

DHCS CALAIM JUSTICE-INVOLVED INITIATIVE ALL COUNTY CALL

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Time: 10:00 am – 11:00 am

Number of Speakers: 4

Duration: 1 hour

Speakers:

- » Autumn Boylan
- » Jessica Camacho-Hall
- » Michael Hedin
- » Ashley Delle

Introduction & April All-County Call recap

Jessica Camacho-Hall

[00:13] Jessica Camacho-Hall: Welcome to the Justice Evolved Reentry Initiative All-County Call. We see that people are trickling in. We do want to be mindful of people's time, so we'll go ahead and get started and hopefully people will join. Also letting you guys know that this webinar is recorded.

Meeting materials will be posted. So, for anyone that missed any portion of it, you can always go back and look at that information.

My name is Jessica Camacho-Hall. I am the Section Chief for the Justice Involved Reentry Services Branch. I will be facilitating this meeting today. Daria, can we go back to the previous slide, please? Thank you. As mentioned, see that people are trickling in.

Welcome to all of you. Before we get started during this call, I'm going to go over some housekeeping rules. We kindly ask that you use either a computer or phone for audio connection. We kindly ask that you mute your line when not speaking. All participants are encouraged to use the Q&A feature.



for questions throughout the call. For anyone that has additional questions, comments, please email us at our CalAIMJusticeAdvisoryGroup@dhcs.ca.gov email. We can now go ahead and go to the next slide, Daria, please. Thank you. So, during today's meeting, we are going to be providing a recap of our April call.

We'll be providing an overview of paid resources, medical enrolled pharmacies, sharing the important dates to remember, timing the submissions, a survey, and then some Q&A sessions followed by closing. So, if you can please go to the next slide, Daria.

Thank you. So, I will be providing A high-level overview of the webinar provided on April. Again, all these materials are provided on our DHCS website, so you are highly encouraged to go and look at the meeting minutes, recording, transcript, summaries. Next slide, please.

Thank you. So, during our webinar in April, we provided a comprehensive overview of our JI care management bundles. During that section, we provided an overview of billing codes, rates, provider eligibility, as well as sharing with all of you some upcoming changes to those billing codes.

We also provided an overview of the JI screening resources. We spent some time going over our early access support, medical provider training, as well as billing assistance programs that we have available for counties that are in the JI initiative so far.

We also provided some guidance and clarification for our 90 days versus 180 days. And we emphasized CMS's approval limits. And lastly, we provided some updates on path round for awards, timelines for budget modifications, as well as deadlines for the final progress report.

So we'll go ahead and go on to the next slide. So, I'm now going to be passing it over to Michael Hedin, who's going to be providing an overview of our provider application and validation for enrollment process, also known as PAVE. So, Mike, you can now take it away.

PAVE Resources and Processes

Michael Hedin

[4:00] Michael Hedin: Thanks, Jessica. And thanks everybody for tuning in today. It looks like we're getting up to 200 stakeholders joining the call. So welcome, everybody. Yeah, this next presentation, you can go back to that original slide if you want. Quick, Daria. So, for this next topic is going to be about the PAVE process and resources section. So, this content was designed really to help counties proactively manage pay of enrollments for correctional facility pharmacies and exempt from licensure clinics. So, before I get too far into this material, I did want to let you know that there is actually a full 40 slide



presentation available, and I'm going to be sharing that after today's meeting. But today's content is really just meant to be the topic to get the juices flowing and to get you thinking about your own facilities situation. So over the next five slides, I'm just going to highlight key requirements, important process reminders, and I'll call out recent issues we've been helping counties troubleshoot.

So even if your county facility, even if your facility partners with external pharmacies, it's still the county's responsibility to ensure those partners are actively enrolled and properly linked to your tax ID when applicable. So here, let's move on to the next slide and see, you know, one of the biggest issues causing delays are the tax ID mismatches. So please, please, please just make sure that the tax ID you enter and pay matches the IRS records and the tax ID your county uses for billing. That'll help out. If your county operates several clinics or pharmacies, it's a good idea to just take a moment and to check whether they share a tax ID before creating a new Pave account.

And keep this in mind if your county has gone through a merger, restructuring, or a name change, you know, it's still worth verifying whether the older legacy enrollments are still linked to your tax ID, because many counties are discovering unexpected existing profiles out there.

Move on to the next slide for accessing. Yeah. So duplicate PAVE profiles remain one of the most common reasons applicants or applications are getting stuck. Cleaning those up on the back end takes time and definitely slows down the enrollment process. So, counties should maintain an internal process for tracking who their PAVE administrators are if someone leaves the county, access should definitely be updated immediately to the other person taking their place.

So if you're not sure whether a profile already exists, you can contact your JI liaison before creating anything new. Your liaison could reach out to our internal team members and we could check into that and clarify.

So it's always easier to check first rather than set up a new account because those duplicate accounts are going to create problems down the road.

Okay, we can move to the next slide for starting an application.

Okay.

