

DHCS CALAIM JUSTICE-INVOLVED INITIATIVE ALL COUNTY CALL

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Speakers:

- » Autumn Boylan
- » Sheela Abucay
- » Jessica Camacho-Hall
- » Michael Hedin
- » Ashley Delle
- » Jodi Mulligan-Pfile

Introduction

Sheela Abucay

[00:10] Sheela Abucay: All right, good morning, everyone. Happy Wednesday. Thank you all for joining today's County Justice Involved All-County Webinar. This is the second series of this session, and we're happy to have you all in attendance. My name is Sheela Abucay. I'm the Branch Chief with the Justice Involved Reentry Services Branch at the Department of Health Care Services.

And I'll be helping facilitate today's session alongside a couple of my peers and partners. Before we actually get started today, we're going to quickly run through a couple of housekeeping items. But while we wait for slides to come up, once again, I want to welcome everyone to our second all-county webinar.

Um, series.

All right, thank you so much, Mike, for pulling up those slides. Appreciate it. As I



mentioned, we'll quickly run through, if you go to the next slide, I'll begin with a couple of housekeeping items. Please note that today's session is being recorded for note-taking purposes and to also serve as a resource to participants who may not have been able to join us live here today.

This recording will be shared out along with the meeting materials after today's call, so you guys all can expect to see the agenda and also the PowerPoint slides that we are presenting here today.

For all participants, including facilitators, we just ask that everyone please stay on mute unless you are speaking to reduce any background noise or eliminate any distractions. Throughout the session, we really encourage participants to submit questions in our Q&A feature.

We'll address those questions throughout the presentation, and we'll also have an opportunity to answer those questions live during our live Q&A session towards the end of the meeting. The agenda and also the slide deck will be distributed to all participants after final remediations are completed, and our team will make sure that Meeting summaries are also posted to our Justice Involved Reentry webpage.

We can go ahead and move on to the next slide, please. For today's agenda, I just went through welcoming and housekeeping items. We're going to, I'm going to provide an all-county webinar March recap. We'll go into some information on the justice involved care management bundles, which will be led by Ashley Delle. We'll also go through some JI screening portal resources that will be shared by Mike Hedin on her team. Autumn Boylan's joining us, our deputy director, and will be providing some updates and guidance for 90 days versus 180 days.

We also have some updates regarding path funding, and then we'll be sharing some items that are on the horizon for the department. And then as I mentioned, we'll be closing out our session with a live Q&A and taking any questions that participants may have for today.

All right, before I actually jump into our recap of our last session, I'd like to quickly pass over the mic to our Deputy Director, Autumn. Autumn, who has an update for all participants.

Autumn Boylan

[03:34] Autumn Boylan: All right, good morning, everybody. Thank you so much for joining us. Happy to have you all here joining these regular meetings. We hope that you are finding them helpful. I know we've just had one, but we do think it's a good opportunity for everybody to come together, especially as we're moving forward with getting more and more counties onboarded through the readiness assessment process.

So really excited.

to be here with you. What I wanted to share today is that there's been some movement at the federal level for re-entry waivers in other states. And currently there are 19 states with approved waivers and eight additional states that have pending waivers.

And most recently, there was an announcement from Louisiana, who was joined by CMS in a press conference announcing that they would also be implementing the re-entry initiative waiver, which would bring the total approved waivers up to 20. So, there had been lots of waiver's kind of in a review process pending CMS approval, but we're starting to see some of those additional waiver approvals for new states going live, which is really exciting. So, it gives us a lot of a lot of confidence about what's to come with the 1115 waiver renewal here in California. So, with, you know, with 20 states across the country and a good way to follow that is looking at information that's posted regularly by CMS and by the Health and Reentry Project on the status of the 1115 waivers putting chat links in the Q&A for those updates, but these are really exciting updates. Also sharing that Kentucky just went live with pre-release services in the last couple of weeks. So, they previously had their waiver approved, but now they've actually launched their live, and that's also really exciting progress and updates. We also want to make sure that everybody saw our impact report that came out last month and or earlier this month. Put that in the Q&A with the link as well. Really exciting information, stories from our Medi-Cal members who have received pre-release and re-entry services from our county jail providers or state prisons, as well as our ECM providers in the community. And just really kind of exciting to see everything coming together as we're kind of entering the second half almost of 2026 in the real push to get new counties live with pre-release services in California. So, some really exciting, fun updates. Just thought I'd share, and I'll pass that back over to Sheela.

