DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850

State Demonstrations Group

January 8, 2025

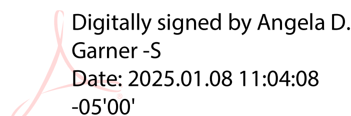
Charissa Fotinos, MD
Medicaid Director
Washington Health Care Authority
626 8th Avenue
P.O. Box 45502
Olympia, WA 98504-5050

Dear Dr. Fotinos:

Washington submitted a draft of its Reentry Demonstration Initiative Implementation Plan (IP) on April 29, 2024, in accordance with the special terms and conditions (STCs), specifically STC 14.9. The Centers for Medicare & Medicaid Services (CMS) is approving the IP as an attachment to the STCs for Washington's section 1115 demonstration project entitled, "Medicaid Transformation Project (MTP) 2.0" section 1115 demonstration (Project Number 11-W-00304/0 and 21-W-00071/0), effective through June 30, 2028. A copy of the approved attachment is enclosed and will also be incorporated into the STCs as Attachment S. This approval is conditioned upon compliance with the previously approved STCs, which set forth in detail the nature, character, and extent of anticipated federal involvement in the project.

We look forward to our continued partnership on the Washington MTP 2.0 section 1115 demonstration. If you have any questions, please contact your CMS project officer, Diona Kristian, who can be reached by email at Diona.Kristian@cms.hhs.gov.

Sincerely,



Angela D. Garner
Director
Division of System Reform Demonstrations

cc: Edwin Walaszek, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Washington State Reentry Implementation Plan
December 2024

Note: Washington previously submitted its Implementation Plan to CMS in April 2024 and is resubmitting the Plan to align with the CMS-released template on the Federal Register that incorporates changes from the public comment period. Contents of this Implementation Plan have been updated to conform with the new CMS template and to reflect updates to Washington's implementation approach.

Background

The implementation plan documents the state's approach to implementing a section 1115 Reentry demonstration and helps establish what information the state will report in its monitoring reports by describing whether and how the state will phase in implementation. The state must also submit a monitoring protocol that details its plans to conduct monitoring reporting. The implementation plan does not supersede or replace standard CMS approval processes, such as advance planning documents, verification plans, or state plan amendments. For states covering the CAA population under the 1115 demonstration, the CAA-required operational protocol is satisfied by the reentry implementation plan.

The implementation plan outlines key information on the overall demonstration design, as well as actions related to the five milestones included in the State Medicaid Director Letter (SMDL) "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated" .

Reentry demonstration reporting topics
Implementation Settings
SMDL Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated
SMDL Milestone 2: Covering and ensuring access to the minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community
SMDL Milestone 3: Promoting continuity of care
SMDL Milestone 4: Connecting to services available post-release to meet the needs of the reentering population
SMDL Milestone 5: Ensuring cross-system collaboration
Reducing Health Disparities
Reinvestment plan
Consolidated Appropriations Act Population
Appendix: Implementation Phase-In Approach (if applicable)

Implementation Settings

1. In the table below, report the total number of facilities anticipated for each facility type once the reentry demonstration is fully implemented. If the demonstration includes another facility type/s not listed in the table, add a column/s for the other facility type/s.
   - Does the state intend to phase in facilities? ☒ Yes ☐ No
     - If yes, provide the total estimated number of facilities for each facility type once the reentry demonstration is fully implemented, and estimate the number of facilities to be phased-in by demonstration year (DY).
     - If no, only provide the total estimated number of facilities for each facility type once the reentry demonstration is fully implemented.

	State Prisons	County/Local Jails	Tribal Jails	Youth Correctional Facilities
Total	**11**	**33**	**2**	**8**
DY 8				
DY 9				
DY 10	7	25	1	7
DY 11	4	8	1	1
DY 12				

2. Describe the state's plan for determining that participating facilities are ready to provide pre-release services to eligible beneficiaries. The description should address how the facilities will facilitate access into the correctional facilities for community health care providers (either in person or via telehealth). *(The information being requested here aligns with information required under Milestone 5.)*

   The Washington State Health Care Authority (HCA) is implementing a multi-stage readiness process to prepare facilities and validate that they meet the Initiative's requirements prior to going live with pre-release services. HCA has also tied distribution of capacity building funding to each stage of the readiness process to provide incentives for facilities to participate and ensure that they can access needed funding during the readiness process. Available funding is capped by the size of a facility. Key stages of the readiness process include submission of the following:

   - **Letter of intent** to participate in the Initiative, which requires facilities to identify their implementation cohort. Facilities may receive 10% of their total eligible capacity building funding upon submitting the letter of intent. This initial distribution of funding is intended to help facilities begin the work of planning for the next milestone.
   - **Capacity building application**, which requires facilities to attest to their current and/or planned readiness to support Initiative requirements, and to describe any technical assistance they will need from the state. The application also requires facilities to describe how they will use capacity building funding to support the readiness process. Facilities may receive up to 40% of their total eligible capacity-building funding upon approval of their application.
   - **Readiness assessment**, which requires facilities to describe how they will support the mandatory and possibly optional pre-release services. HCA will work with facilities to validate their responses and determine whether the facility is ready to go-live with pre-release services, which includes ensuring that facilities provide in-person and/or virtual access for

community-based service providers. Facilities may receive up to 40% of their total eligible capacity building funding upon approval of their assessment.

