months post go-live***
		
		  o If submitting pharmacy claims via:
		
		  o A point-of-sale (POS) system, in batch files via secure file transfer protocol (SFTP), or "in bulk" via POS, the claims adhere to the Medi-Cal Rx NCPDP Payer Specification Sheet.
		
		  o The web, the pharmacy will utilize the Medi-Cal Rx Web Claims Submission tool to enter the necessary data and submit their pharmacy claims; this tool is available via Medi-Cal Rx secured Provider Portal.
		
		  o Paper claims. The paper claim forms to be used are:
		
		    ▪ Pharmacy Claim Form (30-1), for non-compound claims,
		
		    ▪ Pharmacy Claim Form (30-4), for multi-ingredient compound claims, or
		
		    ▪ Universal Claim Form (UCF), for non-compound or compound claims; the
			» Policies and/or procedures documenting CF's pharmacy billing practices, including the following:
			
			  o method(s) of submission will be used to submit pharmacy claims to Medi-Cal Rx and if it would vary based upon the given pharmacy.
			
			» Parties responsible for submitting the pharmacy claims/bills to Medi-Cal Rx.
			
			» If using external pharmacy (or EHR vendor), how the external vendor will confirm the patient is JI-eligible and that the pharmacy claim should be submitted to Medi-Cal Rx.
			
			» If 90-day pre-release medications/products will always be billed by the identified pharmacy (upon dispense) or if the pharmacy

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness

		UCF may be purchased from NCPDP (https://www.ncpdp.org/products.aspx).
		
		» CF and Pharmacy(s) have reviewed Medi-Cal Rx formulary to assess alignment of their currently prescribed drugs/products. Refer to Medi-Cal Rx | Contract Drugs List (CDL). ***Pre-requisite for go-live***
		
		» CF ensures that non-patient-specific, stock medications administered to the patient are not going to be billed on a pharmacy claim to Medi-Cal Rx. ***Pre-requisite for go-live***
		
		» If an EHR system is deriving pharmacy claims, confirm the EHR-derived pharmacy claim (for a given medication/product) will encompass the entire 90-day pre-release period and the fewest claims possible will be submitted under existing Medi-Cal Rx pharmacy benefit UM controls. ***Pre-requisite for billing go-live***
		
		» If the CF participates in a DGS pricing agreement, they have an approach to not bill Medi-Cal for these medications, including the use of community pharmacy for pre-release medications/products. ***Pre-requisite for go-live***
			will submit claims directly to Medi-Cal Rx (upon dispense) and others held until the patient is released. If combination of upon dispense and upon release, explain how it will be tracked so medications/products are not double billed.
			
			» Explain how rejected or denied claims (for the pre-release period) will be handled. Address this for those claims submitted by pharmacy as well as those derived by EHR. Situations such as:
			
			    o Drug/product not covered by Medi-Cal Rx
			    o Prior authorization needed
			    o Member not eligible
			    o General claim data errors
			
			» If applicable, DGS pricing agreement

Pharmacy Claims Billing (Medi-Cal Rx) Questions:

» When will billing capability for pharmacy claims go-live? **Narrative Response**

» Does the CF have a pharmacy billing system? If yes, what system? **Narrative Response**

» If applicable, has the CF established an EHR/Billing vendor contract for pharmacy claims? If yes, what vendor? **Narrative Response**

» Does the CF have policies and/or procedures (or other documentation) on pharmacy billing responsibilities and demonstrating compliance with DHCS policies? **Narrative Response**

» Has the CF completed Medi-Cal Rx trainings? **Yes or No**

» Does the CF have an active DGS pricing agreement? **Yes or No**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

D. Medi-Cal Eligibility & Enrollment; Incarceration Status Notifications

"The state must ensure that correctional facilities have processes in place for **screening individuals for Medi-Cal eligibility** and enrollment during or near intake, **verifying enrollment status**, **obtaining consent for youth**, **and communicating incarceration status** to the county Social Services Department (SSD). These processes must be documented and operational before go-live."
(STC 9.8.a, Attachment CC pp. 3–4) (Policy Guide (POG) §4.2, p. 35-42 & §8.2, pp. 79-92)

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Screening for Medi-Cal Eligibility at Intake	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Technical Assistance (TA) needed	» CF demonstrates it screens individuals to verify Medi-Cal eligibility ***Pre-requisite for go-live*** » CF assists eligible individuals with Pre-Release Medi-Cal application submission ***Pre-requisite for go-live*** » CF describes screening and enrollment workflows (e.g., identifies when in the booking/intake process the screening occurs) » CF describes process for obtaining and documenting member, and/or authorized representative (e.g., parents/guardian for youth under the age of 18), consent to enroll in the Medi-Cal program » CF describes system integration, if any, with County Social Services Department and/or procedures for verifying Medi-Cal enrollment status	» Policies and/or procedures for screening and Medi-Cal enrollment » Screening forms » Workflow diagrams » MOU, or other agreement between CF and SSD » Staff training materials

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
		» CF describes barriers or challenges experienced with implementing Medi-Cal Pre-Release Application processes, if applicable » CF identifies any planned process improvements, if applicable » CF provides adequate training for staff responsible for screening and assisting with Medi-Cal enrollment	

Screening for Medi-Cal Eligibility at Intake Questions:

» What is the status of CF's procedures for screening individuals for Medi-Cal eligibility? **Narrative Response**

» At what point in the intake workflow does the CF conduct Medi-Cal eligibility screening? Select most accurate response:

   o Booking

   o Intake

   o Post-Intake

   o Prior to Release

   o Other. Please specify.

» The CF attests that it assists individuals with Medi-Cal enrollment using the Pre-Release Medi-Cal Application. **Yes or No**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Communication of Incarceration Status (including release date, when known) to County SSD	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF has established workflows for communicating incarceration status, including release dates, to the County Social Services Department (SSD). ***Pre-requisite for go-live*** » CF uses sample notification forms and policies/procedures for communication.	» Workflow diagrams » Sample notification forms » Policies and/or procedures for communication

Communication of Incarceration Status Questions:

» Has the facility established workflows for communicating incarceration status, including release dates, to the County Social Services Department (SSD)? **Yes or No**

» Does the facility use sample notification forms and policies/procedures for communication? **Yes or No**

» How does the facility ensure that SSD contact information is provided to individuals? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Medi-Cal Enrollment Information Provided to Individuals	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF provides information to individuals, at intake or upon release, about obtaining Medi-Cal benefits, including contact information for the county social services agency. ***Pre-requisite for go-live*** » CF ensures SSD contact info is accessible in multiple formats (e.g., flyers, posters, digital).	» Resource flyers or other documentation, as applicable.