All-County Webinar March Recap

Sheela Abucay

[06:43] Sheela Abucay: Thank you, Autumn. What a great way to kick off today's session. Really appreciate that update. And it's really exciting to hear that other states are implementing the 1115 waiver. So really appreciate that.

All right, we can go ahead and move on to the next slide, please. And we can go ahead to the next one as well. Real quick, just want to briefly recap sort of the key points from our March all-county webinar. This will sort of help us ground everyone in where we left off and also the momentum that we're continuing to build here with DHCS. As a refresher, this is a, this new all county series is designed to make sure that all implementing partners receive consistent and timely information about the Justice



Involved Reentry Initiative. It's also a space for our counties to share lessons learned and to also ask questions directly to the Department of Health Care Services. This series is really a critical part of our statewide monitoring and support structure. So, if you are joining us here for the first time today, we really, we welcome you and we hope you are able to get the assistance that you're looking for. In March, we walked through some key program impact highlights, including the thousands of Medi-Cal applications processed and more than 159,000 pre-release services that was delivered. We also released, as Autumn mentioned, our first impact report that can be accessed on our JI webpage, but also Autumn linked that report into the Q&A chat. So, if you guys all have time, we highly encourage that you all take a look at that impact report in our March series, we also introduced the new readiness assessment template. We shared a video and discussed how counties can conditional, how conditional and phased go-live options can support counties on the path to meeting sort of this October 1st mandatory go-live deadline.

So counties were introduced also to our new county liaison model. And we're also reminded that the Department of Health Care Services is really providing hands-on technical assistance, providing regular check-ins and support to readiness.

We also shared enhancements to the JI screening portal, including batch updates, API testing, and new training resources. We also previewed forthcoming guidance on several key issues, including managing cases with unknown release dates, and also the development of the JI benefit guide, which will provide clearer billing and coding directions for correctional facilities. Autumn mentioned we also shared several real stories from individuals who received pre-release care management or post-release ECM services. And so really these stories highlighted the importance of coordinated care connecting members to medications, appointments, benefits, housing, and community resources that really, truly changed lives. With that recap in mind, let's move into today's updates. We'll continue building on this foundation and supporting every county as we work toward full statewide readiness.

We can go ahead and move on to the next slide. I'm going to actually pass it over to Ashley Delle to provide updates and guidance on our GI care management bundles. Ashley.

JI Care Management Bundles

Ashley Delle

[10:17] Ashley Delle: Thank you, Sheela. I appreciate that. Good morning, everyone. My name is Ashley Delle. I am a part of Team OSP here at DHCS. Over the next few slides, I will be giving you a quick refresher on the care management bundles. You're likely



already familiar with some of the information that I'm going to share today. but just wanted to give some time just to do a quick overview and a refresher. So, on this slide here, you will see it is essentially an overview of each of the JI Care Management bundles. The slide identifies, you know, the bundle numbers, offers a brief description of what those bundles are, And then you'll see that I've highlighted the pre-release and post-release care managers, who essentially who is responsible to provide the services within each bundle. Next slide, please.

This slide here captures the current or the billing codes, rates, and the current billing frequency billing parameters for each bundle. You'll see again in that first column the name of the bundle, the corresponding billing code. You will see the base bundle rate for each bundle, including the enhanced in-reach rate that applies to those providers who are delivering or acting as in-reach pre-release care managers providing that service at the correctional facility. Bundles one through 4 are actually the ones that are eligible for that 10% increase. And As a reminder, you'll see at the bottom that that QJ modifier is required on the claim for that increase. I did want to take a moment here to highlight that bundle 5 is not eligible for that 10% increase, and that is because bundle 5 occurs in the post-release period. Once the member has released from incarceration and is no longer at the correctional facility. I wanted to take a moment to talk about the billing frequencies and parameters for each bundle. As you can see here, I've outlined which limitations per pre-release and post-release care manager, how often they can be billed, and the time frame when they can be billed. More importantly, what I did want to highlight is that our team and other DHCS DHCS teams are currently having conversations about these billing frequencies and the parameters that are currently in place and that we're looking, we're re-examining the parameters that we have and hoping to move forward and seeing if there's opportunities to provide more flexibility with that. So, I just wanted to call that out and let you know that we will certainly provide further direction. Of any changes in an in another meeting.

All right, let's go ahead and move on to the next slide.