So selecting the correct application type in the questionnaire is going to be critical to this process. So, choosing the wrong type will route you into an entirely different



application and may require manual rerouting, which causes delays. Correctional facilities should pay close attention when choosing between either a clinic exempt from licensure

and or a pharmacy organization.

So if you're unsure which applies, please reach out to your county liaison before submitting and they can definitely help out.

The questionnaire adjusts its questions based on your responses. So, take your time when you're going through that process and double check your selections before moving forward. Just make sure you have the right information input before you're clicking the complete button.

All right, and we can move on to the Medi-Cal.

program requirements. So, one concept that often causes confusion is the established place of business.

So in the correctional settings, this simply means the location must have a physical address where records are stored and readily accessible for the audit. So, make sure all required documents are current. Expired pharmacy licenses or outdated insurance certificates are among the most common reasons applications get returned.

And move on to the next one.

So application signature requirements. So, one of the most frequent reasons PAVE applications get rejected is incorrect or unauthorized signers. So in correctional settings, typical authorized signers may include the county sheriff, you know, depending on the county structure, health services agency director, a correctional health director, be a county CEO or designee, or even a pharmacy director with a formal delegated authority.

So if the signer is not listed as a managing employee in the application, the submission will probably be returned.

So here's a reminder. Just make sure signatures cannot be delegated. So DocuSign is the only acceptable signature that contains a certificate of authenticity.

So just a typed or a simple electronic signature, you know, will not meet the paper requirements.

So please send in your questions to your county liaison, and we can get those funneled over to our internal SMEs for those responses.



Okay, well, this was really just meant to kind of bring up the subject of PAVE and kind of going through that process. I know there's probably a lot of other questions out there because we're receiving other questions from other counties. If you do have questions about your PAVE enrollment and the process, feel free to reach out to your county liaison and we'll get that ball rolling while figuring out what's going on.

All right. I think that's all for my section. I believe I will pass this over to Caroline for Medi-Cal Enrolled Pharmacy.

Medi-Cal Enrolled Pharmacy

Caroline Dunlop

[10:38] Caroline Dunlop: Okay, thanks, Mike. So my role is to emphasize the importance of and the reason for enrolling your pharmacies into the paid system as a Medi-Cal provider.

Daria, can you skip to the next slide, please?

So, CalAIM Justice Involved Initiative in the P&O Guide Section 9 under provider enrollment and payment, payment goes through the rules and the reasons and in order to be in compliance for pharmacy providers. It is a CMS requirement.

Code of Regulations Title 42-455.410 establishes the rules for enrollment and screening of Medicaid providers.

We'll also be reviewing the Medi-CalRx compliance overview.

Next slide, please.

GA policy overview. So, the correctional facilities must ensure all pharmacy providers dispensing medications to justice-involved members are enrolled as Medi-Cal providers. Enrollment must be active in the PAVE, the Provider Application and Validation for Enrollment system, what Mike just reviewed. Non-enrolled pharmacies cannot seek reimbursement, and the facility or county must absorb the cost.

Use of non-enrolled pharmacies places the correctional facility out of compliance.

Next slide, please.

Who best enrolled as a Medi-Cal pharmacy?

Mandatory Medi-Cal enrollment applies to all pharmacy types. On-site correctional facility pharmacies, retail community pharmacies, specialty pharmacies, long-term care pharmacies, mail order, out-of-state, or delivery-based pharmacies. So, before the killing



of justice involved, there were special rules for an out-of-state pharmacy to enroll. But we have made accommodations for out-of-state pharmacies to make it easier for them to provide medications for the correctional facilities that choose to use the out-of-state pharmacies.

Next slide, please.

The pharmacy enrollment process. Pharmacies must submit a full Medi-Cal provider enrollment application through PAVE.

They must meet Medi-Cal participation requirements, including a valid pharmacy licensure, an active NPI registration, and compliance with federal screening rules. They must pay the application fee, and they must maintain one paid profile per tax ID. If there are multiple on-site pharmacies under the same tax ID, only one application is needed. So, I just want to add a little bit to that. If you are a correctional facility, one of the larger ones, and you have multiple pharmacies on-site, If you are working under the same tax ID, the same NPI number, you only have to enroll once. If your correctional facility has an on-site pharmacy and also uses a local pharmacy, say CVS, Walgreens, your neighborhood pharmacy, they must also enroll in PAVE. Any pharmacy providing medications for the JI population must enroll in PAVE as a Medi-Cal pharmacy provider. Next slide, please.

accessing PAVE. So, Mike pretty much already went through more details of the process, but there's the link to the PAVE website. Pharmacies enroll as a type 2, which is an organization.

The system sends an email confirmation after submission.

And then the support contacts for the provider enrollment department, there's a phone number for the message center. And there's also a phone number for the PAVE technical support team.

So if you have specific questions pertaining when you enroll, those are the phone numbers to call.

Next slide, please.

Medi-Cal Rx timely filing requirements. Per Medi-Cal Rx provider manual, claims must be submitted within six months to receive full reimbursement.

Late claims without an improved exception are reduced or denied.



