

COUNTY LIAISON QUESTIONS

Question 1. Will these All-County webinar calls continue to be on the last Wednesday of the month at 10am?

DHCS Response: The All-County Webinar series will be held on the last Wednesday of every month from 10:00am. - 11:00a.m.

Question 2. For the JI network overlap requirements, do subcontractors under Community Care Hub organizations meet the requirement?

DHCS Response: The policy guide does not specifically address subcontractor network adequacy for Community Care Hubs. However, program design emphasizes that pre-release and post-release providers must be Medi-Cal enrolled and meet care coordination and clinical consultation requirements. Subcontractors may be acceptable if they meet Medi-Cal enrollment and all service delivery standards outlined in Sections 8.4 and 11.4.

Question 3. Can DHCS provide the “Provider Exception Request” attachment referenced in the JI Enhanced Care Management (ECM) Model of Care?

DHCS Response: Provider Exception Request can be found at this link: <https://www.dhcs.ca.gov/wp-content/uploads/2025/10/ECM-Provider-Exceptions-Overview-03272024.pdf> and for any questions, contact DHCS ECM policy at CalAIMECMILOS@dhcs.ca.gov

Question 4. Is parent/guardian verbal consent for Medi-Cal application allowable?

DHCS Response: The Policy and Operations Guide does not authorize verbal consent for a Medi-Cal application. It states that standard Medi-Cal application rules apply, and verbal consent is generally not sufficient unless specifically permitted under DHCS eligibility policy.

Readiness Assessment Questions

Question 5. Are readiness reviews on a rolling review or is DHCS waiting until full submissions are received?

DHCS Response: While DHCS may begin reviewing individual sections as they are submitted, priority is given to counties that provide a complete readiness package with all required sections (see Section 8.4).

Question 6. When will the micro assessment for counties without detention centers be available?

HCS Response: DHCS is in the final stages of developing operational readiness tools.

PATH Funding Questions

Question 7. Is there a due date for expending PATH 3 funds?

DHCS Response: There is no fixed expenditure deadline; however, DHCS may work with counties to ensure timely use of funds.

Question 8. Can PATH Round 3 counties submit Budget Modification Requests (BMR) using the final progress report?

DHCS Response: Per the DHCS approved guidance, agencies may not submit budget modifications in the final progress report.

Question 9. Has PCG provided updated budget guidance for PATH Round 4?

DHCS Response: Not at this time.

Billing Questions

Question 10. Is the rate for Bundle 5 the same as G9002 in Bundle 2?

DHCS Response: No. The rate for Bundle 5 is \$50.89. Both Bundle 5 and Bundle 2 share the same billing code, but the rates are different. The Medi-Cal rates can be found on the following site: [Medi-Cal Rates | Medi-Cal Providers](#). You can find this information near the bottom of the page under the header "Adjusted State Plan Amendment Rates," see the file titled, "[Care Management Bundle 5 – Post-Transition Support Rate, effective October 1, 2024, updated in accordance with State Plan Amendment 22-0013](#)". To learn more about Bundle 5, you can review the following resources:

[Justice-Involved \(JI\) Pre-Release Services](#) (JI Medi-Cal Provider Manual section)

[Justice-Involved \(JI\) Reentry Initiative: JI-Specific Billing Codes](#) (article)

Question 11. What is the Billing Unit contact?

DHCS Response: Please reach out to Billing/Claim Inquiries for facilities that are live and actively billing as well as JI Billing support at Jlbillingsupport@gainwelltechnologies.com and billing/claiming inquiries for all facilities at OMGJInquiries@dhcs.ca.gov.

Question 12. Is Bundle 5 impacted by deactivation of JI aid code upon release?

DHCS Response: No. Bundle 5 occurs post release, after the JI aid code has ended.

Question 13. For Bundle 5, do you bill Fee-For-:

<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/32365.02> Service (FFS) or do you bill Managed Care Plans (MCP) if the MCP is active?