Medi-Cal Enrollment Information Questions:

» Does the CF provide SSD contact information to individuals during intake or prior to release? **Yes or No**

» Is the SSD contact information available in multiple formats (e.g., flyers, posters, digital)? **Yes or No**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

E. Screening for JI Eligibility (Adults/Youth), EPSDT (Youth), and Behavioral Health (All Ages)

"Facilities must have the capacity to deliver pre-release services, including telehealth and in-person care, initial health screenings, medication management, durable medical equipment (DME), care management, medication-assisted treatment (MAT), and other covered services."
(STC 9.8.d, Attachment CC pp. 7–9) (Policy Guide §8.1–8.9, pp. 75–130)

E.1 Screening for JI Eligibility (Adults and Youth)

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Initial Health Screening	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF conducts initial health screening within 96 hours of intake. ***Pre-requisite for go-live*** » Screening includes physical and behavioral health needs, including SUD withdrawal, pregnancy, and communicable diseases. ***Pre-requisite for go-live*** » CF integrates screening with eligibility determination for pre-release services. » CF uses Tier 1 screening protocols as outlined in the Policy Guide.	» Initial health screening protocols. » Screening forms or checklists. » Timeline for screening implementation.

Initial Health Screening Questions:

» Is an initial health screening conducted within 96 hours of intake? **Yes or No**

» Does the screening include physical and behavioral health, SUD withdrawal, pregnancy, and communicable diseases? **Narrative Response**

» Are screening results used to determine eligibility for pre-release services? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
JI Screening Portal	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Not ready for the go-live date, TA needed	» CF has access to the JI Screening Portal and designated staff are trained to use it. ***Pre-requisite for go-live*** » CF staff understand how to enter required data fields (e.g., CIN, DOB, incarceration date, qualifying criteria, release date). ***Pre-requisite for go-live*** » CF has integrated JI eligibility screening into Tier 1 (initial health screening), Tier 2 (comprehensive screening), and ongoing workflows. » CF screens Medi-Cal eligible individuals for qualifying conditions using validated tools or self-attestation. ***Pre-requisite for go-live*** » CF uses the portal to activate the JI aid code for eligible individuals as early as possible, based on known or estimated release dates. » CF understands how to pause, reset, and restart aid codes in the portal based on qualifying events. » CF ensures timely and accurate entry of screening outcomes in the portal to support DHCS issuance of Notices of Action (NOAs). » CF has internal protocols to verify CIN and DOB prior to portal entry. » CF has designated staff (clinical or non-clinical) responsible for screening and portal entry. » CF has a process for quality assurance and oversight of portal submissions. ***Pre-requisite for go-live***	» JI Screening Portal access policy and user roles. » Screening protocols for Tier 1, Tier 2, and ongoing eligibility checks. » Staff training logs » Internal SOPs for pause, reset, and restart functions. » Quality assurance or audit procedures for portal data.

JI Screening Portal Questions:

» Does the CF have access to the JI Screening Portal? **Yes or No**

» Have designated staff been trained to use the JI Screening Portal? **Yes or No**

» Does the intend to use single record entry, batch upload, or connect via Application Programming Interface (API) to connect to the JI Screening Portal to enter eligible members? Select all that apply:

  o Single record entry

  o Batch upload

  o API connection

» Does the CF screen all Medi-Cal eligible individuals for pre-release services using Tier 1, Tier 2, or ongoing workflows? **Narrative Response**

» Does the CF enter screening outcomes into the JI Screening Portal, including CIN, DOB, qualifying criteria, and release date? **Narrative Response**

» Does CF attest it will enter screening outcomes for Medi-Cal members (i.e., adults) who CF determined do not meet qualifying criteria for pre-release services? **Narrative Response**

» Does the CF activate the JI aid code in the portal based on known or estimated release dates? **Yes or No**

» Is the CF able to pause, reset, and restart the JI aid code in the portal based on qualifying events? **Yes or No**

» Does the CF have internal protocols to verify CIN and DOB before portal entry? **Narrative Response**

» Upload Documentation to Substantiate Readiness

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Health Risk Assessment	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF conducts comprehensive health risk assessments within two weeks of intake. ***Pre-requisite for go-live*** » Assessment includes chronic conditions, behavioral health, and functional needs. ***Pre-requisite for go-live*** » CF uses results to inform eligibility for pre-release services and care planning.	» Health risk assessment procedures. » Health risk assessment tools. » Workflow diagrams.

Health Risk Assessment Questions:

» Is a comprehensive health risk assessment conducted within two weeks of intake? **Narrative response**

» Does the assessment include chronic conditions, behavioral health, and functional needs? **Yes or No**

» Are results used to inform care planning and service eligibility? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Use of Validated Screening Tools	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF uses validated tools for mental health and SUD screening (e.g., BJMHS, TCUDS V). ***Pre-requisite for go-live*** » Tools are agreed upon with the county behavioral health agency. » Screening results are used to determine behavioral health linkages.	» List of validated tools used. » Letter of agreement with county BH agency. ***Pre-requisite for go-live***

Use of Validated Screening Tools Questions:

» Are validated tools (e.g., BJMHS, TCUDS V) used for mental illness and SUD screening? **Narrative Response**

» Have these tools been approved in coordination with the county behavioral health agency? **Narrative Response**

» Are screening results used to determine behavioral health linkages? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

E.2 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Screening and Diagnostic Services (Youth[3])

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness

Federal Consolidated Appropriations Act Section 5121 Requirements (EPSDT, immunizations, dental, vision/hearing)	» Ready now
	» Ready by go-live date
	» In Progress
	» Not Started
	» Requesting Conditional Approval
	» Ready post go-live (within 12 months)
	» Not ready for the go-live date, TA needed
		» CF ensures access to EPSDT screening and diagnostic services. ***Pre-requisite for go-live***
		» For youth under 21:
		  o Comprehensive health and developmental history
		  o Unclothed physical exam
		  o Vision, hearing, lab testing
		  o Dental screening (by embedded dental provider only)
		  o Behavioral health screening
		  o Immunization assessment and administration
		» For youth 21–26 (former foster care):
		  o Medically necessary screenings to determine physical or behavioral health conditions
		  o Diagnostic services must follow any screening that indicates further evaluation is needed.
			» EPSDT screening protocols.
			» Care coordination workflows.

