

Washington's Reentry Initiative

Overview & call for carceral facility participation

The Reentry Demonstration Initiative (Reentry Initiative) is a new Apple Health (Medicaid) initiative under the Medicaid Transformation Project (MTP).¹ It provides essential, pre-release services for individuals leaving incarceration. Under this initiative, incarcerated individuals who are Apple Health-eligible will receive a set of services up to 90 days before their release.

These services will ensure a person's health and successful reentry to their community.

The Health Care Authority (HCA) invites carceral (incarceration) facilities to participate in this initiative.

What are the goals of the Reentry Initiative?

Through this initiative, we aim to:

- Prepare people for a successful transition and reentry into their community and help them live their healthiest life.
- Improve health outcomes and reduce recidivism (re-offense), emergency department visits, overdoses, and death.
- Support substance use disorder and recovery and target infectious diseases like Hepatitis C before a person's release.
- Stabilize and treat other conditions before a person's release, so they can reenter their community as healthy as possible.

What's included in the initiative?

This initiative will support and fund the delivery of targeted pre-release services to Apple Health-eligible adults and youth in state prisons, jails, and youth carceral facilities.

HCA will require facilities to support the **first three targeted pre-release services** below. The remaining four services are optional, and facilities may implement them individually.

1. **Case management**
2. **Medications for alcohol and opioid use disorder**
3. **30-day supply of medications and medical supplies at release**
4. Medications during the pre-release period
5. Lab and radiology
6. Services by community health workers with lived experience
7. Physical and behavioral clinical consultations

Which activities will a facility perform?

Facilities that choose to participate in the initiative are responsible for:

- Meeting cohort milestones (described below)
- Ensuring that a client receives targeted pre-release services
- Adopting an electronic health record (EHR) that supports communication with community providers and Medicaid billing

¹ MTP is Washington State's Section 1115 Medicaid demonstration waiver. The Reentry Initiative is an initiative within MTP.

When will the Reentry Initiative start or go-live?

The initiative will launch at different times for participating facilities. **The first cohort**—the first group of carceral facilities implementing the Reentry Initiative—**will launch and start billing Medicaid on July 1, 2025.**

What resources will a facility receive to participate?

HCA received authorization to distribute up to \$303 million in capacity building funding to eligible carceral facilities.² This funding will support planning and implementation of the initiative. To receive funding, interested facilities must submit an Intent to Participate to HCA.

What's in the Intent to Participate?

This is a document that facilities will submit to HCA to confirm their participation in the initiative. It also serves as the first milestone for facilities to complete, which initiates funding.

In the [Intent to Participate](#), participating facilities will also choose which cohort they will go-live with. **Facilities that want to go live July 1, 2025, should submit their Intent to Participate to HCA by June 1, 2024.**

Submitting this document signals a facility's:

- Agreement to participate in the initiative
- Completion of Milestone 1 (fill out and submit the Intent to Participate)
- Ability to receive capacity building funding
- Willingness and ability to be set up in the Financial Executor Portal, where funds are available

What does HCA require of facilities to participate?

Participation in the initiative is voluntary, and facilities will go-live with one of three cohorts, based on a facility's readiness. Facilities must meet the following milestones to participate:

1. Submit an [Intent to Participate](#), which includes the facility's selection of a cohort.
2. Complete a **Capacity Building Application**, which includes an Implementation Plan. This plan describes how the facility will support pre-release services and a detailed budget that:
 - Covers planned expenses
 - Requests capacity building funding
3. Complete a **Readiness Assessment** attesting to the facility's current and/or planned readiness to support pre-release services. HCA will provide a template for the assessment and review and approve submitted assessments for the facility prior to go-live.
4. Submit **Interim Progress Report** on initial implementation progress.
5. Submit **Final Progress Report** on overall implementation progress and outcomes.

