

Reentry coordination and Washington Medicaid Transformation Program 2.0 1115 Waiver Reentry Initiative

SURSAC
February 5, 2024

Today's Agenda



Medicaid 1115 MTP 2.0
Waiver- Reentry initiative



Care coordination efforts

Overview of MTP 2.0 Requests and Approvals

Aims

- ▶ Ensure equitable access to whole person care, empowering people to achieve their optimal health and wellbeing in the setting of their choice.
- ▶ Build healthier, equitable communities, with communities.
- ▶ Pay for integrated health and equitable, value-based care.

Goals

- ▶ Expand coverage and access to care, ensuring people can get the care they need.
- ▶ Advance whole-person primary, preventive, and home- and community-based care.
- ▶ Accelerate care delivery and payment innovation focused on health-related social needs.

Programs

- ▶ Justice-involved reentry initiative (new)
- ▶ Continuous Apple Health enrollment (new)
- ▶ Post-partum coverage expansion (new)
- ▶ SUD and MH IMD Services (continuing)
- ▶ MAC and TSOA (continuing)
- ▶ LTSS innovations and efficiencies (new)
- ▶ Clinical integration advancements (pending)
- ▶ Services to address health-related social needs (new)
- ▶ Foundational Community Supports (continuing)
- ▶ Health equity investments (pending)

Health-Related Social Need (HRSN) Services

- ▶ Authorizes payment to support a menu of new services:
 - ▶ Nutrition supports
 - ▶ Recuperative care and short-term post hospitalization housing
 - ▶ Housing transition navigation services
 - ▶ Rent/temporary housing for up to six months
 - ▶ Stabilization centers
 - ▶ Day habilitation programs
 - ▶ Caregiver respite services
 - ▶ Environmental accessibility and remediation adaptations
 - ▶ Case management: Community Hubs and Native Hub to pay for community-based workforce
 - ▶ Community transition services: Personal care and homemaker services, and transportation services

Foundational Community Supports

▶ Foundational Community Supports

- ▶ Supportive housing and supported employment services for Apple Health beneficiaries who have a qualifying social risk factor and a needs-based factor
- ▶ Enhancements under MTP 2.0
 - Expanded supportive housing eligibility from 18 and older to 16 and older (now consistent with employment)
 - Transition costs/housing deposits
 - Rent/temporary housing for up to six months

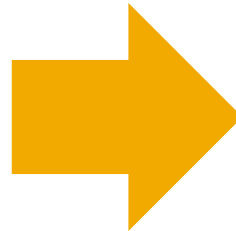
Reentry Services Initiative Vision

In June 2023, HCA received Section 1115 demonstration approval for the Reentry Services Initiative, which seeks to deliver a targeted set of services to adults and youth in state prisons, jails and youth correctional facilities in the 90 days prior to their release.



Current State

- Fragmented and inconsistent availability of services prior to release
- Limited re-entry planning and connections to post-release services
- Minimal continuity of care and medication adherence
- Poor health outcomes and high rates of recidivism, ED utilization and deaths
- Limited use of federal funding



Future State

- Delivery of targeted services 90 days prior to release to stabilize and treat common conditions
- Re-entry planning with connections and warm handoffs to post-release services
- Greater continuity of care through care coordination and access to medication pre- and post-release
- Improved health outcomes and reduced rates of recidivism, ED utilization, overdoses and death

Eligible Population and Scope of Services

Eligible Population: All Medicaid-eligible individuals within 90 days of release from a state prison, jail, or youth correctional facility (pretrial or post-conviction).

Approved Scope of Services

Mandatory:

Case management/care coordination

Medication-assisted Treatment (MAT) pre-release

For post-release: 30-day supply of medications and durable medical equipment

Secondary:

Medications during the pre-release period

Lab and radiology

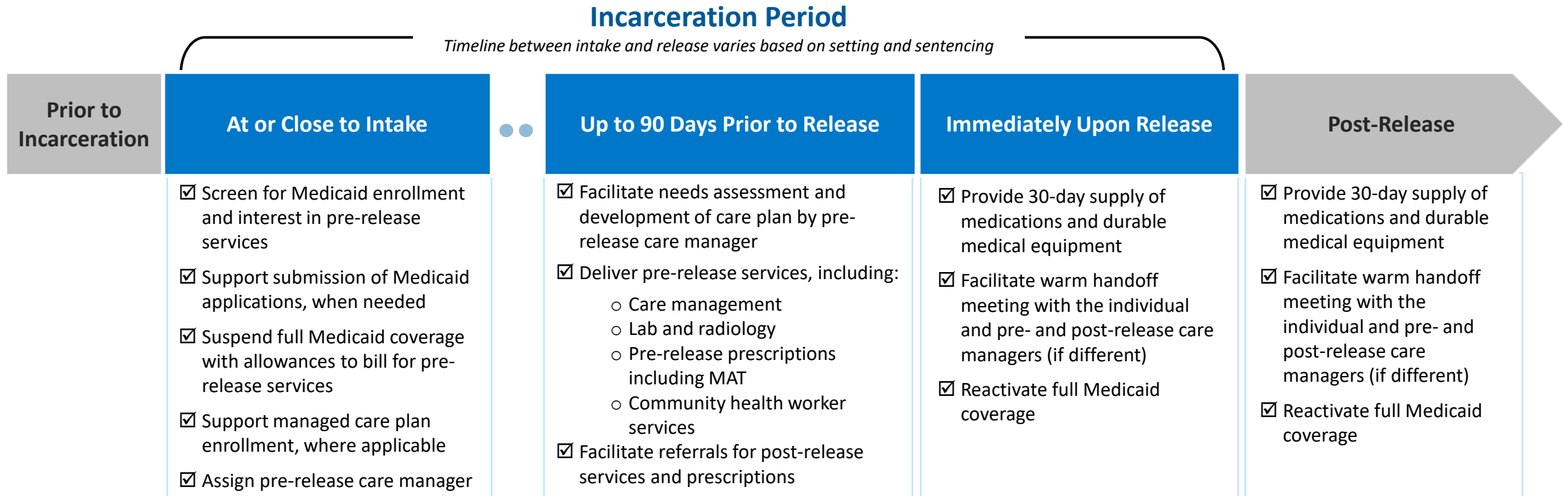
Services by community health workers

Physical and behavioral clinical consultations (as needed)

Coverage for these benefits will allow care coordination staff to:

- ▶ Assess health care needs.
- ▶ Develop re-entry care plans.
- ▶ Work with facility staff to ensure the provision of medications for opioid use disorder (OUD) and alcohol use disorder (AUD) treatment.
- ▶ Facilitate referrals and transportation to treatment following re-entry.
- ▶ Arrange for medications/durable medical equipment (DME) upon release.
- ▶ Connect individuals to supports to address health-related social needs.

Snapshot of Preliminary Reentry Initiative Approach



HCA recognizes that correctional settings pose unique challenges to delivering the full suite of pre-release services for all individuals (e.g., short stays, unpredictable release dates) and will work with facilities to develop strategies to accommodate these issues.

Capacity Building Program

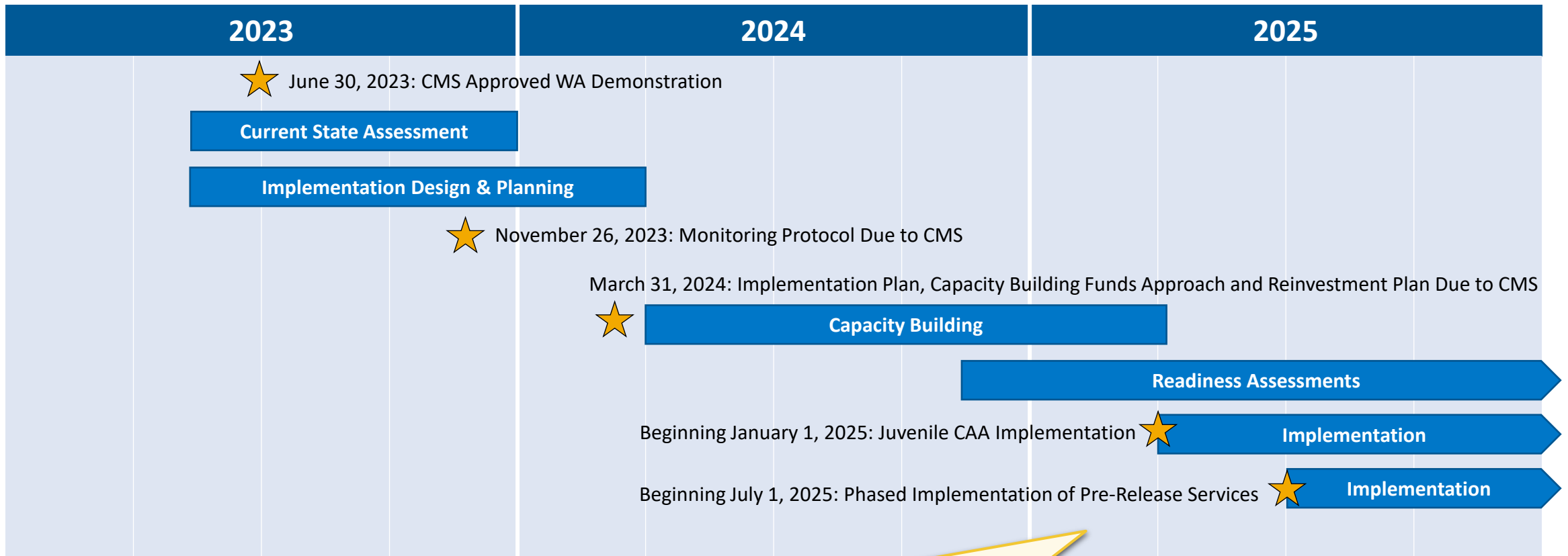
▶ To support the following activities:

- ▶ Technology and IT Services
- ▶ Hiring of Staff and Training
- ▶ Adoption of certified EHR technology
- ▶ Purchase of Billing Systems
- ▶ Development of Protocols and Procedures
- ▶ Additional Activities to Promote Collaboration
- ▶ Planning
- ▶ Other activities to support a milieu appropriate for provision of prerelease services

Assessing Readiness for Implementation

- ▶ **HCA will require correctional facilities to attest to readiness** to participate in the Initiative prior to “go-live” with pre-release services beginning on July 1, 2025.
 - ▶ Readiness assessments will cover key implementation requirements needed for successful implementation, such as Medicaid application processes and reentry planning.
- ▶ **Agencies may submit their assessments to HCA on a rolling basis prior to go-live.**
 - ▶ HCA will provide guidance on specific timelines at a later date.
- ▶ **HCA will review submissions and determine whether agencies are ready** to go-live with pre-release services.

Preliminary Implementation Timeline



- Early adopter facilities that demonstrate readiness may implement pre-release services as early as July 1, 2025.
- Facilities that require more time to demonstrate readiness will go-live in several cohorts after the initial go-live date with the timing for specific cohorts to be defined by HCA.






Interview Participants and Areas of Focus

To inform ongoing planning and design work for the Reentry Initiative, Manatt Health conducted interviews with correctional agencies, managed care organizations and Accountable Communities of Health.

Interviewed Organizations*

- ▶ Department of Corrections
- ▶ Department of Children, Youth and Families
- ▶ Washington Association of Sheriffs & Police Chiefs
- ▶ King County Jail Health Services
- ▶ Thurston County Detention Center
- ▶ ACH Transformation Alignment Workgroup, including all 9 ACHs
- ▶ MCO Innovation Workgroup, including all 5 MCOs

Key Areas of Focus

-  Medicaid eligibility and enrollment processes
-  Care management
-  Pre-release service delivery
-  Reentry planning and post-release follow-up
-  Information management and sharing

**Preliminary interview with Port Gamble S'Klallam Tribe will be conducted on October 30th to understand existing pre-release service and release planning processes in tribal jails*

Takeaways: Key Areas Requiring Focused Design Attention

- ▶ **New Medicaid application processes are needed for city/county juvenile detention centers** where no processes exist in most facilities and there are no capabilities to share inmate rosters with HCA.
- ▶ **Support for pre-release care management varies widely across facilities**, with the scope and availability of services often limited by correctional facility staffing capacity and information sharing challenges with MCOs.
- ▶ **Care management and service delivery model for short-term stays is needed** to clarify expectations and roles in situations where time is constrained and release dates are unpredictable.
- ▶ **Further engagement with jails and YCFs is needed to work through real/perceived barriers to medication administration and MAT** (e.g., access to needed medications, navigating DEA and related regulations).
- ▶ **Information management and sharing processes are inconsistent and highly manual**, with most facilities relying on paper-based or manual processes to document/share information. Facilities with electronic platforms (e.g., Epic) do not have the ability to bill Medicaid for services.

Facilities at a Glance

As expected, individuals in DOC facilities typically have longer sentences and more predictable release dates. Individuals in jails and YCFs have shorter stays and less predictable release dates, which will require tailored implementation approaches under the Initiative.

Correctional Settings at Glance

(data are directional since not all facilities reported population and release data)

	# of Facilities	Average Daily Population	Average Length of Stay	Average Monthly Releases
Adults				
DOC State Prisons ¹	11	12,854	31 months**	452
County Jails ²	58	246	23 days	TBD
City Jails ²	13	30	7 days	TBD
Youth				
DCYF Juvenile Rehabilitation	2	80 and 170	12 months	10-15
City/County Juvenile Detention ³	20*	12	7 days	TBD

*Excludes two out of state facilities that are not in scope for the Initiative.