Failure to enroll on time is not an improved exception. And I want to emphasize this little piece. So if you get a start date, a go live date, and you go live and your pharmacy is not enrolled on the date that you go live,

Any claims submitted for a pharmacy that is not enrolled as a Medi-Cal provider will not be reimbursed. Those claims will be denied. And again, the county or the correctional facility will absorb those costs. They will not be reimbursed through the JI initiative.

Next slide, please.

Non-enrolled pharmacy compliance risks. The use of non-enrolled pharmacies results in lack of continuity of care for patients.

There will be no reimbursement, reimbursement, excuse me, for medications dispensed. non-compliance with CalAIMJI initiative requirements, potential audit findings, and operational disruption for medication continuity.

Next slide, please.

So the key takeaways are enrollment in Medi-Cal via PAVE is mandatory for all pharmacy providers serving JI members.

Correctional facilities are responsible for ensuring compliance.

Non-enrolled pharmacies equals no payment plus compliance violations.

And timely enrollment prevents claim denials and service interruptions.

And that is, I believe, all my slides. I will give it back to Jessica, please.

Jessica Camacho-Hall

[18:05] Jessica Camacho-Hall: Thank you, Caroline, for your overview of the importance of being enrolled as a Medi-Cal pharmacy. I will now pass it on to our deputy director, Autumn Boylan, who is going to be sharing with us some important dates to remember, as well as updates to timing and submissions for our JI billing claims.

Timeliness Submission Messaging & Important Dates to Remember

Autumn Boylan

[18:27] Autumn Boylan: Morning, everybody. Glad to have you all here today, and thanks to Caroline, Mike, and Jessica for the updates that you've already provided today.

Hopefully, these webinars are helpful to folks. We're trying to clarify information that is kind of the frequently asked questions or the things that come up over and over again during these



monthly sessions. So hopefully you're finding this information to be helpful to you. Wanted to share some important information about some of the upcoming dates for, particularly for counties that have not yet gone live or not yet submitted a readiness assessment.

Let's go to the next slide.

As we've shared previously, all county correctional facilities are required to go live with the Justice Involved Initiative by October 1st, 2026. Originally in the Policy and Operations Guide, which is posted on our website, we did have

information that required a readiness assessment to be submitted six months prior to the requested go live date. That would have been April 1st for October 1st go live date.

And there are many, many counties that have not yet submitted a readiness assessment to DHCS. Of course, in January, when we were issued the revised readiness assessment guidance, we said that we would accept the readiness assessment 60 days prior to the requested go live. So, I wanted to go through some of the specific

deadlines for submitting a readiness assessment in order for correctional facilities to go live by the October 1st mandatory deadline in state law. Also wanted to remind folks that there is an allowable conditional go live status as part of

DHCS's waiver approval that allows for correctional facilities to go live with a subset of your population, for example, or even if all of your systems are not ready, you know, there's some risk to that, as Carolina was just sharing with you.

or if there are other components such as fiscal health consultation services that you're not ready to implement. But there are some requirements around the core elements of the justice-involved initiative that must be live for all populations with which you go live.

So, if

you have not yet submitted your readiness assessment, and you're planning to go live by October 1st with a subset of your population, but not the full Medi-Cal eligible population, that's okay. But you must go live and offer to the folks for which you are including in your priority go live population, care management services, inclusive of the warm handoffs, the health risk assessment, the re-entry care plan, all of those components must be live for any populations for which you go live. You must provide medically necessary



MAT services for people with opioid use disorders or alcohol use disorders or other substance use disorders for which medication assisted treatment is appropriate. And you must provide medications in hand upon release. And that includes the full supply of medications in hand upon release.

Once you are given this conditional approval, if that is the route that your correctional facility is going, then you will have an additional 12 months to fully ramp up to all of the requirements spelled out in the 1115 waiver and the policy.

and operations guide. So, this offers quite a bit of flexibility for correctional facilities who are feeling like that October 1st deadline is getting very close, but you are not quite ready to go live. This gives us a path forward so that you can go live with a subset of your population as long as you can provide the care management mat and medications in hand for that priority population. Next.

We have 32 county correctional facilities that have not yet submitted a readiness assessment application to DHCS per guidance that was issued last month. Starting next week, we are only accepting the new readiness assessment template submitted via Nintex. If you have not yet submitted,

your readiness assessment, please do not continue to use the old template. We are transitioning fully to the new template. That allows us to move through the approval process more quickly. And I know that there have been some delays since we announced the new template.

We've been trying to apply the new template to the old template and help facilitate kind of that transition for counties that were already working off of the old template. But in order to get all of the readiness assessments that we have currently in progress and those that we know are still yet to come in completed,

in time, we are asking counties to only submit the readiness assessment using the new template, which is linked in the slides and is available on our website. There are also just noting in addition to these 32 county correctional facilities, there are 18 counties that do not have a youth correctional facility.

and two counties that don't have an adult jail. We are currently working with the associations on the readiness and go live processes for these counties. We know that we've been talking about this for some time and offering some solutions. I've been meeting with chief probation officers of California.



over the last couple of months. And we've committed to working in concert with CPOC for those 18 counties that don't have a youth correctional facility. We'll also be working with Cal Sheriff and others to make sure that we're capturing what's needed. I will say what we're looking at for those counties that don't have a correctional facility is making sure that we understand the unique relationships in terms of roles and responsibilities for the county entity. In that case, where you are contracting with or you have an agreement with another county who is providing correctional services and housing for people in a correctional setting.

