Washington State Health Care Authority

Reentry Demonstration Initiative

FAQ for carceral facilities

This document answers frequently asked questions (FAQ) from carceral (incarceration) facilities interested or participating in the Reentry Initiative. Questions are grouped by topic.

Billing

1. **How will facilities bill for provided services?**

   Facilities and providers will bill the state for services provided to fee-for-service (FFS) Medicaid clients. Facilities will bill managed care organizations (MCOs) for services provided to managed care clients. The third-party administrator (TPA) will be available to assist facilities and providers with billing the state and MCOs.

2. **Will credentialing or licensure be needed for facilities and providers to bill for services?**

   The Health Care Authority (HCA) is currently identifying licensure and/or credentialing requirements for providers who serve incarcerated clients. HCA plans to implement a team-based approach to providing holistic care that will include licensed and unlicensed staff.

3. **Is there an estimate of what the monthly benefit will be?**

   HCA is currently working on an estimate and does not have that information yet.

4. **How will facilities receive reimbursement for FFS clients?**

   Facilities will receive FFS reimbursement from Apple Health (Medicaid) for FFS Medicaid clients.

5. **When will a detailed list of covered services and the associated fee schedule be available? Which provider credentials will be required to bill for a certain service?**

   Additional details on the targeted pre-release services will be available in fall 2024. Detailed information will include the provider types that are eligible to bill for each service.

6. **Can facilities bill for the time that nurses spend administering medications, especially buprenorphine?**

   HCA is currently working on guidance for facilities regarding carceral-facility specific medication administration scenarios. Medicaid will pay for the medication itself.

7. **What would the billable service look like for community health workers (CHWs), who do a variety of tasks?**

   HCA is currently developing a separate billing code for CHWs.

8. **How can I navigate the fee schedule to identify the most likely and commonly used services?**

   HCA is still in the process of developing the fee schedule for these services. HCA also plans to procure a TPA to be available to help facilities with billing operations, if desired. Please email HCA at HCAReentryDemonstrationProject@hca.wa.gov with specific questions.

9. **What are the expected top billable services?**

   We anticipate care management and medications for opioid use disorder (MOUD) treatment to be the top billable services.

Technology & electronic health records (EHRs)

1. **When will HCA provide IT infrastructure funding for facilities?**

   Facilities will receive 50 percent of the IT infrastructure after submission and acceptance of both their:

   - Milestone 2 – Capacity Plan
   - Milestone 3 – Readiness Review

2. **What are the EHR requirements of participating facilities? Do they have to adopt HCA's Health Care Management and Coordination System (HCMACS)?**

   HCA's goal is for every facility to have an EHR, including a Medicaid billing module. For facilities that have an existing EHR and don't want to switch to the HCMACS solution, IT infrastructure funds can support the implementation of a Medicaid billing module. Non-HCMACS solutions may not be able to share patient information with other EHR types.

   Note: A facility doesn't need to switch to HCMACS and can continue to use their EHR if they have or are able to implement a Medicaid billing module.

3. **If our facility decides to switch to HCMACS, can we import medical records from our current EHR?**

   Medical records can be imported into HCMACS. Facilities will be required to pay for the importation of any records. Additional details on this cost and other non-covered EHR implementation costs will be available in fall 2024.

4. **If we migrate to HCMACS, can other providers view medical records from our facility?**

   Health care providers (including facilities) with access to HCMACS will be able to see all medical records in HCMACS for clients for which they provide care.

5. **Would a facility need to contract directly with the HCMACS vendor?**

   No. HCA will lead the procurement and work with participating facilities to provide access to HCMACS.

6. **Will HCMACS become obsolete?**

   No. HCA is purchasing a perpetual license, and we anticipate frequent updates to the system to keep it current.

7. **Is there a list of EHR software programs that work for Medicaid billing?**

   A list of Medicaid billing modules is not currently available. Facilities **not interested** in transitioning to HCMACS should reach out to HCA to discuss options for implementing a Medicaid billing module. Contact us at HCAReentryDemonstrationProject@hca.wa.gov.

Pharmacy, treatment, & services

1. **The guidelines say that "services must be provided to every releasing Medicaid client"—but does this mean every Medicaid client booked into the jail—or people who meet certain criteria?**

   For instance, people who report or are assessed to have opioid use disorder (OUD) at the time of booking are required to receive services.

   The suite of pre-release services must be made available to every **Medicaid-eligible individual** prior to release. Not all services will be medically appropriate for each member. Certain services, such as case management, may be. MCOs and the TPA are responsible for assisting facilities in developing their provider networks and providing services to clients.

2. **Is there a list of services that Medicaid will reimburse, such as suboxone?**

   At a high level, the three required and four optional services will be reimbursed. Additional details on the targeted pre-release services covered by this initiative will be available in fall 2024.