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[3] Medicaid/CHIP eligible youth who are under 21 *or* Former foster youth up to age 26 in any correctional facility setting.

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
		» CF coordinates with MCPs and county agencies to deliver services. » CF documents care management workflows for youth.	

Federal Consolidated Appropriations Act Section 5121 Requirements (EPSDT, immunizations, dental, vision/hearing):

» Are EPSDT services (e.g., immunizations, dental, vision, hearing) available to youth? **Narrative Response**

» Is there coordination with MCPs and county agencies to deliver these services? **Narrative Response**

» Are workflows in place to ensure timely access to EPSDT services? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

E.3 Behavioral Health Screening (All Ages)

"Correctional facilities must have processes in place for screening individuals for behavioral health needs, including mental illness and substance use disorder (SUD), using validated tools mutually agreed upon with the county behavioral health agency."
(STC 9.8.b, Attachment CC pp. 4–5) (Policy Guide §6.4, pp. 69-71)

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Screening for Mental Illness and SUD (including withdrawal history)	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF screens all individuals for mental illness and SUD using validated tools. ***Pre-requisite for go-live*** » Screening includes withdrawal history and co-occurring disorders. ***Pre-requisite for go-live*** » CF supports assessments for those who screen positive. ***Pre-requisite for go-live*** » CF uses tools such as BJMHS, CMHS-M/W, MHSF-III, TCUDS V, ASSIST. » Tools are selected in agreement with the county BH agency. ***Pre-requisite for go-live*** » Screening results are shared with care managers and BH providers. ***Pre-requisite for go-live***	» Screening protocols. » Sample screening forms. » Tool list and validation references. » County BH agency agreement (signed letter of agreement). ***Pre-requisite for go-live***

Screening for Mental Illness and SUD Questions:

» Are all individuals screened for mental illness and SUD using validated tools? **Yes or No**

» Are assessments conducted for those who screen positive? **Narrative Response**

» What tools will be used?

» Are screening tools selected in agreement with the county BH agency? **Yes or No**

» Are results shared with care managers and BH providers? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

F. Pre-Release Service Delivery Infrastructure

"Facilities must have the capacity to deliver pre-release services, including telehealth and in-person care, initial health screenings, medication management, durable medical equipment (DME), care management, medication-assisted treatment (MAT), and other covered services."
(STC 9.8.c/e, Attachment CC pp. 7–9) (Policy Guide §8.1–8.9, pp. 75–130)

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Short-Term Model (i.e., short-term incarcerations)	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF identifies procedures for short-term incarcerations (e.g., average length of stay < 14 days), including timelines when it will conduct screenings and provide services, including care management, for eligible individuals. ***Pre-requisite for go-live*** » CF identifies procedures for communicating unknown release dates, estimating release dates, and updating the JI Screening Portal with release date information. ***Pre-requisite for go-live*** » CF identifies procedures for unexpected releases, including providing medications in hand upon release with prescription refills in place, as clinically appropriate, as well as clear criteria for when core requirements cannot be met for short-term incarcerations. ***Pre-requisite for go-live***	» Written policy and procedures for short-term incarcerations. » Modified workflows or protocols for rapid screening, eligibility, and service delivery. » Sample expedited reentry care plan or discharge summary. » Coordination protocols with MCPs and BH agencies for early release scenarios. » Documentation of staff training on short-term model adaptations.

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
		» CF has adapted workflows to prioritize rapid screening, eligibility verification, and service delivery within a compressed timeframe. » CF ensures that core services (e.g., care management, MAT, medications in hand) are initiated and/or coordinated even for individuals with very short stays. ***Pre-requisite for go-live*** » CF has protocols for expedited reentry planning, including warm handoffs and medication access for individuals released before full service delivery is completed. » CF coordinates with MCPs and county BH agencies to ensure continuity of care for individuals released before full pre-release services are delivered.	

Short-Term Model Questions:

» Has the CF implemented procedures to account for the short-term model (e.g., average length of stay < 14 days)? **Narrative Response**

» Has the CF adapted its workflows to ensure rapid screening, eligibility verification, and service delivery within a short timeframe? **Narrative Response**

» Are core services (e.g., care management, MAT, medications in hand) initiated or coordinated for individuals with very short stays? Please describe timeline for initiation of core services. **Narrative Response**

» Does the CF have expedited reentry planning protocols for individuals released before full-service delivery is completed? **Narrative Response**

» Does the CF coordinate with MCPs and BH agencies to ensure continuity of care for early releases? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Describe technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Telehealth/In-Person Capability	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF has telehealth capability, if applicable » CF clearly describes processes for providing access to remote providers and/or in-reach providers, when necessary » CF's policies adhere to DHCS' telehealth policies. » CF identifies approved in-reach and/or telehealth providers. ***Pre-requisite for go-live***	» Screening protocols. » Sample screening forms. » Tool list and validation references. » County BH agency agreement (signed letter of agreement). ***Pre-requisite for go-live***

Telehealth/In-Person Capability Questions:

» Does the CF have both telehealth and in-reach service protocols? **Narrative Response**

» Can the CF provide a technology inventory for telehealth and in-reach care? **Yes or No**

» Are privacy and security addressed in the protocols and technology for telehealth and in-reach care? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Physical Health Consultations	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF provides physical in-reach clinical consultation services to diagnose, treat, and stabilize individuals with qualifying health conditions. » CF provides prescriptions and clinical documentation for all medication, services, and durable medical equipment (DME) that will be needed in the immediate post-release period. » CF supports reentry coordination among medical, pharmacy, and care management professionals. » CF facilitates warm handoffs and referrals to post-release physical health providers. » CF ensures services are documented in the EHR and shared with MCPs or providers as appropriate.	» Physical health consultation protocols. » Scheduling and care coordination workflows. » Consent forms and release of information (ROI) templates. » Sample referral or discharge summaries.

