

DEPARTMENT OF HEALTH CARE SERVICES (DHCS) JUSTICE-INVOLVED (JI) REENTRY PROGRAM ALL COUNTY WEBINAR SERIES – APRIL 29, 2026

Date:

Wednesday, April 29, 2026

Time:

10:00 am – 11:00 am PST

DHCS Staff Presenters:

Autumn Boylan, Deputy Director; Sheela Abucay, Branch Chief, Justice-Involved Reentry Branch; Jessica Camacho-Hall, Supervisor II; Michael Hedin, Supervisor I; Ashley Delle, Health Program Specialist, Jodi Mulligan-Pfile, Health Program Specialist

Additional Information:

Please refer to the PowerPoint Presentation used during the meeting for additional context and details.

Introduction and Summary of Content

The DHCS All County Webinar series offered counties a comprehensive update on the Justice Involved (JI) Reentry Initiative, highlighting ongoing statewide implementation efforts and providing operational guidance meant to support counties as they move toward full pre-release activation. The following topics were covered during the meeting:

- » All-County Webinar March Recap
- » JI Care Management Bundles
- » JI Screening Portal Resources
- » Guidance for the 90-Day Pre-Release Services Period
- » PATH Funding Updates
- » On the Horizon
- » Readiness Assessment Update

Presenters from DHCS emphasized the importance of maintaining momentum toward consistent statewide participation, reinforced by new reporting tools, updated processes, and county feedback gathered through ongoing onboarding conversations.

The meeting concluded with a question period, allowing attendees to ask questions and gain clarity on specific topics and offer feedback to DHCS and panel members.

Topics Discussed

All-County Webinar March Recap

Sheela Abucay, Branch Chief, JI Reentry Branch

The March webinar established the foundation for ongoing statewide implementation of the Justice-Involved Reentry Initiative. The series ensures that counties and partners receive timely information, technical support, and policy clarity. The March session highlighted statewide program impact, including thousands of Medi-Cal applications processed and more than 159,000 prerelease services delivered. It also introduced the updated readiness assessment template, conditional and phased go-live pathways, enhanced county liaison support, and improvements to the JI Screening Portal such as batch uploads, API testing, and new training modules. Additionally, the previously released impact report showcased stories illustrating how coordinated prerelease and reentry services connect individuals to medications, health appointments, benefits, housing, and community resources.

JI Care Management Bundles

Ashley Delle, Health Program Specialist, JI Reentry Branch

The Care Management Bundles were presented as a structured set of reimbursable activities designed to support prerelease and post-release care coordination. The five bundles include the Health Risk Assessment, Care Coordination, Warm Handoff, Reentry Care Plan, and Post-Transition Support. Each bundle has defined responsibilities, eligible providers, billing codes, associated rates, and specific frequency limits. Bundles 1 through four may receive a 10 percent in-reach rate increase when services are provided in person at the correctional facility with the QJ modifier. Bundle 5 operates exclusively in the post-release period and is not eligible for the in-reach rate increase. Billing guidance specifies that post-release ECM providers must bill bundle 5 through fee-for-service until the member's managed care plan becomes active. DHCS is reviewing current billing parameters and evaluating opportunities to introduce additional flexibility, with updates planned for future sessions

JI Screening Portal Resources

Michael Hedin, Staff Services Manager II, JI Reentry Branch

Information about the JI Screening Portal emphasized available tools and training designed to support counties in implementing screening workflows. The Early Access Simulation (EAS) environment provides a structured, nonproduction space where counties can practice screening processes, test workflows, and resolve questions before going live. EAS access becomes available once a county has submitted its PAVE application, obtained an NPI, and coordinated with its liaison. Supplementary training materials, including microlearning modules, user guides, and provider manuals, are available through the Medi-Cal Learning Portal. These resources cover topics such as activating or denying screenings, handling multiple member screenings, reviewing and downloading screening history, and conducting pause, reset, and restart actions within the portal.