Table 1: Reentry Initiative cohorts, milestones, and timing

	1) Intent to Participate	2) Implement. Plan	3) Readiness Assessment	Go-live with pre-release services	4) Interim Progress Report	5) Final Progress Report
Cohort 1	June 1, 2024	Oct. 1, 2024	March 1, 2025	July 1, 2025	May 1, 2026	Oct. 1, 2026
Cohort 2	Nov. 1, 2024	April 1, 2025	Sept. 1, 2025	Jan. 1, 2026	Dec. 1, 2026	May 1, 2027
Cohort 3	May 1, 2025	Oct. 1, 2025	March 1, 2026	July 1, 2026	May 1, 2027	Oct. 1, 2027

² Eligible facilities include state prisons operated by the Department of Corrections (DOC), city- and county-operated adult jails and youth correctional facilities, youth correctional facilities operated by the Department of Children, Youth and Families (DCYF), and Tribal jails. Correctional agencies that oversee multiple facilities (e.g., DOC) may complete each milestone at the agency level on behalf of all facilities.

What support will participating facilities receive?

Pre-release care management and administrative support

To ease the burden for participating facilities, HCA intends to solicit a statewide third-party administrator (TPA) to provide implementation support, including:

- Pre-release case management
- Specific administrative support, such as:
 - Medicaid eligibility screening and application support for clients
 - Medicaid enrollment and billing support for providers and facilities
 - Technical assistance on provider enrollment and network development for other pre-release services

Capacity Building Program funding

HCA will provide capacity building funding to facilities to support the planning for and implementation of the initiative. Eligible uses of the funding are [available in Appendix A](#).

- IT infrastructure funding to support systems changes for data exchange, access to virtual health services, and other IT needs.
- Reentry planning and implementation funding to support planning expenses, such as the:
 - Development of process changes, protocols, and procedures for implementation
 - Hiring and training of staff.³

Note: Maximum funding for reentry planning and implementation will vary by facility size, based on their average daily population. The maximum IT infrastructure funding will be \$1 million for each participating facility.⁴

Table 2: Maximum funding by facility

Facility tier (based on average daily population)	Total capacity building funding per facility	Total IT infrastructure funding per facility	Total funding per facility
Tier 1 (1-49)	\$1,000,000	\$1,000,000	\$2,000,000
Tier 2 (50-249)	\$1,250,000	\$1,000,000	\$2,250,000
Tier 3 (250-1,000)	\$1,500,000	\$1,000,000	\$2,500,000
Tier 4 (More than 1,000)	\$1,750,000	\$1,000,000	\$2,750,000

Participating facilities will receive capacity building funding upon completing the planning and implementation milestones on the next page.

³ Expenditures may not include building, construction, or refurbishment of facilities.

⁴ Maximum amounts for reentry planning and implementation funding tiers are based on average daily population count for the prior calendar year. We use [American Jail Association](#) tier definitions.

Table 3: Milestones

Milestones	Capacity building funding	IT funding	Timing for Cohort 1
Planning Milestones BEFORE go-live with pre-release services			
1) Intent to Participate submission	10% of total capacity building funding upon submission: <ul style="list-style-type: none"> Tier 1 (1-49): \$100,000 Tier 2 (50-249): \$125,000 Tier 3 (250-1,000): \$150,000 Tier 4 (more than 1,000): \$175,000 	N/A	Due date: June 1, 2024 Funding paid: July 2024 ⁵
2) Capacity Building Application submission and approval⁶	Up to 40% of total capacity building funding upon approval: <ul style="list-style-type: none"> Tier 1 (1-49): Up to \$400,000 Tier 2 (50-249): Up to \$500,000 Tier 3 (250-1,000): Up to \$600,000 Tier 4 (more than 1,000): Up to \$700,000 	Up to \$500,000 upon approval of the application	Due date: October 1, 2024 Funding paid: December 2024
3) Readiness Assessment submission and approval	Up to 40% of total capacity building funding upon approval: <ul style="list-style-type: none"> Tier 1 (1-49): Up to \$400,000 Tier 2 (50-249): Up to \$500,000 Tier 3 (250-1,000): Up to \$600,000 Tier 4 (more than 1,000): Up to \$700,000 	Up to \$500,000 upon approval of Readiness Assessment	Due date: March 1, 2025 Funding paid: July 2025
Implementation Milestones AFTER go-live with pre-release services			
4) Interim Progress Report submission	Up to 5% of total capacity building funding upon submission: <ul style="list-style-type: none"> Tier 1 (1-49): Up to \$50,000 Tier 2 (50-249): Up to \$62,500 Tier 3 (250-1,000): Up to \$75,000 Tier 4 (more than 1,000): Up to \$87,500 	N/A	Due date: May 1, 2026 Funding paid: July 2026
5) Final Progress Report submission	Up to 5% of total capacity building funding upon submission: <ul style="list-style-type: none"> Tier 1 (1-49): Up to \$50,000 Tier 2 (50-249): Up to \$62,500 Tier 3 (250-1,000): Up to \$75,000 Tier 4 (more than 1,000): Up to \$87,500 	N/A	Due date: November 1, 2026 Funding paid: January 2027