- **Interim and final progress reports**, which require facilities to report on key implementation measures defined by HCA (e.g., client utilization/outcomes, uses of capacity building funds). Facilities may receive up to 10% of their total eligible capacity building funding upon submission of the interim and final progress reports.

HCA is also providing ongoing technical assistance to participating facilities to further educate them on Initiative requirements, address policy and operational questions and issues, and collect feedback on implementation. Technical assistance activities include a statewide learning webinar series focused on key requirements (e.g., eligibility and enrollment, service delivery), as well as one-on-one technical assistance sessions with facilities. HCA is also in the process of procuring a Third-Party Administrator that will provide additional technical assistance resources to participating facilities (e.g., help desk, one-on-one learning sessions) starting in Spring 2025.

SMDL Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.

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3. Does the state currently suspend eligibility and benefits during incarceration? ☐ Yes ☒ No
   - If no, describe how the state will either effectuate a suspension strategy within two years from approval of the expenditure authority or implement an alternate plan that will ensure only allowable benefits are covered and paid for during incarceration, while ensuring coverage and payment of full benefits as soon as possible upon release.
     The State currently suspends Apple Health coverage (Medicaid and CHIP) for adults and youth in state prisons, juvenile rehabilitation facilities run by the Department of Children Youth and Families, and adult jails. Currently, Washington does not yet suspend coverage for individuals in tribal jails and local juvenile detention facilities, because there are not existing processes to share inmate rosters with the State. HCA is actively working with these facilities to establish manual processes to exchange inmate rosters to support suspension and reactivation of coverage at release.

4. Opportunity to enroll in Medicaid:
   ☒ The state attests that any Medicaid-eligible person who is incarcerated at a participating facility but not yet enrolled is afforded the opportunity to apply for Medicaid in the most feasible and efficient manner and is offered assistance with the Medicaid application process in accordance with 42 CFR 435.906 and 435.908, and anticipates using the following methods described at 42 CFR 435.907 to ensure enrollment:
      ☒ Online application
      ☒ by telephone
      ☒ in person
      ☒ via mail
      ☐ common electronic means
   ☒ The state attests that all individuals who are incarcerated at a participating facility will be allowed to access and complete a Medicaid application and will be assisted in this process, including by providing information about where to complete the Medicaid application for

another state (e.g., relevant state Medicaid agency website), if the person plans to live in a different state after release.

☒ The state attests that all individuals enrolled in Medicaid during their incarceration will be provided with a Medicaid and/or managed care plan card or some other Medicaid and/or managed care enrollment documentation upon release, along with information on how to use their coverage.

5. Describe any challenges not already described in the milestone 1 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

   - **Challenge:** Currently, tribal jails and locally run juvenile detention centers do not exchange inmate rosters with HCA to facilitate suspension and unsuspension of Medicaid coverage.
     - ***Mitigation Approach:*** HCA is working with participating locally run juvenile detention facilities and tribal jails to establish processes to share daily inmate roster files, when needed, to effectuate suspension and unsuspension. Processes for juvenile detention facilities consistent with the CAA will be implemented by the state July 1, 2025.
   - **Challenge:** HCA will need to update key systems and processes to ensure that individuals are transitioned to the appropriate benefits services package for reentry services during the 90-day service period. These systems changes will require careful consideration of the varying lengths of stay that individuals have across settings to ensure that individuals have access to the full 90-day benefit authorized under the Demonstration.
     - ***Mitigation Approach:*** HCA's policy and systems teams have developed processes and systems changes to assign the appropriate benefits services package to ensure that all reentry Medicaid benefits are accessible for individuals in a suspended status. HCA also continues to work with individual facilities to navigate situations when release dates may be unknown or evolving.

SMDL Milestone 2: Covering and ensuring access to the expected minimum set of pre-release services for individuals who are incarcerated, to improve care transitions upon return to the community.

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6. Describe how, within two years from approval of the expenditure authority, the state will effectuate a policy to identify Medicaid and CHIP eligible individuals, or individuals who would be eligible for CHIP, except for their incarceration status. Include in the description how the state will implement a screening process to identify individuals who qualify for pre-release services in line with the qualifying criteria outlined in the state's STCs. *(The information being requested here aligns with information required under Milestone 1.)*

   Under Washington's Demonstration, individuals may qualify for pre-release services if they: 1) meet the definition of an inmate of a public institution, as specified by 42 CFR 435.1010, and are incarcerated in a state prison, county or city jail, tribal jail, or youth carceral facility; and, 2) are enrolled in Medicaid or CHIP or would otherwise be eligible for CHIP if not for their incarceration status. Accordingly, HCA will not require participating facilities to screen individuals for eligibility for pre-release services but will require them to screen for Medicaid/CHIP eligibility. Currently,

many carceral facilities, except for some local jails and juvenile detention facilities, already have processes in place to screen individuals and support them in applying for Medicaid regardless of the occurrence of an inpatient event. For example, all state-run prisons and juvenile rehabilitation facilities support Medicaid screening and applications, while there is wide variation in capabilities across local jails and juvenile detention facilities. Currently, tribal jails do not yet have standardized processes in place.