Guidance for the 90-Day Pre-Release Service Period

Autumn Boylan, Deputy Director

Current federal approval permits pre-release services only during the ninety days immediately preceding an expected release date. The Justice-Involved (JI) aid code may remain active longer in certain circumstances, but billing for services must adhere to the ninety-day limit. Exceptions may occur in specific situations such as inter-facility transfers or unexpected changes to release timing, although these situations should be infrequent. Eligibility tracking within the JI Screening Portal may involve pauses or restarts, but compliance will be determined based on claims data. DHCS is preparing additional guidance to improve clarity and support counties in managing cases with unpredictable release dates while maintaining compliance with federal requirements.

PATH Funding Updates

Jodi Mulligan-Pfile, Health Program Specialist, JI Reentry Branch

The PATH Round Four funding cycle concluded with awards issued to 59 agencies out of 89 applicants. Applicants collectively requested more than 335 million dollars, and approximately 31 million dollars was available for allocation. Award determinations considered several indicators, including agency type, anticipated go-live dates, completion of readiness assessments, progress on required focus areas, reported unspent funds, and compliance with PATH milestones. The Final Progress Report (FPR) for PATH opens on May 11 and must be submitted by July 15, 2026.



Budget modifications cannot be submitted with the FPR, but DHCS will provide separate instructions on modification requests after FPR submission. Project monitoring and technical assistance responsibilities will transition to DHCS on December 30, 2026.

Although DHCS must distribute the remaining fifteen percent of PATH funds by the end of the year, awardees are not required to spend down funds by year end.

On the Horizon

Sheela Abucay, Branch Chief, JI Reentry Branch

Upcoming activities include a joint webinar presented by DHCS and the Office of Youth and Community Restoration scheduled for May 7, 2026, focusing on youth-specific reentry supports within the Justice-Involved Reentry Initiative and the Children and Youth Behavioral Health Initiative. The session will cover new service pathways including peer support specialists, community health workers, and certified wellness coaches, along with strategies for expanding youth access to behavioral health services.

Additionally, DHCS will complete the transition to the Nintex Readiness Assessment format on June 1, 2026. After this date, all counties must use the Nintex tool to submit readiness materials, and any submissions in the previous format will be returned.

Counties are encouraged to review the Nintex PDF to understand the required documentation and workflow.

Readiness Assessment Updates

Jessica Camacho-Hall, Staff Services Manager II, JI Reentry Branch

The Justice-Involved Reentry Initiative is transitioning fully to the new Nintex Readiness Assessment format as part of DHCS's effort to streamline review processes and support consistent statewide implementation. Beginning June 1, 2026, the previous readiness assessment format will be retired, and all counties will be required to use the updated Nintex Readiness Assessment form for submissions. Any readiness assessments submitted in the old format after this date will be returned and must be resubmitted through the Nintex system. Counties are encouraged to review the PDF version of the Nintex form in advance to understand the updated structure, required sections, and supporting documentation expectations. The readiness assessment review process is ongoing and begins as soon as individual sections are submitted; however, DHCS performs a comprehensive full review only after all sections have been completed and uploaded. Certain portions—such as pharmacy-related components—are routed to the appropriate DHCS specialty divisions for technical review before approval. This process ensures consistency and accuracy across all operational areas related to prerelease and reentry implementation. Counties that have not yet submitted a

readiness assessment must use the Nintex form going forward. DHCS emphasizes the importance of timely and complete submissions, as readiness assessments play a central role in determining a county's preparedness to launch prerelease services and ensuring requirements are met ahead of the mandatory go-live timeline.

Frequently Asked Questions

During the All-County monthly call, DHCS collected and tracked several questions submitted by participants through chat and Q&A feature.

Below are the questions received, along with DHCS's responses:

- » **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 at 10am.
- » **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 rolling or is DHCS waiting until they've received full submission?**
- » DHCS Response: Reviews may occur as submissions are received, but DHCS prioritizes fully completed readiness packages (Section 8.4).
- » **Question 6. When will the micro assessment for counties without detention centers be available?**
- » DHCS 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 JIlbillingsupport@gainwelltechnologies.com and billing/claiming inquiries for all facilities at OMGJIInquiries@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 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.