All right, here you can see a list of the Medi-Cal provider types that are eligible for JI Care Management Services. It's quite the robust list here. And what I did want to call out is the local health jurisdiction provider type will also soon be added to the list of eligible eligible provider types for the care management bundles. And we anticipate that will implement in June. So, I would encourage you to, you know, make sure that you're frequently checking our website and stay in tune for details about that. And yeah, we're

looking forward to adding that provider type.

Next slide, please.

On this last slide here, I just tried to provide a summary of some of the resources that are currently available to you. You're going to get the actual links as part of the post-meeting materials. You're going to see the homepage for JI, you know, the section in our currently published policy and operation guide that provides information about the care management bundles.

We also have a link to our YouTube playlist, which includes recordings from previous webinars. Highly recommend looking at that as well. We have the GI Medi-Cal Provider Manual, section of the Medi-Cal Provider Manual linked. The article that just explains all the information that I shared about those provider types.

Michael Hedin

[14:41] Michael Hedin: Yeah.

Ashley Delle

[14:51] Ashley Delle: And of course, you know, links to our webinars and meetings homepage as well.

So with that, I'm just going to pause for a moment here and hand it off to our next presenter, and I believe that's Mike Hedin.

JI Screening Portal Resources

Michael Hedin

[15:08] Michael Hedin: Thank you, Ashley.

Right.

Hello, everybody. My name is Mike Hedin. I'm one of the unit chiefs here supporting the initiative, and I'm going to be spending a little bit of time with you to go over and just, you know, provide some reminders about some existing JI screening portal resources and some other resources that we have available for you out there right now. So The Early Access Simulation, or EAS, as you may have heard it. This gives counties and facilities who have already gone live with, basically a structured chance to practice using the JI screening portal. So, during the simulation period,

Participants could walk through real-world scenarios to confirm workflows, reinforce correct steps to take, and surface questions early, helping ensure a smoother transition into the regular operations. So, it's kind of like a sandbox you can play in before you actually go into the live environment.

So early access support is there.



So the resources, Medi-Cal resources. Well, Medi-Cal offers several resources to support providers. The Medi-Cal providers website includes provider manuals, monthly bulletins, and a free subscription service to keep you updated if you've not already signed up. For training, the Medi-Cal Learning Portal provides self-paced courses.

on billing and policy topics. If you need quick answers, you can call the telephone service center at the 1-800 number listed there.

Providers can also get one-on-one help from Medi-Cal field representatives and in-person events for other training events. Let's see, for smaller providers, smaller providers may qualify for the free Small Provider Billing Assistance Program, which offers up to a year of individual billing.

So we have that number listed for you as well.

And then moving on to JI Reentry Initiative resources that we have. Medi-Cal also offers short video-based training modules called micro-learnings. So, these are available on the Medi-Cal Learning portal, and the catalog provides a list of the different micro-learning courses that are available.

So here, there's a few right here, activating and denying, multiple member screenings, and download screening history.

On the next page, there's also a few other microlearning videos that are out there currently right now as well. So, if you haven't checked these out, feel free to look at these and watch these. These could be definitely helpful. They're quick. They're meant to be quick pieces of information about a specific topic. So, most of the videos are between 3:00 and 8:00 minutes long.

So, pretty good.

And just wrapping up here with some other related resources, so provider portal, we have different links out here taking you to different various resources with the telephone service center available below if you haven't seen that.

All right. Well, that was my JI screening resources update. I hope you've seen those resources. If not, you know where to go get those now.

And I will be passing this over to Autumn, it looks like.

Guidance for 90 vs 180 days

Autumn Boylan

[18:45] Autumn Boylan: Thank you so much, Mike. I wanted to provide some updates and reminders about the 90-day pre-release services period. As we've been reviewing data for counties that have already gone live and for CDCR, we're realizing that that we needed to refine our direction and guidance and remind folks what our waiver actually permits in terms of the federal authority. So, pre-release services are available



for the 90 days immediately prior to the expected date of release. We know that for county jails,

In youth correctional facilities, the date of release is unexpected, right? It's unpredictable. And so, there's been, I think, some challenges operationalizing this guidance. And we're looking at some strategies for how we can simplify the approach here. In the meantime, though,

We do want to reiterate that it is, we have approval from CMS for 90 days of pre-release services, not for 180 days of pre-release services. I think with the pause and reset and restart scenarios, we've introduced a bit of confusion. We're going to tighten up our guidance and...