But we want to make sure that we understand who's responsible for correctional health care services. And if that is the host county, what the role of the originating county is in terms of providing those care management services for individuals who are coming back to your county upon release. And

and how we're making sure folks are getting connected to the managed care plan, to the appropriate community-based services and ECM providers in your communities. So that's kind of where that's headed. We know it's been taking a little bit of time to figure that out. We also understand that we just announced and have been announcing in October.

first deadline, but I think for those candidates without our correctional facility, we'll be working to talk about the appropriate timelines for next steps once we get to an agreement with the associations. Next.

So for the 32 county correctional facilities that have not yet submitted A readiness assessment, the county liaisons here at DHCS, we have assigned folks to each county. They will be reaching out to you if they haven't already to kind of find out what your status is,

to work with you on next steps and help troubleshoot or provide technical assistance where appropriate. We are looking to have the readiness assessment submitted by July 1st, although technically you have until August 1st.

for that 60 days prior to the go live date. But if you submit by July 1st or let us know in writing that you'll be submitting by August 1st, that will be helpful. We are looking at kind of the implications of what happens if you don't submit on time in terms of non-compliance letters.

And for those of you that have received PATH funding, it's just a reminder that PATH



funding is conditional upon implementation of the justice-involved initiative. So, we'll be kind of reaching out on a one-on-one basis to those 32 county correctional facilities that have not yet submitted.

our readiness assessment just to see where we can be helpful and see how we can help support you to get your readiness assessment submitted to DHCS for review on this timeline. Next.

Similar to the update that Caroline gave earlier in the presentation around correctional facilities, we did want to clarify during today's meeting some of the requirements around timeliness of submission of claims. We know that some of you have particularly those of you who have gotten conditional approval. Some of you, as Caroline said, have gotten approved to go live even if your billing systems weren't quite ready because you're nearing completion of your procurement or getting your system set up with your vendors to be able to submit claims for reimbursement. I will say The most important thing is that folks are live with the initiative in terms of the programmatic requirements. We want to make sure that people are getting access to the services that are spelled out as part of the justice-involved initiative in the 1115 waiver. We want to make sure folks are getting screened.

for their needs, including behavioral health conditions, as close to intake as possible. We want to make sure that people are getting a full health risk assessment when they've been incarcerated for up to 14 days or longer. We want to make sure that people are getting access to medically necessary

MAT treatment services timely and, you know, as needed at intake and throughout the duration of the incarceration. We also want to make sure that the that folks are getting care management services, that they're getting connected to their post-release ECM providers. This is vital to the long-term success of individuals who are re-entering the community from incarceration, regardless of the duration of that incarceration. So even if somebody was only incarcerated for a couple of days or a couple of weeks, we know that that transition to that post-release community support through an ECM provider, through their managed care plan will be critical to their long-term success. We also know that many of you already have relationships with community-based providers.

that may or may not be working with the managed care plans. And we encourage you



to work with managed care plans to let them know about which providers are trusted in your community to serve this population. That being said, in the long term, we think that it's beneficial for folks to get connected to their managed care plan network so that they can have covered services over the long term and not just in that immediate period post-release. So these are all super important. And then of course, the meds in hand upon release will help make sure people are stable during that immediate post-release period. and not have health issues or behavioral health issues that will then put them at risk for future incarceration. Medi-Cal billing is important to this whole process. It's part of how we monitor claims. It's part of how we know that these things are happening. The most important part is that you're programmatically implementing all of these requirements that I just talked about. So that's why in some cases, we have allowed correctional facilities to go live, even if you don't have your billing systems completely up to speed and ready to go at the time that you're going live, because of the importance of these programmatic pieces. That being said, there are some specific deadlines in state statute and in federal Medicaid rules that prevent us from having extensive periods for billing and reimbursement. So, we're going to walk through some of those timelines for you today and make sure folks are understanding kind of timelines and requirements for submitting claims to DHCS. Next.

Next, please.

So, for...

All Medi-Cal providers, this is not specific to the justice-involved initiative for all Medi-Cal providers. And under this initiative, you are considered Medi-Cal providers as correctional facilities are exempt from licensure clinics under our Medi-Cal fee-for-service delivery system.

Providers have 180 days, calendar days, from the date of service to submit a claim for 100% of their posted rate for reimbursement. Providers can still submit claims up to 365 days from the date of service, but after 180 days, the claim is paid at a reduced rate. So, it's like 75% of the published rate up to a certain period and then 50% of the published rate, I think for the last quarter of the year. If you are going live and you don't have your billing system set up,



There is a risk that you either will not get reimbursed if you do not submit claims on time or that there will be a reduction in the rate that is allowable under Medi-Cal if you submit claims between that 180

one days and 365 day period. So we wanted to make sure your folks are tracking this timeline that you, once you go live, if you start delivering services on day one, which is what we would expect to see along with your go live dates, you only have 180 days from that original date of service to submit claims for that date. And then the next day, the 180-day clock starts over and it's 180 days from that date. So it's from the date of service for a billable service, you have 180 days.

to submit a claim for reimbursement or up to 365 days at a reduced rate.