Physical Health Consultations Questions:

» Does the CF provide in-reach or telehealth physical health consultations for individuals with qualifying conditions? **Yes or No**

» Does CF primarily use embedded (i.e., employed or contracted) or in-reach (i.e., community providers) for clinical consultation service? **Yes or No**

» If CF primarily uses embedded providers, are there circumstances in which the CF will use an in-reach provider? If yes, please describe. **Narrative Response**

» Are prescriptions and clinical documentation prepared for post-release needs? **Narrative Response**

» Does the CF coordinate with external providers to ensure continuity of care after release? **Narrative Response**

» Are physical health consultation services documented and shared with MCPs or providers? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Durable Medical Equipment (DME)	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 6 months) » Not ready for the go-live date, TA needed	» CF has inventory and tracking systems for DME (e.g., CPAP machines, wheelchairs). » CF has procedures for ordering, storing, and distributing DME pre-release. » CF coordinates with MCPs or vendors to ensure continuity post-release.	» Policy detailing procedures for providing DME to individuals, in-hand upon release. » List of DME stored and readily available at CF site.

Durable Medical Equipment (DME) Questions:

» Does the CF maintain an inventory of DME? **Yes or No**

» Are there procedures for issuing DME to individuals pre-release? **Narrative Response**

» Is there a process for coordinating DME continuity with MCPs? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

G. Pharmacy Requirements

"Facilities must have the capacity to deliver pre-release services, including telehealth and in-person care, initial health screenings, medication management, durable medical equipment (DME), care management, medication-assisted treatment (MAT), and other covered services."
(STC 9.8.e, Attachment CC pp. 7–9) (Policy Guide §8.1–8.9, pp. 75–130)

Additional Resources:

- Medi-Cal Rx | Provider Manual
- Medi-Cal Rx Welcome Packet

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Provision of Non-SUD Medications During 90-day Pre-release Period	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF has a process through which they obtain medications dispensed in a patient-specific manner from a Medi-Cal enrolled pharmacy that is provided to the member during the 90-day prerelease period. ***Pre-requisite for go-live*** » CF's protocols specify method of administration (e.g., self-administered, dose-by-dose).	» CF's procedures for medications and products that are ordered, dispensed and provided to Medi-Cal members.

Provision of Non-SUD Medications During 90-day Pre-release Period Questions:

» Does the CF have a process for obtaining and dispensing patient-specific medications from a Medi-Cal enrolled pharmacy during the 90-day pre-release period? **Narrative Response**

» Are medications dispensed as:

    o Keep-on-person / Self-administered

    o Dose-by-dose

    o Both, depending on clinical need

    o Other. Please specify.

» Are procedures in place to ensure medications are labeled and tracked appropriately for each individual? **Narrative Response**

» Are staff trained on the administration protocols for pre-release medications? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Medications in Hand at Release – _Criteria Must be Met Prior to Go-Live_	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Not ready for the go-live date, TA needed	» CF provides a full supply (consistent with Medi-Cal State Plan) of all active medications in-hand upon release with prescription refill in place, as clinically appropriate, to incarcerated individuals receiving pre-release services with prescriptions for refills in place, as clinically appropriate. » CF uses a Medi-Cal enrolled pharmacy to fill prescriptions and prescription refills. » CF's protocols address contingency plans for unexpected releases to ensure members can obtain medications in-hand for release and prescription refills.	» Provide the written policy for providing a full supply of all active medications in-hand upon release with prescriptions for refills in place as clinically appropriate to incarcerated individuals receiving prerelease services, including those with short-term stays. » Policy must include SUD medications with direction specific to buprenorphine and methadone.

Medications in Hand at Release Questions:

» Does the CF provide a full supply of all active medications in-hand upon release, consistent with the Medi-Cal State Plan? **Narrative Response**

» Are prescriptions for refills in place at the time of release, as clinically appropriate? **Narrative Response**

» Does the CF use a Medi-Cal enrolled pharmacy to fill prescriptions and refills for release medications? **Narrative Response**

» Does the CF have contingency protocols in place for unexpected or unplanned releases to ensure medications are still provided? **Narrative Response**

» Do the CF's policies include SUD medications, with specific direction for buprenorphine and methadone? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness

Prior Authorizations (PA) for Pharmacy Claims	» Ready now
	
	» Ready by go-live date
	
	» In Progress
	
	» Not Started
	
	» Requesting Conditional Approval
	
	» Ready post go-live (within 12 months)
	
	» Not ready for the go-live date, TA needed
		» CF ensures that necessary prior authorizations are submitted in a timely manner. ***Pre-requisite for go-live***
		
		» CF timely resolves or corrects any issues to obtain prior authorization approval, for the upon release medications and refills. ***Pre-requisite for go-live***
			» Prior Authorization (PA) protocols, including the following:
			
			   o Medi-Cal Rx submission method(s) will be used [i.e., Medi-CalRx Portal, fax, mail, CoverMyMeds (CMM)
			
			   o Parties responsible
			
			   o If a PA is initiated electronically (in CMM) by the pharmacy and sent to in-house prescriber for completion, parties responsible for following through for PA completion and ensuring that any issues that arise are resolved in a timely manner.
			
			   o Process for resolving prior authorization denials. (CF must ascertain that denied prior authorizations are acted upon by either pursuing approval or changing the prescription to a covered formulary alternative to ensure member has access to the essential medications and/or medical supplies for their condition after release).

Prior Authorization (PA) Pharmacy Claims Questions:

» Does the CF have a process for submitting prior authorizations (PAs) for medications and medical supplies that will be continued after release? **Narrative Response**

» What method(s) does the CF use to submit PAs to Medi-Cal Rx? **Narrative Response**

- o Medi-Cal Rx Portal
- o Fax
- o Mail
- o CoverMyMeds (CMM)
- o Other (please specify)

» Who is responsible for initiating and completing the PA process? **Narrative Response**

» If a pharmacy initiates a PA electronically (e.g., via CMM), does the CF have a process to ensure the prescriber completes it and any issues are resolved? **Narrative Response**

» Does the CF have a documented process for resolving PA denials? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

H. Behavioral Health Requirements

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Behavioral Health Consultations	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF ensures that necessary prior authorizations are submitted in a timely manner. ***Pre-requisite for go-live*** » CF timely resolves or corrects any issues to obtain prior authorization approval, for the upon release medications and refills. ***Pre-requisite for go-live*** » CF ensures prescriptions and clinical documentation are prepared for all behavioral health medications and services needed in the immediate post-release period. » CF supports reentry coordination among	» Behavioral health consultation protocols and policies. » Scheduling and care coordination workflows. » Consent forms and release of information (ROI) templates. » Sample referral or discharge summaries. » Letter of agreement or MOU with county BH agency (if applicable).