Again, we're working on solutions where it'll be actually hopefully easier for folks to navigate and manage the 90-day period. So more to come on that. But we do want to make sure that we are not inadvertently giving advice that leads correctional facility partners to believe that

you can actually bill for more than the 90 days. So, let's go to the next slide so we can kind of flesh this out a little bit. But, you know, the exceeding of 90 days is really an exception to the rule. So, there may be some instances where somebody is transferred to a new facility and that's a period

considered to be a new period of incarceration. So that would be still like in a qualifying event, for example, or if there are new charges added, the person was expected to get out. But so, you provided maybe, you know, 14 days of service, then you pause.

their eligibility because now you realize they're no longer going to be getting out within the expected time frame before 90 days. And so, you are kind of waiting to see what will happen that might result in, you know, a few more than 90 days. But really what we're wanting you all to do is kind of manage

the billing and claiming perspective to be limited to the 90 days as much as possible, notwithstanding the resets in the portal. So, the portal is really tied to the member's eligibility. So, it could be true that you might pause their eligibility in the portal, and then restart or reset their eligibility in the portal. And it could still be true that from a billing perspective, the correctional facility manages the billing to make sure that you're not claiming for more than 90 days of service. Again, we're aiming to give some additional guidance here.

But it's kind of moving, I think, in this direction where the portal would be kind of really focused on eligibility, not where we're tracking the 90 days exactly, but that we're looking to the claims data to track the 90 days of pre-release services.

Hopefully, some of these clarifications will be helpful. And as we continue to brainstorm together and move forward with changes to introduce some additional flexibility and



some additional guardrails, hopefully that will be helpful in at least mitigating the impact of the unknown release dates, but we did just as we're, you know, addressing many, many questions from the federal government as we're looking at claims and thinking about, you know, compliance with the STCs and program, you know, program requirements, we just did want to make clear that.

that billing for 90 days is what is allowable and anything beyond that would be an exception to the rule.

All right, next. I think that is all for the 90 days piece. Again, if you have questions, happy to take those in the Q&A section. And I'm going to pass it over to Jody.

PATH Funding

Jodi Mulligan-Pfile

[23:33] Jodi Mulligan-Pfile: Thanks, Autumn.

My name is Jodi Mulligan-File. I'm A Justice Initiative Specialist here with Team OSP. And I'm going to give you some path updates. You can go ahead and go on to the next slide. We're going to start off by talking about the highly anticipated path round four. Just wanted to kind of run through what have gotten a lot of questions about that. And so, 59 agencies have been awarded. Just to kind of break a little bit of that down for everyone, 89 applications were submitted with a total of over \$335 million requested. We had about \$31 million to award. The capped award amounts were set at 1 million, which went to 12 agencies, 600,000, which went to 15, and 300,000, which went to 32 agencies. We looked at a number of factors in making this decision, taking into account some positive progress indicators.

We looked at was the agency a correctional facility? Did the agency report any potential unspent funds? Was the agency intending to push out their original intended go live date? Did the agency submit their readiness assessment? Did the agency report a higher number of completed focus areas from their interim progress report to their executive progress report?

Two, and was the agency in compliance with submitting all path milestones?

So with that, we are going to be launching the final progress report here soon. That submission window is going to open. We will officially open the FPR on May 11th with a submission deadline of July 15th, 2026. Budget modifications for the FPR, although we will not be accepting budget modifications

the FPRs, additional guidance will be forthcoming on how to submit budget modifications after your FPR has been submitted. PCG will be hosting plenty of informational webinars to support you through this process throughout May and June, so stay tuned. In terms of project monitoring and TA,



Those activities will transition to DHCS on December 30th, 2026. We will issue additional guidance to counties in advance of the transition to support planning, operational readiness, and continuity of services. That being said, I would, you know, be a great idea for everyone to get all their ducks in a row. So, you are ready to submit all necessary reports and documents on time, as we will not be able to offer extensions. This will allow for the timely review of all incoming submissions so that the remaining 15% of PATH funding can be distributed expeditiously. And please remember that DHCS has to get this funding dispersed by the end of the year. I get a lot of questions about this. You are not expected to spend down the funds by the end of the year. We have gotten, like I said, a lot of questions. I just wanted to address that again. Please feel free to reach out to your liaisons. You can reach out directly to me or PCG with any questions. And now I'm going to go ahead and hand this off to Sheela and Jessica to look at what is on the horizon and for closing remarks. Thanks so much.