**12% of the DOC population stays in prison for less than 3 months

Note on Tribal Populations

Fact finding and data collection for tribal populations and jails are in progress to assess:

- Design considerations for supporting reentry for tribal members in non-tribal carceral settings; and,
- Considerations for including tribal jails as an authorized facility under the Demonstration

¹Based on September 2023 DOC Agency Fact Card. Available at: <https://doc.wa.gov/docs/publications/reports/100-RE005.pdf>

²Based on 2022 WASPC data. Available at: <https://www.waspc.org/assets/2022%20Jail%20Statistics%20Website.xlsx>

³Based on August 2023 data provided by HCA.

Takeaways: Key Areas Requiring Focused Design Attention

- ▶ **Processes to support Medicaid applications and enrollment vary across facilities.**
 - ▶ State prisons screen all individuals before release and a social worker supports individuals in completing paper-based applications that are manually entered in an online portal.
 - ▶ Jail processes vary, with some leveraging social workers or reentry coordinators to support Medicaid applications at intake for all individuals or specific populations (e.g., individuals with MOUD).
 - ▶ DCYF facilities screen all individuals for Medicaid eligibility and provide application support at intake.
 - ▶ Local juvenile detention facilities do not screen for Medicaid eligibility, except in limited circumstances (e.g., King County).
- ▶ **All facilities, except for city/county juvenile detention facilities, share inmate rosters with HCA for purposes of effectuating suspension and unsuspension.**
 - ▶ HCA plans to enable real-time information sharing with jails in 2024.
 - ▶ Local juvenile detention facilities indicate that implementing manual data sharing, like DCYF, would not be a significant lift.

Supported Eligibility & Enrollment Processes by Setting

	Support for Medicaid Applications	Target Population for Application Support	Sharing of Inmate Rosters with HCA
Adults			
DOC State Prisons	Yes, before release	All individuals*	Yes; via DOC
Jails	Yes, at intake	Varies**	Yes; via JBRS [^]
Youth			
DCYF Juvenile Rehab	Yes, at intake	All individuals	Yes; manual process
Local Juvenile Detention	No	n/a	No

*DOC estimates that 90% of individuals released receive application support, where applicable

**Some jails focus outreach efforts on individuals who have specific conditions (e.g., King County focuses on MOUD)

[^]Some jails, such as King County, do not participate in JBRS and share inmate rosters with HCA through manual processes

Care coordination

Reentry Transitional Care Coordination



- ▶ Managed Care Organizations (MCO) provide transitional care coordination:
 - ▶ For up to 30 days from the initial date of incarceration or as needed and upon release
- ▶ Services to enrollees when they enter a correctional facility including
 - ▶ Ensuring the facility is aware of medical or behavioral health conditions, as well as special needs
 - ▶ Providing information to enable the facility to maintain the enrollee's medication regimen
- ▶ Services upon release from a correctional facility, including
 - ▶ Coordinating to obtain medical records
 - ▶ Assisting with Releases of Information (ROI)
 - ▶ Expediting prior authorization for medications or supplies ordered during incarceration
 - ▶ Educating the enrollee on available benefits
 - ▶ Assisting with transportation to Medicaid appointments
 - ▶ Assisting with accessing primary care, follow-up appointments for medical or behavioral health needs, housing and employment assistance, and other support services the enrollee may need

Medication Access



- ▶ All MCOs have processes in place to assist individuals with accessing their prescription coverage immediately upon release.
- ▶ Pharmacy-specific questions:
 - ▶ **Amerigroup (Wellpoint):** 833-207-3121 Pharmacy member line provided by Carelon
 - ▶ **Community Health Plan of WA:** 800-440-1561 Customer Service Line
 - ▶ **Coordinated Care of WA:** 877-644-4613 Member Services. Jail staff can also email WAPharmacy@coordinatedcarehealth.com M-F 8am-5pm w/member's release date and pharmacy of choice.
 - ▶ **UnitedHealthcare Community Plan:** 844-762-0208 member services line
 - ▶ **Molina Healthcare of WA:** 888-275-8750 English and other languages, 866-648-3537 Spanish

MCO Contact Information

- ▶ Customer service numbers for questions, assistance with coverage, and benefits:
 - ▶ Amerigroup (Wellpoint): 800-600-4441
 - ▶ Community Health Plan of WA: 800-440-1561
 - ▶ Coordinated Care of WA: 877-644-4613
 - ▶ UnitedHealthcare Community Plan: 844-581-0224
 - ▶ Molina Healthcare of WA: 800-869-7165





QUESTIONS?