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
		behavioral health professionals, care managers, and MCPs. ***Pre-requisite for go-live***	
		» CF facilitates warm handoffs and referrals to post-release behavioral health providers, including scheduling and consent.	
		» CF documents services in the EHR and shares relevant information with MCPs or county BH agencies, as appropriate.	
		» CF's referral procedures include decision calculus for making referrals to MCP for non-specialty mental health services and/or MAT services provided by a physician or to county	

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
		BH for SMI and/or SUD services, if the individual meets criteria for county BH services. ***Pre-requisite for go-live***	

Behavioral Health Consultations Questions:

» Does CF primarily use embedded (i.e., employed or contracted) or in-reach (i.e., community providers) for behavioral consultation service? **Yes or No**

» If CF primarily uses embedded providers, are there circumstances in which the CF will use an in-reach provider? If yes, please describe. **Narrative Response**

» What is the role of the County Behavioral Health Agency in the provision of behavioral health services? **Narrative Response**

» Does the CF provide in-reach or telehealth behavioral health consultations for individuals with qualifying conditions? **Narrative Response**

» Are prescriptions and clinical documentation prepared for post-release behavioral health needs? **Narrative Response**

» Does the CF coordinate with external BH providers to ensure continuity of care after release? **Narrative Response**

» Are behavioral health consultation services documented, and records shared with MCPs or county BH agencies? **Narrative Response**

» Is there a formal agreement or referral process in place with the county BH agency and the applicable MCP(s)? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Behavioral Health Link (contact, infrastructure, consent, scheduling) – _**Criteria Must be Met Before Go-Live**_	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months)	» CF has a designated point of contact or team responsible for coordinating behavioral health (BH) linkages. _**Pre-requisite for go-live**_ » CF maintains up-to-date contact information for county BH agencies and contracted providers. » CF obtains documents and consent to share behavioral health information with external providers. _**Pre-requisite for go-live**_ » CF uses standardized release of information (ROI) forms and tracks consent status. » CF schedules post-release BH appointments prior to release. » CF facilitates BH Links, including provider-to-provider communication and documentation transfer. _**Pre-requisite for go-live**_ » CF has a process for clinical handoff to MCPs for non-specialty BH services and to county BH for SMI/SUD services. _**Pre-requisite for go-live**_ » CF shares relevant clinical documentation (e.g., assessments, treatment plans) with receiving providers. _**Pre-requisite for go-live**_ » CF has MOUs or data sharing agreements in place with county BH agencies or contracted providers.	» Behavioral health linkage policy and procedures » Sample ROI forms and consent tracking logs » Sample appointment logs or scheduling workflows » Warm handoff protocol and sample documentation » MOU or data sharing agreement with county BH agency » Staff training materials on BH linkage and coordination

Behavioral Health Link Questions:

» Has the CF designated a point of contact or team for coordinating behavioral health linkages? **Narrative Response**

» Does the CF obtain and document consent to share BH information with external providers? **Narrative Response**

» Are standardized ROI forms used and tracked? **Yes or No**

» Does the CF schedule post-release BH appointments prior to release? **Narrative Response**

» Are warm handoffs conducted, including provider-to-provider communication? **Narrative Response**

» Is there a clinical handoff process for both MCP and county BH referrals? **Narrative Response**

» Are MOUs or data sharing agreements in place with county BH agencies or contracted providers? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness

MAT Induction or Continuation During Incarceration and Naloxone Distribution at Release – _Criteria Must be Met Before Go-Live_	» Ready now
	
	» Ready by go-live date
	
	» In Progress
	
	» Not Started
	
	» Requesting Conditional Approval
	
	» Ready post go-live (within 12 months)
	
	» Not ready for the go-live date, TA needed
		» CF has protocols for initiating MAT (e.g., buprenorphine) during incarceration for individuals not previously on treatment.
		
		» CF ensures clinical assessment and informed consent are part of the induction process.
		
		» CF has a process through which they ensure individuals receive timely treatment, maintained throughout incarceration to ensure that medications for SUD are provided as soon as possible in alignment with clinical indications, especially in the presence of withdrawal symptoms.
		
		» CF has a process in place to cover timely continuation of any agonist medication prescribed in the community for the duration of incarceration (i.e. including full-agonist such as methadone and partial-agonist such as buprenorphine) and all FDA-approved medications for the treatment of SUD.
		
		» CF has protocols for verifying prescriptions and coordinating with community OTPs or prescribers.
		
		» CF offers naloxone and instructions on its use, regardless of any history of OUD to all individuals at time of release.
		
		» CF documents Naloxone distribution and provides education on its use.
			» MAT policies, procedures, and workflows, including the following:
			
			  o Alignment with clinical indications
			
			  o End-to-end workflow (from order to dispense)
			
			  o Referral procedures to community-based narcotic treatment program (NTP)
			
			» MAT continuation protocols and verification workflows.
			
			» Procedures for offering naloxone include a copy of instruction on its use and any other educational material for naloxone.
			
			» Staff training materials and attendance logs.

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
		» CF ensures access to specialized SUD services for pregnant and postpartum individuals, including MAT and prenatal/postnatal care. » CF coordinates with OB/GYN and SUD providers to ensure continuity of care.	» Naloxone distribution and education procedures. » Policies for pregnant/postpartum SUD care.

MAT Induction or Continuation During Incarceration and Naloxone Distribution at Release Questions:

» Does the CF have protocols for the provision of MAT, including induction and timely continuation of community-prescribed agonist medications (e.g., methadone, buprenorphine)? **Narrative Response**

» Has the CF identified staff roles responsible for MAT and Naloxone training? **Narrative Response**

» Are training and education materials available for staff on MAT and overdose prevention? **Narrative Response**

» Does the CF have protocols to ensure pregnant and postpartum individuals receive specialized SUD services? **Narrative Response**

» Does the CF coordinate with community OTPs or MAT providers to ensure continuity of care post-release? **Narrative Response**

» Are appointments scheduled with community MAT providers prior to release? **Narrative Response**

» Does the CF offer MAT induction during incarceration for eligible individuals? **Narrative Response**

» Are clinical assessments and informed consent procedures in place for MAT initiation? **Narrative Response**

» Does the CF provide Naloxone kits to individuals with SUD at release? **Narrative Response**

» Are training and education materials available for staff to educate individuals on Naloxone use? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