DHCS Response: The pre-release care manager will bill Bundle 5 to FFS. The post-release ECM provider will also bill FFS until the MCP is activated.

Question 14. Do contracted providers who bill directly to Medi-Cal for their services need to report an affiliation to the Correctional Facility within the Provider Portal?

DHCS Response: Providers must enroll as Medi-Cal providers and may be required to indicate their service location or affiliation with a correctional facility in the Provider Portal. Please refer to Sections 9.2 and 9.3 of the policy guide for details.

Question 15. Does DHCS have any revenue models for the small, medium and large counties? Or a timeline for when this will come out?

DHCS Response: Revenue models and rate setting are discussed in Section 10 of the policy guide. At this time, there is no specific timeline for revenue models by county size, but DHCS may provide further guidance as implementation progresses

Question 16. What are the JI aid codes?

DHCS Response: Visit the New Aid Codes For Justice-Involved (JI) Initiative page and review I2-I6: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/32365.02>

Question 17. Can counties bill for groups including mixed JI and non-JI active individuals?

DHCS Response: The guide does not prohibit mixed status groups. Billing must follow Medi-Cal covered service rules: only Medi-Cal eligible individuals may be

billed, and SUD/SMHS services must follow benefit rules (Sections 8.8 and 11.4). Noneligible individuals cannot be billed.

Question 18. Is there a list of all billing frequencies for procedures beyond bundles?

DHCS Response: The policy guide does not provide a comprehensive list of billing frequencies for services beyond the care management bundles. For additional billing guidance, please review the corresponding sections of the [Medi-Cal Provider Manuals](#) or contact the Telephone Service Center (TSC) at 1-800-541-5555 for additional billing support.

Question 19. Can provider types for JI Care Management include taxonomy codes?

DHCS Response: Yes. Provider qualifications are outlined in Section 8.4; licensed or unlicensed staff may serve with appropriate oversight. Taxonomy codes may apply if required under Medi-Cal enrollment.

JI Screening Portal

Question 20. Will the JI Screening portal distinguish limited- vs full scope Medi-Cal?

DHCS Response: The JI Screening Portal is built to collect eligibility information specifically for pre-release Medi-Cal services. At this time, it does not differentiate between limited- and full-scope Medi-Cal. Any future ability to make that distinction would depend on additional DHCS guidance and potential portal updates. Please refer to Sections 6.3 and 6.5 for the most current information.

Question 21. How do you access Early Access Simulation (EAS)? Do users need to be live to access EAS?

DHCS Response: Visit the Contact Us page, find your County Liaison and reach out to request EAS services. <https://www.dhcs.ca.gov/calaim-transforming-medi-cal/justice-involved-reentry-initiative/contact-us-contact/>

Pre-Release

Question 22. Is there a gap in supporting Community Supports approval prior to release due to suspended MCP benefits?

DHCS Response: Yes. MCP benefits, including Community Supports, are suspended during the 90-day pre-release period. Pre-release care managers must still coordinate HRSN needs and include them in the reentry plan (Section 8.4, 8.9, 11.4). Activation occurs once MCP coverage resumes post-release.

Question 23. Concerns about delays accessing Community Supports post release.

DHCS Response: The guide affirms that delays can occur, and stresses required behavioral health links, warm handoffs, and rapid post-release appointment scheduling to minimize gaps (Section 11.4). Education to community providers about JI status is essential.

Pharmacy

Question 24. If medication is needed from a retail pharmacy during incarceration, who bills and do they use a modifier?

DHCS Response: Medications for SUD and other conditions during the pre-release period must be billed through Medi-Cal in accordance with Medi-Cal Rx rules (Section 8.8 and 8.9). The guide does not reference a JI-specific modifier for pharmacy billing. CFs must use Medi-Cal-enrolled pharmacies, comply with PA/UM rules, and ensure medications are provided in hand at release.