We know in the early kind of go lives, this was maybe less clear or there were DHCS systems that were not yet up and running. If it's our fault because our systems are not ready, then we do have some discretion to make some.

Uh...

you know, some adjustments because of system readiness on the state side, but we cannot make those adjustments going forward for all correctional facilities going live from this point forward. So, we wanted to make sure that folks are tracking this requirement

Whether you've already gone live or whether you're about to go live in the next couple of months, I wanted to make sure that these requirements are clear. Next.

All right, Jessica.

Jessica Camacho-Hall

[35:33] Jessica Camacho-Hall: Thank you, Autumn, for providing those important updates. I will now be passing it back to Michael, who is going to be going over our all-county call topic survey questions that we have for all of you.

Survey

Michael Hedin

[35:46] Michael Hedin: Right on. Thanks, Jessica. Thanks, Autumn. So, for this part, we wanted to just slow down and take a minute. We have been getting some requests for, you know, like if DHCS put out a survey, we could kind of gather some information from the correctional facilities to see how we could maybe enhance or improve these.



all county meetings and be talking about topics that are more relevant to your situation. So, during the last meeting, we did attach a survey link to the agenda. We sent that out after the meeting. We had a few responses come back, but not as many as we were hoping for. And so for this meeting,

You could go to the next slide.

We wanted to share the questions during the meeting and take an opportunity here to see if you can either in the chat or in the Q&A, maybe try to answer some of these questions and give us some feedback on, you know, like question number one, which areas of the readiness assessment

would you like additional support with? So, if there's any areas, anything in the readiness assessment where you could just use some additional support, please let us know. And you could do the survey or you could drop them here in the chat or in the Q&A. Question #2 we had.

Um, and, and really, this is just to gather, you know...

information and topics from your side so we can try to be putting more together for you in these meetings. So, question #2, what topics would you be interested in exploring in future all-county webinar meetings? I'm sure there's a bunch of topics out there that you're thinking of, that we could probably dive into a little more. So, if you have any of those suggestions,

please let us know. Some of the stuff that we received from the last meeting seemed to center around billing services and billing for specialty and mental health services. We had someone say they wanted to get more information on the short-term model.

Someone else said, you know, what about best practices for pre-release services when there is no release date? So it'd be helpful if you sent in topics that you're interested in, but if you also have more of a deeper dive to your question and you could get a little bit more specific, that would really help us out on our end to try to put some material together to present out later in future all county meetings.

meetings. So, for the same survey, we're going to send it out with the agenda after the meeting. But hopefully during the meeting here, you can, you know, jot down or send us over anything that you were thinking of. That would help us out.

All right.

Nice, I see some, I see some coming in, so thank you for...



Thank you for taking the time to write those out and send those in.
But yeah, keep on doing that or take the survey when we're all done.
All right, I'll pass it over back to Jessica.

Jessica Camacho-Hall

[39:04] Jessica Camacho-Hall: Thank you, Mike. As Mike mentioned, we'll be putting the survey in the chat so you guys can also access it. And then we'll also be putting that out when we send out our materials. We do have some time for questions and answers. So, I'll go ahead and pass it on to Adam, who will help us facilitate this portion of the call.

Q&A

Adam D'Cunha

[39:29] Adam D'Cunha: Good morning, everyone. So, we have gotten some questions and comments throughout this meeting in the chat and in the Q&A. So, I'm going to quickly go through some of the ones that we've already had a chance to answer in case not everyone's had a chance to look over them. And then
Maybe we can see if there are some questions we want to ask around any of the new information we've found today. We had some questions revolving around PAVE and information that's required to set up your PAVE account, like social security numbers, date of birth, ID. A lot of this is required at the federal level. It's not something that we're you know, specifically asking for DHCS. And so, we don't have a lot of control over what information. However, we will go back to our operations management branch and just get clarification and ask if there are any workarounds. But likely the federal requirement is going to still be in place. We had.

Let's see.

We had some questions about the readiness assessment for the counties without correctional facilities. Just want to make sure everyone knows that that is going to be coming out very shortly. It's currently nearing completion in the final stages of review, and we hope to have that out in the next week or two.

We'll be sending that directly to the counties, by the way, that we are currently tracking with no correctional facility.

Let's see.

We do have a few questions in here that we can't, I can't answer live. It will require some



input from our internal partners here with the DHCS. But do we want to open up the floor a little bit? I know we did have some new information. Does anyone have any questions they'd like to

Raise Live.

Jeremiah, I see your hand just went up.

Let's see.

I'm going to go ahead and request that you unmute.

Okay, you should be able to come up me now.