I. Reentry Planning & Coordination

"Facilities must have processes for timely notification of release dates to relevant parties, development of reentry care plans in partnership with individuals, warm handoff procedures, and behavioral health linkage, including consent and scheduling."
(STC 9.8.e, Attachment CC pp. 9–11) (Policy Guide §8.2–8.4.f, pp. 79–125)

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Care Management Model	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF clearly describes its care management model (i.e., embedded, in-reach, mixed-model). ***Pre-requisite for go-live*** » CF identifies pre-release care managers. ***Pre-requisite for go-live*** » CF describes roles and responsibilities of all parties in care management process (end-to-end). ***Pre-requisite for go-live***	» Care management procedures » List of pre-release care managers

Care Management Model Questions:

» Which care management model does the CF use?

   o   Embedded (CF-employed care managers)

   o   In-reach (external/community-based care managers)

   o   Mixed-model (combination of embedded and in-reach)

» Has the CF identified specific pre-release care managers? **Narrative Response**

» Does the CF have documented roles and responsibilities for all parties involved in the care management process (from intake to post-release)? **Narrative Response**

» Are care management procedures documented and accessible to staff? **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Data Sharing and Consent Management	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Ready post go-live (within 12 months) » Not ready for the go-live date, TA needed	» CF has policies and procedures for obtaining, documenting, and managing consent for data sharing with MCPs, BH agencies, and community providers. ***Pre-requisite for go-live*** » CF uses standardized ROI forms and tracks consent status in the EHR or care management system. » CF ensures compliance with HIPAA, 42 CFR Part 2, and state privacy laws. ***Pre-requisite for go-live***	» Policy addressing data sharing procedures and compliance with applicable privacy laws. » Consent forms and ROI documentation. » MOUs with MCPs and BH agencies.

Data Sharing and Consent Management Questions:

» Does CF have a standardized process for obtaining and documenting consent for data sharing? **Narrative Response**

» Are ROI forms used and stored in a centralized system? **Narrative Response**

» Are staff trained in privacy and data-sharing protocols? What is the frequency? **Narrative Response**

» Does CF have a standardized process for obtaining and documenting consent for data sharing? **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Reentry Care Plan – _Criteria Must be Met Before Go-Live_	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Not ready go-live date TA needed	» CF develops a reentry care plan in partnership with the individual prior to release. » The care plan includes medical, behavioral health, pharmacy, and social service needs. » The plan is person-centered, culturally responsive, and trauma informed. » The plan is shared with MCPs, county BH agencies, and/or community providers with appropriate consent. » The plan includes contact information for post-release providers and scheduled appointments when available. » CF documents the care plan in the EHR or care management system and ensures it is accessible to the reentry team.	» Reentry care plan policy and procedures. » Reentry care plan template. » Workflow for care plan development and sharing.

Reentry Care Plan Questions:

» Does the CF develop a reentry care plan in partnership with the individual? **Narrative Response**

» Does the care plan include medical, behavioral health, pharmacy, and social service needs? **Narrative Response**

» Is the care plan shared with MCPs, BH agencies, or community providers with consent? **Narrative Response**

» Are appointments and provider contacts included in the care plan when available? **Yes or No**

» Is the care plan documented in the EHR or care management system? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Focus Area	Readiness Response	Readiness Criteria	Required Documentation to Substantiate Readiness
Warm Handoff Process – _Criteria Must be Met Before Go-Live_	» Ready now » Ready by go-live date » In Progress » Not Started » Requesting Conditional Approval » Not ready go-live date TA needed	» CF has a documented warm handoff protocol for medical, behavioral health, and pharmacy services. » CF ensures provider-to-provider communication occurs prior to release. » CF timely notifies MCPs, ECM Providers, and County BH agencies of release date (if known) or upon release (if unexpected release) » CF schedules post-release appointments and confirms transportation or access support if needed. » CF shares clinical documentation (e.g., assessments, prescriptions, care plans) with receiving providers. » CF tracks completion of warm handoffs and follows up on missed connections. » Notifications include consented health information and care coordination needs.	» Release notification workflows and sample forms. » Warm handoff policy and procedures. » Sample warm handoff documentation (e.g., referral forms, communication logs). » Appointment scheduling logs or confirmation templates. » Staff training materials on warm handoff protocols.

Warm Handoff Process Questions:

» Does the CF have a documented warm handoff protocol for medical, behavioral health, and pharmacy services? **Narrative Response**

» Are post-release appointments scheduled prior to release? **Narrative Response**

» Does the CF facilitate provider-to-provider communication before release? **Narrative Response**

» Is clinical documentation shared with receiving providers? **Narrative Response**

» Does the CF track completion of warm handoffs and follow up on missed connections? **Narrative Response**

» Upload Documentation to Substantiate Readiness

» Described technical assistance (TA) needs, if any. **Narrative Response**

Section 4: Attestation

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true, accurate, and complete to the best of my knowledge and belief.

I declare I am the authorized representative of the correctional facility submitting this Readiness Assessment, which is an entity and not an individual person and that I am eligible duly authorized to submit this Readiness Assessment.

_____

1. Printed legal name of Correctional Facility entity

_____

2. Printed name of person signing this declaration on behalf of CF entity

_____

3. Signature of the person signing this declaration (DocuSign or another electronic signature format)

_____

4. Title of the person signing this declaration

_____

5. Executed at (City, State)

_____

6. Executed on (Date – month, day, year)

THIS PDF INTENDED AS A RESOURCE ONLY. PLEASE DO NOT COMPLETE AND SUBMIT THE READINESS ASSESSMENT VIA PDF. TO SUBMIT THE READINESS ASSESSMENT, USE THE NINTEX LINK PROVIDED BY DHCS.

Appendix A: Checklist of Mandatory Pre-requisites Prior to Go-Live

Below is a compilation of pre-requisites for go-live that were previously identified in the RA. CFs must also complete all required training and onboarding activities prior to go-live. Documentation must be submitted to substantiate completion of pre-requisites and training activities. CFs must be responsive to DHCS' request for additional information, if applicable.

1. **Organizational Structure**

   » Identify the county agency responsible for administering correctional health care services.

   » Detail roles and responsibilities between the county entity and Sheriff or Probation, if applicable.

   » Demonstrate engagement/readiness of Sheriff or Probation, if applicable.

   » Identify contracted third-party vendors working with the County to deliver correctional health care services.

   » Provide a county organization chart identifying organizational structure and reporting relationships.

   » Include interagency agreements or letters of support from Sheriff and/or Probation, if applicable.