On the Horizon

Sheela Abucay

[26:56] Sheela Abucay: All right, thank you, Jodi. Really appreciate those path updates. All right, just wanted to quickly share with the team, there's a couple of items that folks can expect to take place here in the near future. If you go to the next slide, we'd like to share an upcoming webinar featuring the Department of Health Care Services and the Office of Youth and Community Restoration, OYCR. That's actually taking on Thursday, May 7th, from 3 to 4 o'clock PM. In this session, the Department of Health Care Services will provide an overview of the Justice Involved Re-entry and also the Children and Youth Behavioral Health Initiative, highlighting how these initiatives really aim to reduce barriers to care for youth who are justice involved. In this webinar, attendees will learn about peer support specialists, community health workers, and certified wellness coaches. And they'll also receive resources to support re-entry and expand access to behavioral health services. The last item, just really quick, And actually, we can put the registration link in the live Q&A chat as well. So, for anyone who's interested in participating in that session, you all can access the registration link. I'll put it in the live Q&A chat. And then I'll pass it over to Jessica, who's going to provide up to dates on readiness assessment.

Jessica Camacho-Hall

[28:29] Jessica Camacho-Hall: Thank you, Sheela. Good morning. My name is Jessica Camacho Hall. I am the Section Chief for the Justice Evolved Initiative. As you all know, we've been working with transitioning from the old readiness assessment format into a new one. We've been supporting both formats, but we will be as of June 1st, retiring the old version of the readiness assessment. We are doing this in no attempt to make this process a lot more streamlined and be able to review a lot more efficiently. Submissions in the old format after June 1st will be returned and requested to be resubmitted using the new Nintex format.

We will be putting in the access link to the Nintex form, which is on our DHCS website. And then in the meantime, we also highly encourage all of you to look at the PDF version of the Nintex form so that you guys can get familiar with the sections, the supporting documentation that will be submitted.

So just a friendly reminder that if you do have the old format that you're working on already, please submit it before June 1st. Anything after that, we will be, as mentioned, resending it back to you and requesting to submit it in a new format. And I will go ahead and pass it back to you, Sheela.

Q&A Session

Sheela Abucay

[29:48] Sheela Abucay: All right, awesome. Thank you so much, Jessica. I appreciate the readiness assessment updates. And for counties who have not gone live yet with pre-release services, a county liaison may have already reached out to you. If not, you can reach out to our CalAIM Justice and Bob re-entry inbox and we'll make sure that you get connected.

to your county liaison to support you with any readiness assessment, technical assistance that you are requesting.

All right. We are good here on time. Maybe what we can do is, I saw there's a couple of questions in the chat. If we did not provide responses to you, we will make sure that responses are provided. We can quickly run through the questions that we have here on the chat, provide some responses if they're available. I'll just quickly start off. There was a question in the chat regarding the frequencies of our all-county webinar series and whether or not they will continue to be held on the last Wednesday of the month at 10 A.m. And that is correct.



So the all-county webinar series will be hosted at, will be hosted on the last Wednesday of every month at 10 A.m. If we do have plans to reschedule, we'll make sure that folks are aware.

of those of those details in advance. But moving forward again, we'll make sure that we host this forum on the last Wednesday of every month at 10 A.m.

There's other questions regarding, and I'll just quickly read them off of the live Q&A chat. So, team, if you have responses, please feel free to jump in here. The first question is, does DHCS have any revenue models for the small, medium, or large counties? or a timeline for when this will come out.

And again, if we can't get to your questions, we'll make sure that in our meeting summaries, we'll provide a list of all the questions that we've received here along with responses. So, we'll make sure that folks are able to get responses to their questions. Okay, we'll make sure Emma to get back to that question there. Let's see here. Just trying to access again the questions that we have in the live Q&A.

And maybe Ashley or Mike, you may have a response to this question in the chat. To contracted providers that bill directly to Medi-Cal for their services need to report an affiliation to the correctional facility within the provider portal.

Ashley Delle

[33:13] Ashley Delle: I think we'll take that one back.

Sheela Abucay

[33:17] Sheela Abucay: Gotcha. Thank you, Ashley. Appreciate that.

There is a question for bundle 5. Do you always bill fee for service, or do you bill MCP if the MCP is active?

And it looks like Ashley. Oh, go ahead. Sorry.

Ashley Delle

[33:32] Ashley Delle: Yeah, I could.