⁵ Funding of the initiative’s pre-release services that begin July 1, 2025, is contingent upon approval of an Implementation Plan, specified by the Centers for Medicare & Medicaid Services (CMS). HCA will submit an initial draft of the plan to CMS by May 1, 2024, and will likely begin discussing with federal experts soon after.

⁶ The Capacity Building Application includes an Implementation Plan and detailed budget.

Electronic health record platform support

In addition to providing IT infrastructure funding through the Capacity Building Program, HCA will give facilities the option of implementing an EHR system by participating in HCA's Health Care Management and Coordination System (HCMACS) program. HCMACS will provide facilities access to EHR software and upgrades, starting spring 2025.

What is the process for participating in the initiative?

Interested facilities should complete the Intent to Participate at their earliest convenience. **Facilities that want to participate in Cohort 1 should submit their Intent to Participate to HCA by June 1, 2024.** State agencies that oversee multiple facilities⁷ can submit an Intent to Participate at the agency level on behalf of the facilities they oversee.

Where do I get more information?

To learn more about the initiative, we invite you to:

- Attend a **Reentry Initiative Q&A webinar** on **Monday, April 29 at 11 a.m.**
- Join us for **informal, drop-in office hours** on **Monday, May 13 at 11 a.m.** and **Thursday, May 23 at 11 a.m.**

For questions, please contact our team at HCAReentryDemonstrationProject@hca.wa.gov.

⁷ DOC and DCYF.

Appendix A: Eligible uses of capacity building funding

Eligible uses of reentry planning & implementation funding

- Development of protocols and procedures.
 - Expenditures to support the preparation/execution of policies and procedures related to enrollment and suspension/unsuspension and pre-and post-release reentry navigation services.
- Additional activities to promote collaboration.
 - Expenditures for additional activities that will advance collaboration among stakeholders. This may include conferences and meetings convened with the agencies, organizations, and stakeholders involved in the initiative.
- Expenditures for planning to focus on developing processes and information sharing protocols to:
 - Identify uninsured individuals who are potentially eligible for Medicaid/ Children’s Health Insurance Program (CHIP).
 - Assist with the completion of an application.
 - Submit an application to the county social services department for coordinating suspension/unsuspension.
 - Screen for eligibility for pre-release services and reentry planning in a period for up to 90 days immediately prior to the expected date of release.
 - Deliver necessary services to eligible individuals in a period for up to 90 days immediately prior to the expected date of release and care coordination to support reentry.
 - Establish ongoing oversight and monitoring process upon implementation.
- Hiring of staff and training to:
 - Assist with the coordination of enrollment/suspension/unsuspension.
 - Provide reentry navigation services during the 90-day pre-release period, and to support reentry.
 - Provide overall guidance on how to work with justice-involved individuals effectively and appropriately.
 - Support an environment appropriate for provision of 90-day prerelease services.⁸
 - Accommodations for private space, such as correctional facility-grade moveable screen walls, desks, and chairs to conduct assessments and interviews within carceral settings.

Eligible uses of IT infrastructure funding

- Electronic interfaces for prisons, jails, and youth facilities to support enrollment/suspension.
- Enhancements to existing IT systems to create and improve data-exchange to support reentry navigation services in the 90-day pre-lease and post-release period.
- Adoption of an EHR. Any additional expenses related to upgrades—including the billing module or new platforms—not covered by HCMACS.
- Installation of audio-visual equipment or other technology to support provision of pre-release services delivered via telehealth in a period for up to 90 days immediately prior to the expected date of release and care coordination to support reentry.

⁸ Expenditures may not include building, construction, or refurbishment of facilities.