HCA will work with participating facilities to leverage existing screening processes where possible. For facilities that lack existing screening processes, HCA will support them in establishing new processes. To support the screening process, HCA will provide several options for facilities to look up whether an individual is already covered by Medicaid, including through Washington's ProviderOne and OneHealthPort systems. Based on the screening:

- If an individual is found to already be enrolled in Medicaid, the facility will provide and be reimbursed for all mandatory pre-release services during the pre-release period.
- If the individual is not enrolled in Medicaid, the carceral facility will support the individual in completing a Medicaid application through Washington Healthplanfinder for MAGI-based applications and through Washington Connections for non-MAGI applications. Facilities will support application submissions online, mail, in-person and via phone call. Facilities will also support individuals in selecting a Medicaid managed care plan using HCA guidance on plan selection (e.g., prioritizing plans in the individual's community, rather than the county of release). If a plan is not selected on the application, HCA will auto-assign one during the enrollment process.
  - Once an individual is enrolled in Medicaid, their coverage will be automatically suspended based on the individual's inclusion in the inmate roster. For individuals with stays lasting 90 days or less, the vast majority of jail stays in Washington, HCA will maintain coverage with their managed care organization to ensure continuity of care under a single payer.

7. Minimum pre-release benefit package:

   ☒ The state attests that Medicaid-eligible individuals who are identified as demonstration participants will have access to the minimum short-term pre-release benefit package, which, at a minimum, includes the services listed below. (Provide the Medicaid benefit category or authority for each service in the space provided.)

   - Case management to assess and address physical and behavioral health needs, and health-related social needs (HRSN) (if applicable): Reentry Waiver Authority. Targeted Case Management State Plan and Medicaid managed care contract authority
     - Note: Targeted Case Management service will fulfill CAA requirements, but be available for all individuals served under the Initiative.
   - Medication-assisted treatment (MAT) for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling: State Plan authority
   - 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release: State Plan authority

8. Additional pre-release services:

- Does the state intend that Medicaid-eligible individuals who are identified as demonstration participants will have access to any pre-release services that are in addition to the minimum benefit services addressed in question 7? ☒ Yes ☐ No
  - ➢ If yes, list the additional pre-release services in the table below, along with the Medicaid benefit category or authority for each service:

Pre-release service	Medicaid Benefit Category or Authority
Physical and Behavioral Health Clinical Consultation Services	State Plan
Pre-Release Medications and adminstration	State Plan
Laboratory Services	State Plan
Radiology Services	State Plan
Community Health Worker Services	State Plan
Medical Equipment and Supplies at Release	State Plan

  - ➢ If no, skip down to question 9.

- If yes, does the state intend to phase-in the additional pre-release services? ☒ Yes ☐ No
  - ➢ If yes, complete the information in the Appendix A table template regarding participating facilities' Service Level selections and implementation timelines.

9. Describe any challenges not already described in the milestone 2 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

   - **Challenge:** Many facilities already have pharmacy capabilities, either through an onsite pharmacy or through an external partner (e.g., mail order pharmacy), as well as facility-specific formularies that may not completely align with the Medicaid formulary. Facilities will need to ensure that existing pharmacies and pharmacy partners are enrolled as Medicaid providers and that they have implemented a formulary that includes coverage of the medications in the Medicaid formulary.
     - ***Mitigation Approach:*** HCA will work with participating facilities to enroll their pharmacies as Medicaid pharmacies, where needed, and support them in updating their facility formularies to include coverage of all Medicaid formulary medications.
   - **Challenge:** Some carceral facilities lack in-house pharmacies or established relationships with community providers to provide MAT and a 30-day supply of medications at release.
     - ***Mitigation Approach:*** HCA will provide technical assistance to facilities that lack MAT or pharmacy capabilities to develop solutions (e.g., partnering with a mail order pharmacy) and ensure that services align with the Apple Health formulary and meet Reentry Initiative requirements. The vast majority of participating facilities already have this provider capability, either in-house or through an external partner, so HCA expects this challenge to be limited to a small number of facilities.
   - **Challenge:** Most carceral facilities do not have experience in billing Medicaid for services and those facilities who operate health care services with internal staff will be required to

enroll as Medicaid providers for the first time and do not have established billing and claiming processes.

  - ***Mitigation Approach:*** HCA will partner with a Third-Party Administrator to provide technical assistance to facilities for enrolling as Medicaid providers and to serve as a claims clearinghouse so that facilities have a single point of contact for submitting claims and addressing issues. HCA is also developing Medicaid billing guides for each of the pre-release services and will facilitate a series of learning webinars with facilities to further educate them on Medicaid billing processes. The vast majority of participating facilities do not intend to provide Medicaid services with in-house staff and intend to do so through an external partner, so HCA expects this challenge to be limited to a small number of facilities.

- **Challenge:** Many carceral facilities lack an electronic medical record (EMR) or have outdated systems that will limit their utility in the context of the reentry initiative.
  - ***Mitigation Approach:*** HCA will provide capacity building funding to participating facilities that they may use to support IT infrastructure needs, including adopting an EMR and/or upgrading existing systems.

- **Challenge:** Facilities will need to ensure that they establish an adequate network of pre-release case managers to serve their releasing population.
  - ***Mitigation Approach:*** HCA is actively working with participating facilities to assess provider network needs, including case managers. Facilities are required to document in their readiness assessments the volume of case managers they will need in their network to serve the anticipated size of the population. As part of this assessment, facilities will indicate whether they intend to leverage in-house case managers, partner with community-based providers or MCOs, or providers available through the Third-Party Administrator. In addition, HCA will provide access to technical assistance to support facilities in identifying needed providers and building their network. This approach gives facilities flexibility to leverage any existing partners they may already have, while also providing supplementary support to ensure an adequate network to meet demand.