Yeah, it's okay. So, I was going to jump in. Yeah, so the pre-release care manager will bill bundle 5 to fee-for-service as well as the post-release ECM provider. However, the post-release ECM provider can only bill bundle 5 to fee-for-service until the managed care plan is activated.

Sheela Abucay

[33:56] Sheela Abucay: Thank you for that response, Ashley. And again, just reiterating to participants that are joining here on the call, we will make sure that responses are provided to all the questions here. So, if you did not see a response in the live Q&A

feature, we will make sure that responses are provided in our meeting summary, and you will be able to access that information on our Justice Involved Reentry webpage. and we'll make sure that participants have access to meeting summaries as well as responses to the questions here.

All right. Mike, you touched on this, but there was a question in the chat whether or not folks can access EAS. Do you need to be live with pre-release services we cannot access, or can we not access before going live? So, Mike, if you have a response to whether or not

folks who have gone live with pre-release services or have not can access EAS.

Michael Hedin

[34:58] Michael Hedin: Yeah, thanks, Sheela. That's a good question. So for everybody who has not gone live yet, EAS is going to be helpful for you because it's going to be a place that you can go and get acclimated with the JI screening portal prior to you going live and prior to you making live transactions.

So basically, what you're going to need to do is get your PAVE application submitted, get your NPI, contact your JI liaison, and they can hook you up with those EAS services from our internal teams. But yeah, we got to have the PAVE application and NPI available. And then we can go through the process of getting you set up in the EAS for that practice. So, thank you.

Sheela Abucay

[35:47] Sheela Abucay: Alright, thank you, Mike. Appreciate that.

Let's see, there's another question here regarding bundle 5, billing impacted by the JI aid code being deactivated upon release. Ashley, if you want to provide some Details there on that front.

Ashley Delle

[36:09] Ashley Delle: Sure. Yeah, bundle 5 should not be impacted by the deactivation of the GI aid code because bundle 5 occurs in that post-release period when we do anticipate that the GI aid code will no longer be active. So, there should be no billing impacts there. And of course, if you run into a specific scenario where you're having trouble

We certainly encourage you to reach out to us so that we can further research that.

Sheela Abucay

[36:40] Sheela Abucay: Perfect. Thank you, Ashley. I see a...

chat here regarding calling the small billing unit a few times and not getting a response

and whether or not there's an email or a contact for the connection point. We'll make sure, Molly, that you get connected. If you can just maybe reach out, I believe We put an email address in the chat responding to this. And so, if you can reach out to that email address, or you can also reach out to, if you don't get a response, you can reach out to our Cal and Justice Involved Reentry Program.

email address and we'll make sure that you get connected to the correct individuals to get the assistance that you need.

Alright, and apologies.

Let's see.

The next question that I see here, will JI screening portal screen for limited versus full scope Medi-Cal given the changes in eligibility going into effect this year, we anticipate an increase in limited scope Medi-Cal members. Team, is there a response here that we can provide?

To Kelly.

Michael Hedin

[38:14] Michael Hedin: I don't have a response on this right now. I would have to take this back and...

Autumn Boylan

[38:16] Autumn Boylan: Sorry, what was the which question are you addressing? I'm sorry, I'm writing responses for other questions. Can you say that question again?

Sheela Abucay

[38:21] Sheela Abucay: Oh.

Absolutely. Apologies, Autumn, I'll repeat. There's a question from Kelly from Harvard. Will JI screening portal screen for limited versus full scope Medi-Cal, given the changes and eligibility going into effect this year, we anticipate an increase in limited scope Medi-Cal members.

Autumn Boylan

[38:43] Autumn Boylan: Great, thanks. So as folks might know, there are some changes to Medicaid eligibility requirements as a result of HR1. We will be putting out some specific guidance related to the eligibility changes that go live in 2027.

and 2028. In the screening portal, what you would see is members who are eligible for pre-release services. And if they are in the screening portal and listed as eligible, then you would see

Or when you enter it, you know, in there, when you get the eligibility check with your social with your social services departments, they should be able to tell you if the person is eligible for full scope. You would enter the individual in the JI screening portal just as usual, and then that member would be activated. If a member is in a restricted scope, then they would not be eligible for the pre-release services. And again, we'll give specific guidance around what that means for individuals who are not in a full scope Medi-Cal eligibility group.

But we do still have, you know, ACA coverage for our UIS population, for example, and there's a lot of new rules and requirements around that. So, we're fleshing out some guidance related to that, but that information would

would be available through the eligibility checks. And if those members were entered into our portal, then I do believe that that would be flagged.