Jeremiah Dobson

[41:51] Jeremiah Dobson: Good morning, thank you. Just want to confirm that I heard that correctly. The same, is this the same Caroline Behavioral Health Group that's on the CYBHI project? If so, that's great, but just want to make sure I heard that correctly.

Adam D'Cunha

[42:05] Adam D'Cunha: You said Caroline Behavioral Health.

Jeremiah Dobson

[42:08] Jeremiah Dobson: Yes, is it the same group that's on the CYBHI project or are they separate entities on the claiming and billing process?

Adam D'Cunha

[42:05] Adam D'Cunha: We had a presentation from Caroline. Maybe that's where the confusion is. I don't think we currently work with CBH. Yeah.

Autumn Boylan

[42:24] Autumn Boylan: Caroline is not working. Caroline Behavioral Health is not working with DHCS on the Justice Involved Initiative.

Jeremiah Dobson

[42:30] Jeremiah Dobson: Okay, I misheard that. Thank you.

Adam D'Cunha

[42:39] Adam D'Cunha: Leave the floor open just another moment in case anyone wants to raise any questions live.

Yes, Stephanie, I will go ahead and grant that mic permission.

Stefani Stockstill



[43:00] Stefani Stockstill: Thank you. Thank you. They posted on the chat, FQHC, we have a question out with Ashley, our liaison with DHCS regarding FQHCs. The correctional facility at San Mateo County has a contract with San Mateo Medical Center who provides services for the jail inmates. San Mateo Medical Center's clinics sometimes see jail inmates either telehealth or in person for like consultations, you know, ENMs and things for medical issues. If they are covered under CalAIM JI, since we're in contract, since San Mateo's in contract, They're considered embedded. The POG and the reference material about FQHCs imply verbiage that makes you think there's a supplemental to the FQ claim your bill, CalAIM. It also has verbiage discussing in breach.

Adam D’Cunha

[43:54] Adam D’Cunha: Okay.

Stefani Stockstill

[44:06] Stefani Stockstill: But San Mateo's relationship with Correctional Health at San Mateo is an embedded provider. And the policies and the reference material out there don't seem to give us a clear answer on how we are supposed to bill.

Adam D’Cunha

[44:13] Adam D’Cunha: I.

Stefani Stockstill

[44:22] Stefani Stockstill: FQHC visits or visits that occur in our FQHC clinic that we only qualify for an FQHC visit. You know what I mean? I just, we need some direction and or clarification.

Autumn Boylan

[44:27] Autumn Boylan: Yeah, I think.

Yeah, thanks. Thanks for that question. I think when we, Stephanie, were originally providing guidance around the wrap payment for federally qualified health centers to get FQHCs to the full

Adam D’Cunha

[44:45] Adam D’Cunha: Thanks.

Stefani Stockstill

[44:48] Stefani Stockstill: B.



Autumn Boylan

[44:52] Autumn Boylan: PPS rate, we were assuming that the FQHCs would be billing in that context, rather than providing services via a contract with a correctional facility. I think we'll have to take this back, but my, I think we'll have to take this back.

Adam D’Cunha

[44:56] Adam D’Cunha: Thanks. Yeah.

Autumn Boylan

[45:14] Autumn Boylan: Um.

Adam D’Cunha

[45:14] Adam D’Cunha: I got very much.

Stefani Stockstill

[45:16] Stefani Stockstill: Yeah, even the wrapped concept doesn't make sense to me because when you're incarcerated, your coverage is suspended, right? And then you are enrolled in CalAIM JI. So, everything that I'm reading just doesn't feel right. Like I'm like, well, the relationship's embedded. Where's the direction in how an embedded provider happens to be part of that?

Autumn Boylan

[45:23] Autumn Boylan: Yeah

Stefani Stockstill

[45:35] Stefani Stockstill: provider happens to be FQHC.

Adam D’Cunha

[45:37] Adam D’Cunha: The

Autumn Boylan

[45:39] Autumn Boylan: Yeah, I think I mean...

Uh, I will have to take that back, but I think that uh...

It's a good flag and that if you're providing services via a contract, then that's outside of the PPS rate and outside of the alternative payment methodology since Medi-Cal is actually not the payer in that case, it would be the correctional facility is the payer. for those services. And then the correctional facility is getting reimbursed through the Medi-Cal program for the services that they are providing via the contract. But let us noodle through that because I don't think we actually discussed that scenario.



Stefani Stockstill

[46:18] Stefani Stockstill: Yeah, and it's that latter piece that we need help with, right? Like, how do we bill? We want to get correctional health payment for the JI program. How do we bill it?

Autumn Boylan

[46:22] Autumn Boylan: Yeah.
Yeah.

Adam D'Cunha

[46:31] Adam D'Cunha: And I will say that Ashley has been working really closely with the FQHC slash RHC team, trying to figure out kind of a way through here. It's just taking a little bit of time.

Stefani Stockstill

[46:37] Stefani Stockstill: Now, since we're aging out and we don't have clear direction on how to provide these services, is there going to be some grace given to the CalAIM JI providers, the CF, for billing those services late?