SMDL Milestone 3: Promoting continuity of care.

10. Person-centered care plan: Describe the state's plan to ensure that, prior to release, individuals who are incarcerated will receive a person-centered care plan that addresses any physical and behavioral health needs, as well as HRSN (if applicable) and consideration for long term services and supports (LTSS) needs that should be coordinated post release. Include any existing requirements related to care plan content for reentering individuals.

    The person-centered care plan is a crucial and required component of HCA's overall pre-release case management requirements. The reentry care plan is an actionable person-centered tool that engages the individual at the center of decision-making to:

    - Support early identification and diagnosis of health conditions;
    - Connect to care and services; and,
    - Improve health stability post-release and beyond.

The reentry care plan is based on the information collected from treating clinicians and in needs identification in the Reentry Health Screening, Reentry Health Assessment, and any subsequent case management activities. The care plan will be prepared prior to release and include input from the correctional facility's reentry planning team. It is the responsibility of the case manager to decide the extent of detail required in the reentry care plan for each individual based on the complexity of their health and social service needs.

The reentry care plan may be created within one or multiple client interactions, but at minimum must include the following required components:

- Presenting diagnosis(es) and health problems, including:
  - Current and past physical, behavioral health, and HRSN needs and service utilization.
  - Known treating providers.
  - Social, educational and other underlying needs, such as vocational services or employment.
- An action plan, including:
  - Health goals developed with the client.
  - Services identified pre- or post-release to support goals achievement.
  - Referrals to post-release services, including long-term services and supports, as well as to the Community or Native Hubs to address HRSN needs if appropriate, such as housing, transportation, food, finance, education, and employment.
  - Plan to support client SUD engagement and counseling via:
    - Choice counseling using shared decision-making tools (e.g., OUD) and discussion of options/risks
    - Assessment of the stage of change and readiness to engage in treatment
    - Motivational interviewing to progress further in readiness
    - Referral to appropriate provider assessment visit for diagnosis and prescription of MOUD if appropriate, including clinical determination for amount of medication supply for SUD prescriptions to take-home in hand at release to meet the need between release and transition to community provider.
  - Supports Planning: A plan for engagement of identified supports for the member (e.g., family, friends, probation/community corrections officer, and other community supports as identified).
- Identification, monitoring and management of barriers.

Carceral facilities will assist in obtaining client engagement and informed consent for case management, informing the reentry care plan development, identifying needed referrals and appointments, and discussing any impact for changes in release date.

11. Case manager process and policies:

☒ The state attests to having processes and policies to ensure that case managers coordinate with providers of pre-release services and community-based providers (if they are different providers) and facilitate connections to community-based providers pre-release for timely access to services upon reentry in order to provide continuity of care.

☒ The state attests to having processes to facilitate coordination between case managers and community-based providers in communities where individuals will be living upon release or have the skills and resources to inform themselves about such providers for communities with which they are unfamiliar. *(This attestation additionally aligns with requirements under Milestone 2.)*

☒ The state attests to having policies to ensure that case managers have the necessary time needed to respond effectively to individuals who are incarcerated and transitioning back into the community. *(This attestation additionally aligns with requirements under Milestone 4.)*

12. Describe the state's policies to provide or to facilitate timely access to any post-release health care items and services, including fills or refills of prescribed medications and medical supplies, equipment, appliances or additional exams, laboratory tests, diagnostic, family planning, or other services needed to address the physical and behavioral health care needs, as identified in the person-centered care plan. The description should include how the policies will account for access across all implementation settings and for individuals with short-term sentences.

Under the Demonstration, case managers and facilities will be required to anticipate and facilitate timely access to post-release health care items and services, including:

- **Coordinating Post-Release Appointments and Medications:** The pre-release case manager must coordinate and schedule necessary post-release health care services, including but not limited to fills or refills of prescribed medications, diagnostic, family planning, primary care, specialty, mental health, substance use, dental, or other services. For medications at release, carceral facilities are required to provide at least a 30-day supply of prescribed medications. In addition to providing the medications in hand upon release, the carceral facility will be required to provide a prescription for any active medication to be fulfilled at a post-release pharmacy as appropriate and feasible so that the individual has access to refills. The care plan must also identify and facilitate any post-release health care items and services needed.
- **Facilitating a Warm Handoff with Post-Release Case Manager:** Pre- and post-release case managers (if different) must conduct a warm handoff with the individual prior to release either virtually or in-person. For individuals with known release dates, the warm handoff meeting should occur at least 14 days prior to release. If it is not possible for the warm handoff to occur prior to the individual's release (e.g., if the individual is released by court order earlier than expected or has a very short stay), the pre- and post-release case managers must conduct the warm handoff in the community post-release within one week. At minimum, the warm handoff must include:
    - Sharing the reentry care plan and any other pertinent information with the post-release case manager (if different) and the individual's assigned managed care plan;
    - Scheduling and conducting an in-person or virtual warm handoff meeting that includes the individual (as appropriate) and both the pre- and post-release case

managers to begin establishing a trusted relationship, review the care plan and address questions, and identify any outstanding service needs and supports required for successful community reentry; and,
    - Coordinating with the individual's managed care plan and Community Hub to identify community-based providers and facilitate referrals for post-release services.

- **Coordinating Post-Release Case Management:** Once the individual has been released, the post-release case manager is required to:
    - Provide ongoing supports during the immediate post-release period, such as referrals and linkages to post-release providers;
    - Monitor and follow-up with the individual to ensure engagement with community-based providers; and,
    - Coordinate with Community Hub to coordinate needs for post-release HRSN services, as needed.