2. **Language Assistance**

   » Have a written policy for providing language assistance services in all threshold languages and formats accessible to individuals with disabilities (ADA-compliant).

   » Ensure all required materials (e.g., NOAs, consent forms, screening tools) are available in threshold languages and accessible formats.

   » Have procedures for accessing interpreter services during intake, screening, and service delivery.

   » Train staff in identifying language needs and accessing interpreter services.

   » Ensure language assistance is available during fair hearings and care planning.

3. **Medi-Cal Provider Enrollment Requirements**

   » Obtain a National Provider Identifier (NPI), Type II, from the National Plan and Provider Enumeration System (NPPES) for each facility site.

   » Enroll each facility site in Medi-Cal as an "Exempt from Licensure Clinic."

» Describe identified barriers or challenges to enrolling in Medi-Cal.

4. **Pharmacy Enrollment**

   » Identify all pharmacies, including NPI and type of each.

   » Ensure each identified pharmacy is enrolled in Medi-Cal.

   » Submit a list of pharmacy providers that includes the pharmacy name, address, NPI, type, and contact information.

5. **Billing System Capabilities**

   » Have an active billing system or vendor contract capable of submitting claims to CAMMIS for pre-release services.

   » Develop policies and procedures for medical billing, including claim submission, error resolution, and reconciliation.

   » Complete Medi-Cal billing training via the Medi-Cal Learning Portal.

   » Test billing workflows and demonstrate successful test claims or mock submissions.

   » Have an active billing system or vendor contract capable of submitting claims/billing to Medi-Cal Rx.

6. **Screening for Medi-Cal Eligibility at Intake**

   » Screen individuals to verify Medi-Cal eligibility.

   » Assist eligible individuals with Pre-Release Medi-Cal application submission.

   » Describe screening and enrollment workflows.

   » Obtain and document member consent to enroll in the Medi-Cal program.

7. **Communication of Incarceration Status**

   » Establish workflows for communicating incarceration status, including release dates, to the County Social Services Department (SSD).

   » Use sample notification forms and policies/procedures for communication.

8. **Medi-Cal Enrollment Info Provided to Individuals**

   » Provide information to individuals about obtaining Medi-Cal benefits, including contact information for the county social services agency.

   » Ensure SSD contact info is accessible in multiple formats (e.g., flyers, posters, digital).

9. **Behavioral Health Screening**

   » Screen all individuals for mental illness and SUD using validated tools.

» Include withdrawal history and co-occurring disorders in the screening.

» Support assessments for those who screen positive.

10. **MAT Induction or Continuation During Incarceration**

» Have protocols for initiating MAT during incarceration for individuals not previously on treatment.

» Ensure clinical assessment and informed consent are part of the induction process.

» Offer naloxone and instructions on its use to all individuals at the time of release.

Appendix B: Checklist of Required Documentation

Please upload all of the required documentation, listed below and in the RA template, in the Nintex Survey and/or submit the documentation to DHCS at calaimjusticeadvisorygroup@dhcs.ca.gov with the subject "[County Name][Adult Jail/Youth CF] RA Documentation." NOTE: DHCS recognizes that county correctional facilities may not have document titles that exactly match the list below. Please submit any documentation that demonstrates the requirements and approximate the list below based on the intended function and purpose of the listed document.

Required Documentation

1. Organizational Structure

» County organization chart showing reporting relationships for correctional health care services.

» Interagency agreements or letters of support from Sheriff and/or Probation (if applicable).

2. Language Assistance

» Language access policy and procedures.

» Sample translated materials (e.g., consent forms, flyers).

» Interpreter access protocols or vendor agreements.

» Staff training logs or materials on language access.

3. Fair Hearing Support

» Fair hearing policy and procedures.

» Sample notification forms or scripts.

» Staff training materials.

4. Medi-Cal Provider Enrollment

» NPI Number (Type II) for each facility site.

» Proof of enrollment as "Exempt from Licensure Clinic."

» List of carceral sites included in the RA submission.

5. Pharmacy Enrollment

» List of pharmacy provider(s), including:

  o Pharmacy name and address

  o NPI

  o Pharmacy type (onsite, community, out-of-state)

  o Contact person and contact information

6. Ordering, Referring, and Prescribing (ORP) Practitioners

» Policies and procedures for ORP enrollment and verification.

» List of embedded ORP providers (Name, Facility, Type I NPI).

» Staff training documentation.

7. Billing System Capabilities

» Billing vendor contract or system overview.

» Medi-Cal billing policy and procedures.

» Attestation of compliance with Medi-Cal billing standards.

» Completed test claim or billing workflow diagram.

8. Pharmacy Billing (Medi-Cal Rx)

» Policies and procedures for pharmacy billing practices.

» Documentation of submission methods (POS, SFTP, Web, Paper).

» Procedures for handling rejected or denied claims.

» DGS pricing agreement documentation (if applicable).

9. Medi-Cal Eligibility & Enrollment

» Policies and procedures for screening and enrollment.

» Screening forms and workflow diagrams.

» MOU or agreement with County Social Services Department (SSD).

» Staff training materials.

10. Communication of Incarceration Status

» Workflow diagrams.

» Sample notification forms.

» Policies and procedures for communication.

11. Medi-Cal Enrollment Information

» Resource flyers or other documentation for SSD contact info.

12. Screening for JI Eligibility & Behavioral Health

» Initial health screening protocols and forms.

» JI Screening Portal access policy and SOPs.

» Health risk assessment tools and workflows.

» List of validated screening tools and county BH agency agreement.

13. EPSDT (Youth)

» EPSDT screening protocols.

» Care coordination workflows.

14. Pre-Release Service Delivery Infrastructure

» Policies for short-term incarceration workflows.

» Telehealth and in-person care protocols.

» Physical health consultation protocols.

» DME inventory list and procedures.

15. Pharmacy Requirements

» Procedures for obtaining and dispensing medications during 90-day pre-release.

» Policy for providing medications in hand at release.

» Prior authorization protocols.

16. Behavioral Health Requirements

» Behavioral health consultation protocols.

» Scheduling and care coordination workflows.

» Consent forms and ROI templates.

» MOUs or data sharing agreements with county BH agencies.

17. MAT & Naloxone

- » MAT induction and continuation protocols.

- » Naloxone distribution and education procedures.

- » Staff training materials.

18. Reentry Planning & Coordination

- » Care management procedures and list of care managers.

- » Data sharing and consent management policies.

- » Reentry care plan template and workflows.