Sheela Abucay

[40:37] Sheela Abucay: Thank you, Autumn.

Autumn Boylan

[40:37] Autumn Boylan: There will be there will be written guidance on this on this topic forthcoming.

Sheela Abucay

[40:45] Sheela Abucay: Awesome.

There's some questions here regarding bundle 5 and the maximum billing frequency. Karina wants to know, is there a list of all procedures available in their maximum frequency that can be submitted, or is this limit only to bundles? I see in your bundle a care coordination limit.

of eight times a week, does this apply to a T1017 code as well?

Ashley Delle

[41:18] Ashley Delle: Hi, Sheela, I can take this. Unfortunately, I don't see the questions anymore, so thank you for sharing that. So, the billing frequencies that you saw as part of this presentation are just limited to the care management bundles. If you had a question about another code, you could certainly reach out to us, and we can direct your question to our technical billing partners too.

help with that. So that's not a problem. But yes, the information you saw strictly for the care management bundles, and as I mentioned, we're currently exploring options to see how we might make that easier for everyone.

Sheela Abucay

[42:00] Sheela Abucay: Perfect. Thank you, Ashley. And just when you mentioned that my Q&A froze. I think that was the last that I saw for bundle 5 questions. But again, if we missed anything or we did not provide a response to your question that you put in the live Q&A chat, again, we will make sure to take these questions back. Make sure to send them out to all participants joining here today.

And folks will have access to the responses, and we'll make sure that those responses are posted on our JI webpage as well.

All right.

That sums it up for today's all-county webinar. We are, we actually have a couple minutes to give back to folks. Oh, I see there is a hand up, Michelle. If you can actually come off of mute, that would be super helpful if you want to ask your question.

I'm not sure if you have the capability to come off of mute. I think participants in our feature, unfortunately, won't be able to come off of mute. If you want to put your...

Can folks on the team still access the chat feature?

Michael Hedin

[43:22] Michael Hedin: I just turned the mic on, so if Michelle wants to try to undo her mute button, maybe that will work.

Sheela Abucay

[43:25] Sheela Abucay: Oh, perfect.

Michael Hedin

[43:35] Michael Hedin: There we go. Try it. Try it now, Michelle.

Michelle de La Calle

[43:39] Michelle de La Calle: Hi, can you hear me?

Michael Hedin

[43:40] Michael Hedin: Yes.

Sheela Abucay

[43:41] Sheela Abucay: Yeah.

Michelle de La Calle

[43:42] Michelle de La Calle: I had a question in the Q&A that didn't get asked. or answered in the Q&A. So, I just wanted to ask it. And it's about like transitional rent

getting pre-approval while the patient is still incarcerated when the managed care plan benefit is suspended. So, we're having challenges getting that kind of.

that planned and approved prior to the person being released. And I didn't know if there were any recommendations or thoughts about that or how we can work towards some clarity on that.

on that piece.

Autumn Boylan

[44:26] Autumn Boylan: Yeah, thanks. Thanks, Michelle. Actually, I was just talking to somebody about this this morning. I think the challenge, as you all know and have explained to us many times, is around the unknown release dates and holding open options for members who are still incarcerated and we don't know when they're going to get released. But

That was not a conversation I was having with the managed care plan. So, I think that we need to circle back with our plan partners to understand kind of their thinking but agree that like this is the prime opportunity to connect the dots between our community supports offerings and our re-entry initiative. And certainly, this population will need those supports, you know, and would qualify for those supports. So let us circle back with the plan, folks, and have discussions about it, and then we'll bring an update to our next meeting on this topic.

Michelle de La Calle

[45:23] Michelle de La Calle: Perfect. Thank you.

Sheela Abucay

[45:27] Sheela Abucay: Great, awesome. Thank you, Michelle. It looks like we have a couple of other hands that are up. Yasmine, if you, I see that you're next. If you want to try to come off of mute.

Yasmin Guerra

[45:37] Yasmin Guerra: Yes, thank you so much. So same as Michelle, I posed a question in the chat, which didn't get answered. So, my question is geared more towards 5150 holds. So, say, for example, we have a youth who is currently active under the 90-day pre-release period and has to be placed on a 5150 hold.

hold, will those services fall under the CalAIM JI billable services or billable codes? Can we get any guidance?