13. If the state is implementing the demonstration through managed care, please attest to the item below. If not, skip down to question 14.

    ☒ The state attests that the managed care plan contracts reflect clear requirements and processes for transfer of a member's relevant health information upon release to another managed care plan or, if applicable, state Medicaid agency (e.g., if the beneficiary is moving to region of the state served by a different managed care plan or to another state after release) to ensure continuity of coverage and care.

14. Describe any challenges not already described in the milestone 3 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

- **Challenge:** Some facilities already have varying levels of case management services available to incarcerated individuals prior to release. Facilities will need to adapt and supplement these existing processes to meet the requirements of the Demonstration, including identifying additional case managers to ensure sufficient capacity to serve the eligible population.
    - ***Mitigation Approach:*** HCA will provide ongoing technical assistance to facilities to communicate the case management requirements for the Demonstration and support this availability with case managers via the managed care organizations. HCA will also contract with a Third-Party Administrator that will provide technical assistance to facilities that require support in building or expanding their network of case managers.

- **Challenge:** Individuals with short stays will likely pose challenges for ensuring delivery of pre-release case management and a warm handoff to the post-release case manager prior to release. For example, many individuals in jails are incarcerated for just a few days and/or are released earlier than anticipated.
    - ***Mitigation Approach:*** In situations where a warm handoff cannot occur prior to release, HCA will require that a warm handoff occur within one-week post-release, which will include sharing of the reentry care plan and other information about the individual's

needs and services with the post-release case manager. HCA will recommend that the pre- and post-release case managers meet with the individual in the community, if possible. HCA will further describe expectations for warm handoffs in short stay situations in the Policy & Operational Guide.

SMDL Milestone 4: Connecting to services available post-release to meet the needs of the reentering population.

15. Describe the state's plan for monitoring that contact between the reentering individuals and the case managers occurs within an appropriate timeframe. Include in the description the state's plan for ensuring ongoing case management.

    As described in SMDL Milestone 3, the pre- and post-release case managers will play a critical role in facilitating connections to post-release care, including monitoring the individual to ensure that they are able to connect with post-release service providers and access needed services. Prior to release, the care plan will be reviewed during the warm handoff meeting between the individual, pre-release case manager and post-release case manager. In the immediate post-release period, the post-release case manager is required to provide ongoing supports, follow-up with individuals, and coordinate with Community Hub to address the individual's HRSN needs.

    In addition, HCA will require participating facilities to submit interim and final progress reports, which will require details on how the facility supports the pre- and post-release case managers in facilitating warm handoffs prior to release. HCA will also require managed care plans and Community Hub to submit regular case management-related reports describing implementation progress, challenges, and technical assistance needs. Reports will include an HCA-defined set of metrics that provide further insight into implementation progress and outcomes (e.g., state-developed criminal justice performance measures measuring quality health outcomes, average time between the individual's release and engagement with a post-release case manager).

16. Describe any challenges not already described in the milestone 4 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

    - **Challenge:** As noted in SMDL Milestone 3, some facilities already have varying levels of case management services and staff available to incarcerated individuals prior to release. Facilities will need to adapt their existing processes to align with Demonstration requirements and support warm handoffs to post-release case management.
        - ***Mitigation Approach:*** HCA's Capacity Building funding process allows carceral facilities to use Capacity Building funds to support the strengthening of the workforce and the development and implementation of protocols and procedures to support the care planning and warm handoff process.

SMDL Milestone 5: Ensuring cross-system collaboration.

17. Describe the system/s the state Medicaid agency and participating facilities will employ (for example, a data exchange, with requisite data-sharing agreements) to allow the state Medicaid agency to monitor individuals' access to and receipt of needed health care and HRSN (if applicable), both pre-

and post-release. Include in the description any anticipated data challenges and potential solutions, as well as details of the data-sharing agreements.

Carceral facilities, managed care plans and other implementation partners will need to establish new or enhanced information sharing processes to ensure effective reentry planning, including:

- **Sharing of inmate rosters and release dates:** Currently, the majority of facilities already have data exchange protocols and technological applications in place to share this information with HCA. HCA intends to leverage Washington's Jail Booking Reporting System (JBRS) utilized by jail facilities and the Offender Management Network Information (OMNI) used by Washington's Department of Corrections that provide carceral status and release date. HCA is actively engaging remaining facilities that lack technological infrastructure to these existing exchange systems to develop strategies to exchange this information to effectuate suspension/unsuspension and service delivery.
- **Sharing of care plans:** Pre-release case managers will need to exchange care plans and related information with post-release case managers and other partners (e.g., post-release service providers, MCOs). HCA is actively working with facilities to identify existing IT infrastructure and outstanding investment needs to address these challenges. Where needed, facilities and case managers will establish manual processes to exchange this information to support reentry.
- **Claims processing:** Most participating facilities lack experience with submitting Apple Health claims, so HCA is procuring a Third-Party Administrator to work directly with facilities to establish systems and processes to submit and process claims. The vendor will also provide direct technical assistance to facilities to support them in navigating the claims submission process.