Autumn Boylan

[47:00] Autumn Boylan: So again, in this case, if you're contracted with the correctional facility, they are paying for those services.

Stefani Stockstill

[47:10] Stefani Stockstill: I'm speaking as if the CF, how is the CF going to get their full reimbursement once they are given directions on how to bill those services? Because they're embedded so they can bill those services.

Autumn Boylan

[47:10] Autumn Boylan: Through the contract.
Well, the correctional facility can bill for those services now because the correctional facility isn't entitled to the PPS rate. I think we may have to provide some additional guidance, but

Stefani Stockstill

[47:37] Stefani Stockstill: Yeah.
So just to make sure I'm following, so on without absolute validation, what I think I'm hearing is correctional facility would just bill them on the 791.
for the consultation that was provided, let's say it was me and, right, and 99212 type of



visit with the provider for some situation they have medically. They would just go ahead and bill that as if the service was provided at the CF because they're embedded under contract.
Yeah.

Autumn Boylan

[48:11] Autumn Boylan: Yeah, we'll take this back.

Stefani Stockstill

[48:15] Stefani Stockstill: Okay. All right. So, until we hear back, then we should hold on those claims.

Autumn Boylan

[48:21] Autumn Boylan: And what, what County or is this for?

Stefani Stockstill

[48:24] Stefani Stockstill: San Mateo.

Autumn Boylan

[48:26] Autumn Boylan: and adults or probation or both.

Stefani Stockstill

[48:31] Stefani Stockstill: Adults and there is a youth that will be going online. The youth isn't up yet.

Autumn Boylan

[48:37] Autumn Boylan: Okay, all right, we'll circle back. Thank you.

Stefani Stockstill

[48:40] Stefani Stockstill: Mhm.

Adam D'Cunha

[48:41] Adam D'Cunha: Thank you so much, Stephanie.

Stefani Stockstill

[48:42] Stefani Stockstill: Thank you.

Autumn Boylan

[48:47] Autumn Boylan: Hey, Adam, there was a question just now in the chat about the updated version of the policy guide. Did want to let folks know that the first chapter of the updated policy guide is published and available on the DHCS website. We'll drop



the link to that in the chat. As we've shared before, This is, we're not going to be releasing one large guide anymore. We republished the foundational guidance and additional chapters are coming soon. It does not address the specific issue that we just talked about.

in terms of FQHC billing, we'll work on that separately, but the first chapter of the policy guide is actually out now.

And Adam, you can go ahead and continue.

Adam D'Cunha

[49:44] Adam D'Cunha: Yeah, definitely. Thank you. Thanks for calling that out, Autumn. We'll get a link drop in the chat to that. And we'll look really quick through some other. Questions?

We will also be sending out a question-and-answer sheet so that if there's some of these that we can't answer live, we'll be sending out answers.

Okay.

Autumn Boylan

[50:21] Autumn Boylan: We have another raised hand, too.

Adam D'Cunha

[50:26] Adam D'Cunha: Stephanie, I'm seeing your hand. Is there another question?

Stefani Stockstill

[50:31] Stefani Stockstill: No, no, sorry.

Adam D'Cunha

[50:32] Adam D'Cunha: Okay, no problem.

I'm going to go ahead and lower your hand just to...

Correct.

Jessica Camacho-Hall

[50:45] Jessica Camacho-Hall: I believe, Adam, it was a difference. Stephanie, yes, Stephanie Whistler, who had her.

Adam D'Cunha

[50:51] Adam D'Cunha: Oh, apologies. I got mixed up a little there. Okay, Stephanie, I've just allowed your mic. Please unmute whenever you can and feel free to...

Share your question.

Stephanie Whisler



[51:03] Stephanie Whisler: Thank you, thank you. I knew that was going to throw you off. So I appreciate it. Thanks. I am, I have a question and I think that I'm, that I have it right, but I was in a meeting a couple weeks ago. I think it was a CBHDA meeting and they were talking a lot about specialty mental health billing.

And it created some confusion, I think, with people who are in the meeting. So, I want to double check. We are in the correctional facilities. As to the way that Kern County works we are not like the care manager, Kern Medical Hospital Authority. They're kind of running point guard, but we are in there. We are providing specialty mental health services.

And I want to make sure that the 90-day service that we're providing when they're still incarcerated is in fact billed to CAMMIS fee for service.

Autumn Boylan

[51:52] Autumn Boylan: That's correct.

Stephanie Whisler

[51:53] Stephanie Whisler: If we participate in a warm handoff, even though we are not the care manager, but we need to be in that meeting also because they have severe needs or whatever, do we bill that?

also fee for service or do we build the warm handoff? Can specialty, I actually don't know the code or what it would be but is that build? fee for service also or as a specialty mental health provider.

Autumn Boylan

[52:26] Autumn Boylan: If it's for if you're.

Just for receiving the link, like the behavioral health link piece, you can bill that to Short Doyle. Everything else needs to be billed to CAMMIS. Ashley, do you want to clarify further?