3. **Are facilities required to provide 90 days of services? What if a client is released prior to 90 days?**

   Services will begin upon arrival for most incarcerated individuals. There is no punitive action for not providing a full 90 days of services to a client. The goal is to:

   - Provide 90 days of services for individuals who will be in a facility for more than 90 days.
   - Start services when an individual may have a stay of less than 90 days.

4. **Which pre-release services are mandatory for facilities to provide?**

   Mandatory services include:

   - Case management
   - Medications for alcohol use disorder (AUD) and OUD
   - 30-day supply of medications and medical supplies at release

5. **Which pre-release services are optional?**

   Optional services include:

   - Medications during the pre-release period
   - Lab and radiology
   - Services by community health workers with lived experience
   - Physical and behavioral clinical consultations

6. **How will facilities access MOUD and mental health services?**

   MCOs and the TPA will work with each facility to identify an appropriate provider network for each service.

7. **Do covered services include mental health treatment?**

   Yes, behavioral health services, including mental health services, are eligible for reimbursement through this initiative.

8. **Does the initiative replace MOUD programs in jails?**

   No, the initiative will build on existing programs and should not replace existing MOUD programs.

9. **What happens if there isn't a pharmacy available 24/7 in a facility?**

   If a pharmacy isn't available 24 hours a day, seven days a week and people are released when pharmacies are closed, the facility is not in compliance. Facilities need to determine and implement a solution, such as contracting with a third-party.

10. **Does "pharmacy for everybody upon release" mean the whole jail?**

    Yes, it means providing a full-pharmacy benefit for all Medicaid-eligible individuals, not just those with MOUD or AUD.

11. **How can a facility provide pharmacy services when a person's release time doesn't match the time pharmacies are open?**

    There are some basics that may need to change. This includes matching the release time to the time the pharmacies are open—or have pharmacies be open longer.

12. **Can community-based providers offer targeted pre-release services within carceral facilities or via telehealth?**

    Absolutely. We hope that carceral facilities will work with community-based providers to offer these services. Facilities will need to work with these providers to identify how clients will access providers either in-person or virtually for the provision of care.

13. **Is there any flexibility for the targeted pre-release services to include non-emergency medical transport to see a health care provider?**

    No, non-emergency medical transportation is not an authorized benefit under MTP's special terms and conditions (STCs). According to STC 14.4, "Pre-release services will be provided at state prisons, county or city jails, and youth correctional facilities, or outside of the correctional facility with **appropriate transportation and security oversight provided by the carceral facility**…"

Funding

1. **Will capacity building funding go through Accountable Communities of Health (ACHs) to carceral facilities?**

   No. HCA will provide capacity building funding directly to carceral facilities.

2. **Can facilities use capacity building funds for reconstruction?**

   No, facilities cannot use capacity building funds for building, construction, or refurbishment. However, they can use funding to support accommodations for service delivery (e.g., movable walls, desks/chairs).

3. **Is there a minimum amount of funding for which jails can apply?**

   There is no minimum funding amount. Please reach out to HCA at HCAReentryDemonstrationProject@hca.wa.gov to discuss your facility's needs and budget.

Operations & general questions

1. **When does the Reentry Initiative end?**

   CMS approved the Reentry Demonstration Initiative—which is part of the Medicaid Transformation Project (MTP), Washington State's Section 1115 Medicaid demonstration wavier—**through June 30, 2028.** Because this program is a demonstration, the state has funding to pay for targeted pre-release services through June 30, 2028. After June 30, 2028, the state will need to identify a new funding solution to continue to pay for these services.

2. **Are individuals incarcerated in a Washington State facility but not state residents counted as part of the daily population? Would these individuals be eligible to receive pre-release services?**

   The daily population is a rough estimate, and individuals who are not eligible for pre-release services can be counted for this estimate. However, these individuals would not be eligible for pre-release services because they are not Washington State residents. To receive services, a person must be a state resident and enrolled in or eligible for Apple Health.

3. **If some Washington State facilities contract with out-of-state facilities for some of their populations, will those contracted facilities be eligible for pre-release services?**

   Only facilities in Washington State are eligible to participate in the Reentry Initiative and pre-release services.

4. **Will HCA provide individual contracts to facilities to review before signing a final participation contract?**

   Yes, HCA is developing individual contracts for each participating facility. As we get closer to the cohort start dates, facilities will receive formal contracts for review before moving forward with the initiative.

5. **Can an Intent to Participate form be submitted, even if the facility isn't ready for Cohort 1 (which launches July 1, 2025)?**

   Yes, we encourage facilities to submit their form sooner rather than later, even if they aren't ready for Cohort 1. Cohorts 2 and 3 launch at later dates.