Autumn Boylan

[46:05] Autumn Boylan: No, no, if they go into an inpatient status in a hospital, then those services would not be billable under the justice-involved re-entry initiative specifically. Its inpatient services are not included, including for psychiatric hospitalizations. If the hold is like handled in an, for lack of a better term, like outpatient, like where they're staying, you know, staying in the facility and it's more of a crisis stabilization crisis intervention type approach, then

Yasmin Guerra

[46:36] Yasmin Guerra: In-house.

Autumn Boylan

[46:44] Autumn Boylan: then that could still be billed. But if they do, if they're transferred to a psychiatric hospital or an emergency department and then admitted, you know, and admitted to the hospital, then those services would not be eligible for reimbursement. Now, if somebody is transferred to the emergency department (ED) and they're not put on a 5150 hold, and therefore not admitted to a hospital, that they're treated for less than 24 hours in the ED, then that would be eligible for reimbursement. But once they are admitted on an inpatient basis, then those services are not eligible under this program. I actually don't know if if psychiatric hospitalizations are covered under the MCIEP program, but we can check with our eligibility team and get back on that one.

Yasmin Guerra

[47:34] Yasmin Guerra: Perfect. Thank you so much. I appreciate it.

Sheela Abucay

[47:38] Sheela Abucay: All right, awesome. And then I see Rubio's hand is up as well. A Ruby, apologies.

Ruby Fierro

[47:46] Rubio Fierro: That's okay. Good morning. I wanted to know when the micro-RA will be available.

Sheela Abucay

[47:48] Sheela Abucay: Thanks.

Ruby Fierro

[47:53] Ruby Fierro: For the counties that don't have a detention facility, we've been told that that would be coming out.

Autumn Boylan

[47:59] Autumn Boylan: Yeah, thank you. And understood, we are working on it. It'll focus on the care coordination, care management pieces in terms of the actual reentry care plans. If you look at the existing readiness assessment, I will focus on those care management and warm handoff pieces. But I think what we're going to do is send out something

That's a more basic survey to the smaller counties that don't have a correctional facility so that we can better understand roles and responsibilities on a county-by-county basis. Because I think that I could be wrong, but we think that many of you are, you know, you have different arrangements that you've made with the host county. And so, we want to make sure that we understand who's responsible for what, so that we can tailor the readiness assessment to the circumstances for your county. I will say I was invited to speak again at the Chief Probation Officers of California (CPOC) meeting with the chiefs in May and was planning to kind of bring this proposed strategy to that meeting. So, I think that's in the in mid-May. And so, we'll have something kind of squared up, hopefully by then.

Ruby Fierro

[49:14] Ruby Fierro: That would be helpful. Thank you.

Jessica Camacho-Hall

[49:21] Jessica Camacho-Hall: Sheela, I wanted to take an opportunity to answer Erica's question regarding the readiness assessment review. And I thought it would be helpful to share. So as of now, the OSP team reviews readiness assessments as they're completed. So, we get notified when each section is done and we start review process,



but overall, it's a comprehensive review.

where we go through all the sections as well as pass the readiness assessments for certain components like our pharmacy section to have our pharmacy benefits division also review and provide feedback. So, as you know that the sections are completed, we'll get notified.

the sooner that we can get that whole comprehensive review process going. So, if you've completed sections, we highly encourage that you finish the entire thing so that we can kind of start that process going. So just want to let you guys know that it is ongoing but based on what's fully being completed.

Sheela Abucay

[50:28] Sheela Abucay: Thank you, Jessica. Appreciate that.

All right. Any other questions? I see there's a couple questions about whether or not the information that was shared out today is going to be sent out to participants. And yes, again, agenda for today, as well as PowerPoint slides and meeting summaries, that also will include responses to any questions that were not answered. We'll make sure that all that information is sent out to our participants so that you guys can access that. In addition, as I mentioned at the top of the call, previous webinar slides and meeting information will also be shared out as well. Our team is wrapping up the March recap, and we'll make sure that folks have access to that. So, in the case you weren't able to attend our last all-county webinar session, you will all have access to that as well. Again, all this information will be posted on our Justice Involved Reentry Program webpage. And again, you guys will all have copies of today's meeting materials as well.

All right. I believe that wraps up today's session. Again, we will look forward to connecting with you all in our May all-county webinar series. We'll make sure that folks get the registration link to sign up for that session.

And we really appreciate everyone's participation today, and we look forward to connecting again in May.

All right. Thank you, team.

Jodi Mulligan-Pfile

[52:16] Jodi Mulligan- Pfile: Well, thank you.