In addition, HCA will establish a process to monitor the health care needs and HRSNs of individuals who are exiting carceral facilities, as well as overall implementation and impact of the Demonstration, in alignment with Federal and State monitoring priorities. Per the Demonstration requirements, HCA will submit to CMS a Monitoring Protocol after CMS releases the template to states. HCA will also produce Quarterly and Annual Monitoring Reports throughout the duration of the Demonstration and execute any necessary data sharing agreements with facilities and other implementation partners to gather needed data to support monitoring activities.

HCA's monitoring approach will include:

- **Robust implementation partner engagement.** HCA will engage carceral facilities and other partners to identify potential quality-of-care and health outcomes measures, in alignment with CMS guidance on the Health Equity Measure Slate. HCA will also consult with implementation partners to advise on anticipated data challenges related to the measures and mitigation strategies.

- **Capacity Building funding to support data infrastructure development.** HCA will provide Capacity Building program funding to carceral agencies/facilities to support needed IT investments, including implementation of case management technology and upgrading existing case management or Medicaid billing systems, which will support overall reporting and monitoring efforts.

- **Claims-based and Standardized reporting on key measures for each implementation milestone.** HCA will monitor individuals' access to and receipt of needed health care and HRSN services via claims-based monitoring of delivered services. Additionally, carceral

facilities will be asked to independently report on their provision of services, which may include:

- Number of individuals screened and enrolled in Medicaid, including applications submitted and denial/decline rates.
- Length of time that individuals receive pre-release services.
- Utilization of applicable pre-release services, such as: case management, medications for substance use disorder, physical or behavioral health consultations, laboratory and radiology services, and community-health worker services.
- The number of participants who received case management pre-release services and were enrolled in case management post-release.
- Utilization of post-release services, such as behavioral health and preventive care, emergency department visits and inpatient stays for serious mental illness.
- Outcomes measures (e.g., chronic condition management indicators).

18. Engagement of key entities:
    - Specify the types of key entities (e.g., correctional systems, community supervision entities, health care providers, managed care organizations, supported employment and supported housing agencies, etc.) the state intends to include in existing and future engagement for this demonstration.

    Implementation of Washington's Demonstration requires engagement and coordination across numerous entities and communities to ensure that Demonstration goals are achieved, including:

    - **Carceral facilities**, including state prisons, local jails, tribal jails, and youth correctional facilities.
    - **Medicaid managed care plans,** including Community Health Plan of Washington, Coordinated Care, Molina Healthcare of Washington, UnitedHealthcare Community Plan, and Wellpoint Washington.
    - **Community-based providers**, including pre- and post-release case management organizations, health care providers, and social services providers (e.g., housing agencies, employment providers).
    - **Third Party Administrator,** which HCA is procuring and will provide technical assistance and claims processing support for participating facilities.
    - **Post-release community organizations,** including Accountable Communities of Health and the Community/Native Hubs.
    - **Post-release supervision entities**, including local probation agencies.
    - **Tribal organizations** to provide input and feedback on Demonstration services delivered to tribal members.
    - **Individuals with lived experience** to provide input and feedback on Demonstration services.

- Describe the plan for the organizational level engagement, coordination, and communication between the state and the entities listed above.

  Shortly after CMS' approval of Washington's Demonstration, HCA formed a Reentry Initiative Steering Committee to coordinate planning and implementation. The Committee, currently comprised of team members from HCA, meets weekly and includes participation from senior leadership within HCA and other agencies, as needed.

  HCA has also established several forums for engaging with external implementation partners to communicate Demonstration requirements, gather feedback on emerging design decisions, and address questions. These forums include the following:

  - **Reentry Advisory Workgroup (RAW):** Formed in 2021 in response to SB 5304 and HB 1348, which directed HCA to suspend Medicaid coverage for individuals in carceral institutions. The RAW meets on a quarterly basis and includes participation from state and local carceral agencies and advises HCA on key policy and operational decisions that impact justice-involved individuals.
  - **Taking Action for Healthier Communities (TAHC) Task Force:** Originally launched under the MTP 2.0 Demonstration, the TAHC task force has evolved to include a focus on reentry-related issues. The task force meets in-person and includes participation from Accountable Communities of Health (ACHs), managed care plans, and state agencies.
  - **Implementation Workgroups**: In early 2024, HCA launched an implementation workgroup with the DOC and the DCYF to provide input on the planning and implementation of the Demonstration. HCA will form additional implementation workgroups throughout the year to engage in implementation planning with other facilities, including jails, tribal jails, and youth correctional facilities.
  - **One-on-One Facility Engagement:** As facilities submit letters of intent to participate in the Demonstration, HCA is establishing a regular cadence of one-on-one meetings with participating facilities to further assess implementation readiness, address facility questions, and provide direct technical assistance.
  - **Implementation Learning Webinars:** HCA is planning a series of public-facing learning webinars for implementation partners to provide additional guidance on Demonstration requirements and expectations, with a focus on key topics such as: client eligibility and enrollment, provider enrollment, and service delivery.

19. Describe the state's strategies for improving awareness about, and providing education on, Medicaid coverage and health care access among various stakeholders (e.g., individuals who are incarcerated, community supervision agencies, corrections institutions, health care providers, etc.).
    HCA has numerous existing forums that are used to engage with carceral facilities, managed care plans, ACHs, and other partners on opportunities to increase awareness and education about Medicaid coverage and health care. ACHs engage individuals with lived experience to perform outreach and assistance to county jails to provide connections to HRSN services.

