

DEPARTMENT OF HEALTH CARE SERVICES (DHCS) JUSTICE-INVOLVED (JI) REENTRY PROGRAM ALL COUNTY WEBINAR SERIES – MAY 27, 2026

Date:

Wednesday, May 27, 2026

Time:

10:00 am – 11:00 am PST

DHCS Staff Presenters: Autumn Boylan, Jessica Camacho-Hall, Michael Hedin, Ashley Delle, Caroline Dunlop, Adam D’Cunha

Additional Information:

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

Introduction and Summary of Content

The Department of Health Care Services (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:

- » Provider Application and Validation for Enrollment (PAVE) Resources
- » Medi-Cal Enrolled Pharmacies
- » Important Dates to Remember
- » Timeliness Submissions

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

Provider Application and Validation for Enrollment (PAVE) Process and Resources

Michael Hedin, Supervisor I, JI Reentry Branch

Michael Hedin delivered a detailed overview of the PAVE enrollment process, focusing on common county challenges and best practices to streamline enrollment. He explained that one of the primary causes of enrollment delays is tax ID mismatches, which occur when the number entered in PAVE does not align with IRS records or county billing systems. This issue is particularly common following mergers, restructurings, or name changes, and counties were encouraged to verify tax ID linkages before beginning an application. Hedin stressed the importance of checking for existing PAVE profiles to avoid creating duplicates, as duplicate accounts often stall or derail enrollment efforts. He also highlighted the need for counties to maintain internal oversight of PAVE system administrators to prevent access issues when personnel change roles. Furthermore, he explained that selecting the correct application type in the PAVE questionnaire is essential, because mistakes in this step can reroute counties into the wrong workflow and cause significant processing delays. Hedin clarified the rules governing authorized signers, noting that only individuals in specific leadership roles such as county sheriffs, health services agency directors, correctional health directors, county CEOs, or designated pharmacy directors may sign applications, and that signatures must be completed through DocuSign to satisfy authenticity requirements. Finally, he explained that certain federal data elements such as Social Security numbers and dates of birth are mandatory for identity verification in the PAVE system.

Medi-Cal Enrolled Pharmacies

Caroline Dunlop, Health Program Specialist, JI Reentry Branch

Caroline outlined the requirements for Medi-Cal pharmacy enrollment under the CalAIM Justice-Involved Initiative. She explained that all pharmacy providers serving justice-involved individuals, whether located onsite at correctional facilities or operating as retail, specialty, long-term care, mail-order, or out-of-state partners must enroll in Medi-Cal through PAVE. She reviewed key steps and prerequisites for enrollment, including maintaining a valid pharmacy license, ensuring active NPI registration, complying with

federal screening rules, and paying application fees. She reiterated that only one PAVE profile is permitted per tax ID, which is particularly important for counties with multiple onsite pharmacies. Caroline then addressed Medi-Cal's strict timely filing requirements, explaining that claims must be submitted within six months to receive full reimbursement; claims filed after that window face reductions or denials. She emphasized that delays caused by failure to enroll on time are not considered acceptable exceptions. She also stressed the significant compliance risks associated with using non-enrolled pharmacies, which include disrupted continuity of care, loss of reimbursement, audit vulnerabilities, and operational challenges within correctional facilities.

Important Dates to Remember

Autumn Boylan, Deputy Director of Office of Strategic Partnerships (OSP)

Autumn Boylan provided an update on statewide readiness efforts and reinforced the statutory requirement that all county correctional facilities must go live with key components of the Justice-Involved Initiative by October 1, 2026. She explained that readiness assessments must be submitted at least sixty days before a county's target go-live date and noted that July 1, 2026 is the preferred submission deadline, while August 1, 2026 is the final date before DHCS issues non-compliance notifications. Ms. Boylan described the conditional go-live option, which allows counties to implement services for a priority population if certain operational components are not fully ready, so long as essential services such as care management, MAT, and medications in hand upon release are functioning. Counties taking this route must complete full implementation within twelve months. She also addressed the situation of counties without youth or adult correctional facilities, noting that DHCS is actively working with associations to clarify roles and responsibilities for readiness and go-live expectations. Boylan concluded by noting that DHCS county liaisons are reaching out to facilities that have not yet submitted readiness assessments to provide support and clarify implications for PATH funding and compliance.

Timeliness Submission

Autumn Boylan, Deputy Director of Office of Strategic Partnerships (OSP)

In a separate segment, Autumn Boylan reviewed Medi-Cal's billing timelines as they apply to the Justice-Involved Initiative. She reiterated that counties have 180 days from the date of service to submit claims at the full reimbursement rate, and up to 365 days to submit claims at a reduced rate. Claims submitted after 365 days are not payable. Ms. Boylan acknowledged that some counties may need to proceed with programmatic implementation before their billing systems are fully operational, but she warned that doing so increases the risk of reduced or denied reimbursement. She noted that exceptions for late claims may be granted if delays stem from state system readiness, but this flexibility does not extend to county-level delays. Throughout her remarks, she emphasized that core programmatic practices such as delivering care management, MAT services, health risk assessments, and ensuring medications in hand upon release remain the priority, even as counties continue refining billing infrastructure.

Frequently Asked Questions

Readiness Assessment

Question 1. What is the status of the updated readiness assessment for counties that do not have correctional facilities.

DHCS Response: Guidance for counties without correctional facilities is nearing completion and should be released within 1–2 weeks. Guidance will be sent directly to the counties who do not have a correctional facility.

PAVE/Enrollment

Question 2. Why is Provider Application and Validation for Enrollment (PAVE) asking for employees' personal information like Social Security Number (SSN), date of birth (DOB), and Identification (ID)? Can we enroll without providing those components?

DHCS Response: Yes, that information is required. It is a federal requirement and cannot be removed.

Specialty Mental Health/Pre Release Services

Question 3. Should specialty mental health providers bill fee-for-service to CAMMIS for all 90-day pre-release services?

DHCS Response: Yes. All pre-release specialty mental health services (assessments, therapy, case management, etc.) must be billed fee-for-service to CAMMIS.

Question 4. If specialty mental health staff participate in a warm handoff meeting alongside the care manager, should they bill the warm handoff care management code or their normal behavioral health code?

DHCS Response: DHCS indicated that warm-handoff codes are generally intended for care manager to care manager transitions. If a Specialty Mental Health provider participates as a professional provider, the correct approach may be billing the standard specialty mental health code. DHCS will confirm.

Question 5. If receiving a behavioral health “link” (e.g., from CDCR), should counties bill Short-Doyle behavioral health codes as usual?

DHCS Response: Yes. Behavioral Health Link activities should continue to be billed using established Short-Doyle billing codes.

Policy Guide

Question 6. Has DHCS released the updated JI Policy & Operational Guide?

DHCS Response: Yes. DHCS confirmed that the first chapter of the updated guide has been published and is available on the DHCS website. Additional chapters are coming.