Stephanie Whisler

[52:31] Stephanie Whisler: Mhm.

Ashley Delle

[52:44] Ashley Delle: Yes, can everyone hear me okay?

Adam D'Cunha

[52:47] Adam D'Cunha: Yes.

Stephanie Whisler



[52:47] Stephanie Whisler: Yes.

Ashley Delle

[52:44] Ashley Delle: I'm sorry, can you please repeat your question? I want to make sure I'm fully understanding it.

Stephanie Whisler

[52:53] Stephanie Whisler: Any 90-day pre-release services that we do are billed fee for service to CAMMIS as a specialty mental health provider. But if we participate in the warm handoff, the care manager, right, which is another agency for us, they're conducting a warm handoff with the ECM provider on the outside. And let's say an outpatient specialty mental health provider too. They're going to need both. What do we bill? Do we bill the warm handoff code, or do we bill like our regular outpatient targeted case management, maybe coordination of care, something like that?

Ashley Delle

[53:25] Ashley Delle: Okay, I see. So, you're talking about a visit that is occurring that includes both the care manager and that specialty mental health service provider, and you're trying to determine if you need to build a care management bundle billing code or a different code.

Stephanie Whisler

[53:33] Stephanie Whisler: Correct.

Ashley Delle

[53:40] Ashley Delle: Correct.

Stephanie Whisler

[53:40] Stephanie Whisler: Yes, yes, I mean, current, I can't, yes.

Ashley Delle

[53:45] Ashley Delle: Okay, I'm gonna let me think about that a little bit because we do have a care management bundle code specifically for a warm handoff that is typically between a care manager and a care manager. But if there's a specialty mental health service provider involved, that makes me believe that it is also a visit that is occurring between like a professional correctional facility behavioral health provider to another professional behavioral health provider. And that's when you would use the warm handoff code that we've specifically called out for that professional professional consultation. So, I'm going to take it back



just to make sure I can articulate that a little bit better for you. Because it sounds like we're talking about one visit, but multiple things are going on.

Stephanie Whisler

[54:26] Stephanie Whisler: Okay.

I agree. I think I think that I would default to our regular billing, like...

Ashley Delle

[54:31] Ashley Delle: Exactly.

Stephanie Whisler

[54:36] Stephanie Whisler: that we would do when we would meet with anybody who's working in the correctional setting on the outside. It has to do with programs and how our EHR is set up. So, I think I kind of know how to do that, but I just wanted to double check based off that meeting that I was correct. We are billing CAMMIS for a 90-day pre-release service.

Ashley Delle

[54:54] Ashley Delle: That's correct.

Stephanie Whisler

[54:54] Stephanie Whisler: Even if it's an assessment, even if it's any code. Okay. Thank you.

Ashley Delle

[54:57] Ashley Delle: Yes.

Pre-release services are billed to CAMMIS fee for service. Now, when you're acting as that county entity, right, you're not acting in the capacity of a pre-release behavioral health provider, then there are select codes that you can build a short doyle as you normally would when you are participating and receiving a behavioral health link. Are you familiar with how to locate those codes?

Stephanie Whisler

[55:18] Stephanie Whisler: Perfect for, yeah.

Yeah, for example, if I'm going to take a link from the CDCR, then I would go to those codes. I know where they are. Yes. Yes. Okay, perfect. Thank you.

Ashley Delle



[55:28] Ashley Delle: The short Doyle codes. Yes, that is correct. Is there anything else you wanted me to clarify with this inquiry?

Stephanie Whisler

[55:37] Stephanie Whisler: I don't think so, but the chat might blow up.

Ashley Delle

[55:40] Ashley Delle: Okay, no problem. And like I said, feel free to reach out to our CalAIM inbox. And then honestly, if it's a billing question, it'll likely get routed to me. So, feel free to leverage that as needed.

Stephanie Whisler

[55:49] Stephanie Whisler: Perfect.
Thank you.

Ashley Delle

[55:52] Ashley Delle: Sure.

Adam D'Cunha

[55:55] Adam D'Cunha: Great. Want to be conscious of time as we are near the end of this meeting. We have only just a couple minutes more. So, I'm going to actually pass the ball back to Jessica. We will be addressing all the questions that we haven't gotten to when we send out our post-meeting materials included with the meeting summary as well as the recording.

With that, I will go ahead and pass that ball back to Jessica. Thank you.

Jessica Camacho-Hall

[56:20] Jessica Camacho-Hall: Thank you, Adam, and thank you all for the questions. We will be posting all of the meeting materials within the next couple of days on their DHCS website. I'm also letting you guys know that our next county call will be on June 24th from 10 to 11 A.m. So, we will be sending a registration link for all of you to attend.

We appreciate all of you taking the time to meet with us today. Also, feel free to send any questions that you guys might have to our CalAIM inbox. And then if you also have any topics that you guys feel might be helpful for us to cover during our next call, please use the link.

or send us an email and we will, you know, try and address it as best as we can. So, with that, I will close this meeting and look forward to seeing all of you guys next month and we hope that all of you have a good rest of your day.

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