Through the Demonstration, HCA will release guidance and resources for implementation partners on approaches to reentry that will improve awareness and education about Medicaid coverage and health care access, which will include:

- **Policy & Operational Guide** that will provide detailed guidance on expectations for communicating with justice-involved individuals, other implementation partners, or tribal nations on Medicaid coverage and access.
- **Formal direction to Medicaid managed care plans** describing expectations for their role in communicating with justice-involved members.
- **Updates to the Medicaid provider manual**, as needed.
- **Informal guidance** from HCA regarding the Demonstration, which HCA will announce through existing forums, as well as press releases, newsletters, social media, ACHs, and other distribution channels.

20. Describe any challenges not already described in the milestone 5 items above that the state anticipates in meeting this milestone. For each challenge, describe the actions needed to overcome the challenge, as well as the associated timelines.

Engagement of Key Entities & Community Members

- **Challenge:** Facilities are not required to participate in the Demonstration and, as such, HCA will rely on facilities opting to participate.
    - ***Mitigation Approach:*** HCA will continue to regularly and frequently engage with carceral agencies/facilities to provide information about the opportunity to participate in the Demonstration, including the opportunity to leverage Medicaid funding to support pre-release services and Capacity Building funding to support planning and implementation activities. HCA has seen high interest in the Reentry Demonstration to-date, with the majority of carceral facilities in the state joining the Initiative's Cohort 1.
- **Challenge:** Fostering coordination and collaboration across carceral, health care, managed care, and other implementation partners will, in many cases, require new relationships and lines of communication to be established.
    - ***Mitigation Approach:*** HCA will use Capacity Building funding to support carceral agencies/facilities in establishing processes to collaborate and communicate with implementation partners. HCA will also coordinate several stakeholder forums (e.g., TAHC) to collaborate statewide, which will complement efforts at the local level. ACHs will also play a significant role in facilitating connections between implementation partners and communities.

Reducing Health Disparities

21. Describe the state's strategies to drive positive changes in health care quality for all beneficiaries through the reentry demonstration, thereby reducing health disparities, and address how the strategies

will be integrated and how the state will meaningfully involve the population of focus into the demonstration implementation and the approach for monitoring and evaluation.

Standardizing the delivery of health care services to individuals in a carceral setting will assist in addressing health needs and reducing disparities. As described in SMDL Milestone 5, HCA will develop a robust monitoring and reporting process to assess implementation progress, service access and utilization, and individual outcomes. These activities will be critical to ensure that implementation partners are held accountable for driving positive changes in service access and quality, as well as reducing health disparities. HCA will continuously engage implementation partners and individuals with lived experience to inform the monitoring strategy, as well as strategies to address health disparities.

Reinvestment Plan

22. Describe the state's plan for reinvesting the total amount of federal matching funds received under the demonstration for any existing carceral health care services that are currently funded with state and/or local dollars. If the state already submitted this plan separately, please indicate this below.

    The state submitted its Reentry Initiative Reinvestment Plan to CMS on December 15, 2023, which analyzed the level of reinvestment needed per CMS requirements. Based on the analysis, HCA anticipates that the level of total planned investments in new services ($57,269,964) and the state share of the Reentry Capacity Building Program ($151,962,500) will exceed the level of required reinvestment associated with existing services ($53,528,237). Therefore, HCA does not project any excess required reinvestment.

Consolidated Appropriations Act Population

23. ☒ The state attests to complying with all requirements outlined in section 5121 of the CAA by including the population in the section 1115 demonstration.

    - If the state plans to partially cover the required population and services of the CAA as part of the section 1115 demonstration, please describe what populations and services will be included here:

      HCA intends to implement 5121 services July 2025 using Demonstration authority for the pre-release services.

24. ☒ The state attests to covering all or a portion of the optional CAA population outlined in section 5122 of the CAA by including the population in the section 1115 demonstration.

    - If the state plans to partially cover the optional population and services of the CAA as part of the section 1115 demonstration, please describe what populations and services will be included here:

      HCA intends to implement 5122 services using Demonstration authority for the pre-release services that overlap with 5122 services and use state plan amendment authority for the remaining services not covered by the Demonstration. The 5122 services will be available to facilities beginning July 1, 2025, with the support of the Demonstration and state plan amendment authority. For facilities not participating or not yet participating in

the Demonstration, coverage will be statewide through the authority of the state plan amendment.

- Additional Service for CAA-Eligible Youth Post-Adjudication (CAA 5121): Screening and diagnostic services for CAA-eligible children and youth supported by the Section 1115 Demonstration's approved "clinical consultation services"): State Plan authority

- Additional Services for CAA-Eligible Youth Pre-Adjudication (CAA 5122): Full Apple Health benefits, including all other Medicaid and CHIP services—not covered by the Demonstration—consistent with an enrollee's benefit package while the individual remains in pre-adjudication status. Also, full Apple Health benefits include any pre-adjudication services that are delivered outside of the Demonstration's 90-day duration for pre-release services. Implementation of Section 5122 includes all Washington State carceral facilities that serve the CAA population irrespective of participation in the Demonstration or achieving the Demonstration's readiness criteria. The 5122 services will be available to facilities beginning July 1, 2025. The services will be provided under State Plan authority through managed care organizations (MCOs) for enrollees enrolled in managed care and through fee-for-service coverage for client's who are not enrolled in managed care: State Plan Authority

25. Describe the state's internal operational plan for CAA populations and services that do not overlap with the section 1115 demonstration. The internal operational plan should include all the requirements outlined in "Section 5121 of the CAA, 2023 Internal Operational Plan" of the State Health Official Letter (SHO) #24-004.[1] If the state has already submitted this plan separately, please indicate below. Not applicable

[1] SHO# 24-004, "Provision of Medicaid and CHIP Services to Incarcerated Youth," is available in full here: https://www.medicaid.gov/federal-policy-guidance/downloads/sho24004.pdf.