- » Warm handoff policy and documentation.

Appendix C: Required Onboarding Activities and Trainings for Medi-Cal Participation

[Justice-Involved Reentry Initiative: Medi-Cal Preparedness Checklist](#)[4]

Appendix D: Medi-Cal Rx Readiness and Resources Checklist

The Medi-Cal Rx Readiness and Resources Checklist will support Correctional Facilities (CFs), partnering pharmacies, and prescribers with planning, completing required onboarding, and implementation of the JI Reentry Initiative. This appendix includes information specific to the provision of Medi-Cal outpatient pharmacy benefits.

Complete the following step-by-step checklist that highlights areas critical for new JI Medi-Cal pharmacy benefit providers.

Step 1 – Understanding Medi-Cal Rx

1. Visit the [Medi-Cal Rx website](#) and sign up for the [Medi-Cal Rx Subscription Service](#) to obtain the latest news about Medi-Cal Rx including changes to the Contracted Drugs List and policy updates.

2. Visit the [Medi-Cal Rx Bulletins and News](#) webpage and review the latest information

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[4] https://mcweb.apps.prd.cammis.medi-cal.ca.gov/references/ji-checklist

concerning Medi-Cal Rx and outpatient pharmacy benefits.

3. Access and review the [Prescriber Training Checklist](#) and/or the [Pharmacy Training Checklist](#) depending upon your role to develop an understanding of Medi-Cal Rx and available educational resources.

4. Watch the [Medi-Cal Rx 101 Webinar](#) on the [Medi-Cal Rx YouTube](#) channel to obtain an overview and information about Medi-Cal Rx resources.

5. Access and review the [Medi-Cal Rx Provider Welcome Packet](#), a comprehensive guide of educational flyers with links to key resources.

6. Familiarize yourself with the [Medi-Cal Rx Provider Manual](#) that provides critical information about Medi-Cal Rx policies and procedures.

7. Visit the [JI Stakeholder Toolkit](#) on the DHCS website and review the Outpatient Pharmacy Benefits and Medi-Cal Rx FAQ to find helpful answers to frequently asked questions.

Step 2 – Enrolling as a Medi-Cal Provider (Pharmacy or Prescriber)

Enroll as a Medi-Cal provider if not already enrolled. Visit the [Provider Enrollment](#) page on the DHCS website to learn more.

Note: Prescribers **must** enroll as Ordering/Rendering/Prescribing (ORP) providers. This enrollment type is for those physicians or non-physician practitioners who do not directly send claims to Medi-Cal for services provided but must enroll in the Medi-Cal program if they order, refer, or prescribe items or services for Medi-Cal members including pharmacy benefits. For information on ORP enrollment, visit the [Ordering/Referring/Prescribing Only Enrollment Information](#) on the DHCS website and review [Medi-Cal Enrollment for Ordering, Referring, Prescribing Procedures](#) on the Medi-Cal Rx website.

Step 3 – Preparing for Pharmacy Prior Authorization (PA) Request Submission

1. Access and review the Medi-Cal Rx pharmacy Prior Authorization (PA) resources in the [Prescriber Training Checklist](#) or the [Pharmacy Training Checklist](#) depending upon your role to learn about pharmacy PA submission requirements and processes.

2. Watch the Medi-Cal Rx YouTube video [Submitting a Prior Authorization (PA) Request via the Medi-Cal Rx Secured Provider Portal.](#)

3. Familiarize yourself with the [Contracted Drugs List](#) (CDL) and [Covered Products Lists.](#) Changes in contracted and/or covered products are reflected in updates published on the first of each month

4. Familiarize yourself with the [Medi-Cal Rx Approved NDC List](#) that identifies, by National Drug Codes (NDCs), products available for coverage and reimbursement under Medi-Cal Rx. This Excel list is updated monthly and is filterable.

Step 4 – Preparing for Pharmacy Claims Submission

1. Review the [Medi-Cal Rx Provider Manual](#), *Claims* section to learn about available pharmacy claim submission formats/methods, requirements, reimbursement methodology, filing limitations, and the daily pharmacy claim reviews conducted.

2. Access and review the Medi-Cal Rx claims submission resources in the [Pharmacy Training Checklist](#) to learn about claim submission requirements and processes.

3. If planning to submit pharmacy claims via the Medi-Cal Rx web claims submission tool, watch the Web Claims Submission Training on the [Medi-Cal Rx YouTube](#) channel. This training delivers an overview of the Medi-Cal Rx Web Claims Submission system. Refer to the [Medi-Cal Rx Web Claims Submission User Guide](#) as a supporting resource.

    Note: Providers currently using (or planning to use) a point-of-sale (POS) system to process pharmacy claims can submit claims via the POS system

4. Review the [Medi-Cal Rx Billing Tips](#), a reference guide for pharmacy claims submission.

Step 5 – Understanding Medi-Cal Rx Pharmacy Provider Payment Resources Electronic Billing and Online RADs

1. Review the [Medi-Cal Rx Finance Portal Job Aid](#) to learn how to access the [Medi-Cal Rx Secured Provider Portal](#) to:
    - o Maintain and edit preferences that pertain to pharmacy claim payments, including:
        - ▪ Claim payment method of electronic fund transfer (EFT) or paper check.
        - ▪ Remittance advice (RA) delivery format of electronic remittance advice (ERA) via a HIPAA-compliant 835 EDI data file or paper RA.

- Authorization for other parties to access your pharmacy's RA.
  - o Access and download Medi-Cal Rx pharmacy claim remittance advices; the ERA 835 EDI data file or softcopy of the mailed paper remittance.

2. Review the Medi-Cal Rx Finance Portal Frequently Asked Questions (FAQs) and Remittance Advice (RA) – Frequently Asked Questions (FAQs) for additional information on the Medi-Cal Rx Finance Portal and Medi-Cal Rx pharmacy claim RAs.

3. Review the Electronic Billing flyer to learn time saving details for pharmacy claims processing.

Step 6 – Understanding the Medi-Cal Rx Checkwrite Schedule

Refer to the Medi-Cal Rx Checkwrite Schedule found under Finance on the Reference Materials tab of the Forms & Information page on the Medi-Cal Rx Provider Portal. The Medi-Cal Rx Checkwrite Schedule includes the pharmacy claim adjudication cycle start and end dates for a given Medi-Cal Rx payment release date as well as notations for any deviations from the normal schedule due to holidays or Checkwrite holds.