Appendix A: Reentry Implementation Phase-in Approach Template

If a state is intending to phase-in additional pre-release services, provide the information below regarding the services in each Service Level, the number of facilities anticipated to provide each Service Level, the associated timeline for implementation, and any challenges and/or barriers that facilities may experience in providing a service/s or Service Level/s.

Service Level Description

1. In Table 1 below, provide the services included in each Service Level. Add more rows as necessary.

Table 1: Services in each service level.

Service Level	Services included in the Service Level
1 (Minimum benefit package)	• Case management to assess and address physical and behavioral health needs, and health-related social needs (HRSN): Reentry Waiver Authority, Targeted Case Management State Plan and Medicaid managed care contract authority • Medication-assisted treatment (MAT) for all types of substance use disorder (SUD) as clinically appropriate with accompanying counseling: State Plan authority • 30-day supply of medication (as clinically appropriate based on the medication dispensed and the indication) provided to the beneficiary immediately upon release: State Plan authority • CAA 5121: Screening and diagnostic services for CAA-eligible children and youth supported by the Demonstration's approved "clinical consultation services": State Plan authority • CAA 5122: Full Apple Health benefits for CAA-eligible children and youth while the individual remains in pre-adjudication status: State Plan Authority
2 (Optional services)	• Clinical assessment and evaluation for adults, including screening, evaluation, and diagnosis services • Pre-release medications, including all medications on the Apple Health pharmacy drug list • Laboratory services defined in the Medicaid benefit package • Radiology services defined in the Medicaid benefit package • Community Health Worker services to identify social service needs and make referrals to post-release services • Medical equipment and supplies at release, such as vision hardware and prosthetic/orthotic devices

2. Describe any anticipated challenges and/or barriers experienced by state prisons and other participating facilities in providing a service/s or service level/s.

   - **Challenge:** Correctional facilities vary widely in the scope of pre-release services that they provide. Many facilities provide these services with internal correctional staff who lack experience with Medicaid billing processes. As such, many facilities will need to expand their service delivery capacity and/or create new capacity to deliver the minimum services and any optional services they elect to provide.
     - ***Mitigation Approach:*** As noted previously, HCA will provide robust technical assistance support to facilities to educate them on the requirements for each pre-release service, as well as support them in planning to implement services. HCA will also provide Capacity Building funding to participating facilities to support them in planning and implementing the services. For optional services, HCA will permit facilities to select services on an a la carte basis as they demonstrate readiness to support selected services. This approach will provide maximum flexibility to facilities, while ensuring that facilities demonstrate full readiness to support optional services before going live with them.

Service Level Information by Facility Type

3. In Table 2 below, provide the requested information regarding the number of facilities anticipated to provide each service level, by facility type and demonstration year. Indicate the demonstration year (DY) for implementation, as well as the DYs following implementation, in the table, adding service level columns and types of facility rows as needed.

4. Describe any anticipated challenges and/or barriers experienced by facilities in providing a service/s or service level/s.

   HCA has identified the following challenges that it anticipates correctional facilities will experience and is currently working with facilities to develop mitigation strategies:
   - Enrolling as Medicaid providers and setting up new billing and claiming processes
   - Understanding the Medicaid program, which is new to the correctional facilities
   - Establishing new Medicaid eligibility and enrollment processes
   - Building new information sharing processes with pre- and post-release case managers

Table 2: By service level, total number of facilities, number of facilities anticipated to offer service level/s at implementation, and number of facilities anticipated to implement service level/s by DY.

Note: Below is a summary of the estimated number of facilities by type that will participate in the Demonstration. All participating facilities must support Service Level 1 (minimum benefit package), but HCA does not yet know which facilities will be able to provide additional, optional service levels by Demonstration Year.

		Service Level 1 (Minimum Benefit Package)	**Service Level 2**	**Service Level 3**	**Service Level 4**
State Prisons	Planned number of facilities offering each service level	***11***			
	Number of facilities anticipated to offer service level at implementation (during DY 8)				
	Number of facilities anticipated to implement service level, by DY				
	DY 9				
	DY 10	**7**			
	DY 11	**4**			
	DY 12				
County/Local Jails	Planned number of facilities offering each service level	**33**			
	Number of facilities anticipated to offer service level at implementation (during DY 8)				
	Number of facilities anticipated to implement service level, by DY				
	DY 9				
	DY 10	**25**			
	DY 11	**8**			
	DY 12				
Tribal Jails	Planned number of facilities offering each service level	**2**			

		Service Level 1 (Minimum Benefit Package)	Service Level 2	Service Level 3	Service Level 4
	Number of facilities anticipated to offer service level at implementation (during DY 8)				
	Number of facilities anticipated to implement service level, by DY				
	DY 9				
	DY 10	**1**			
	DY 11	**1**			
	DY 12				
Youth Correctional Facilities	Planned number of facilities offering each service level	**8**			
	Number of facilities offering service level at implementation (during DY 8)				
	Number of facilities anticipated to implement service level, by DY				
	DY 9				
	DY 10	**7**			
	DY 11	**1**			
	DY 12				