

# Update on Reentry Services

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Senate Human Services Committee

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Washington State  
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# Summary of state and federal legislation

- ▶ **HB 2803 (2012):** Required DOC to help people released from incarceration enroll in Medicaid and use the Provider One (Medicaid payment system).
- ▶ **SB 6430 (2016):** Required continuity of care during incarceration, using Medicaid suspension rather than terminating Medicaid eligibility to reconnect with the established Managed Care Organization (MCO). Medicaid paid for authorized inpatient services. Interfaced with the Jail Booking Reporting System (JBRS).
- ▶ **2018 Congressional SUPPORT ACT** (opioid response legislation) required CMS to assess the feasibility of 1115 waiver of the Medicaid exclusion rule for medication treatment and related services for people with Opioid Use Disorder (MOUD).
- ▶ **SB 5380 (2019) state opioid response legislation:** Required HCA to pursue possible 1115 waiver for medication treatment for people with opioid use disorder while in jail or prison.
- ▶ **SB 5304 (2021):** Directed HCA to pursue Medicaid 1115 waiver for prison services. Established a statutory reentry advisory committee. Updated Reentry Services Program (formerly ORCS).
- ▶ **HB 1348 (2021):** Directed HCA to pursue Medicaid 1115 waiver for jail related services, and pursuant to authority, directed Medicaid to keep enrollment while incarcerated up to 30 days.
- ▶ **SB 5157 (2021):** Required development of reentry-related health care metrics for Medicaid Value Based Purchasing.
- ▶ **Federal Consolidated Appropriations Act of 2023:** Requires Medicaid coverage during Juvenile detention (up to age 21); implementation begins January 2025.
- ▶ **State Budget proviso** requires HCA to use an Electronic Health Record (EHR) as a service for Dept. of Corrections through HCA Medicaid funding; and explores Community Information Exchange (CIE).

# SB 5304 establishes Re-entry Advisory Workgroup (RAW)

- ▶ Representatives from HCA, each MCO, the Washington Association of Sheriffs and Police Chiefs, representatives of jails, Dept. of Corrections, DCYF/JRA, and other members as needed.
- ▶ Purpose
  - ▶ Convene to improve partnerships and services.
  - ▶ Develop a plan to ensure notifications of the person's release date, location, and other appropriate information.
  - ▶ Advised on developing the 1115 Medicaid waiver (Legislative reports in 2022).
  - ▶ Assist with the implementation of the 1115 waiver.
  - ▶ RAW assists with the Reentry Community Services (RCS) program

# Overview of Medicaid 1115 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

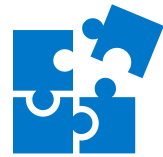
- ▶ Expand coverage and access to care, ensuring people can get the care they need.
- ▶ Advance whole-person primary, preventive, and home- and community-based care.
- ▶ Accelerate care delivery and payment innovation focused on health-related social needs.

## 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)

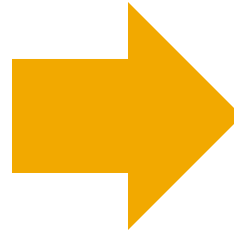
# Reentry Services Initiative Vision

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: Reentry Services Initiative

- ▶ 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.

# Key Areas of Policy Design and Implementation Planning



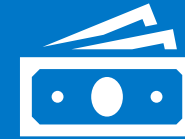
## Current State Assessment

Focused on assessing current state of correctional facility capabilities and processes.



## Implementation Design & Planning

Defining the operational requirements necessary for implementation of pre-release services.



## Capacity Building Program

Distributing funding to qualified entities to support implementation planning and needed investments.



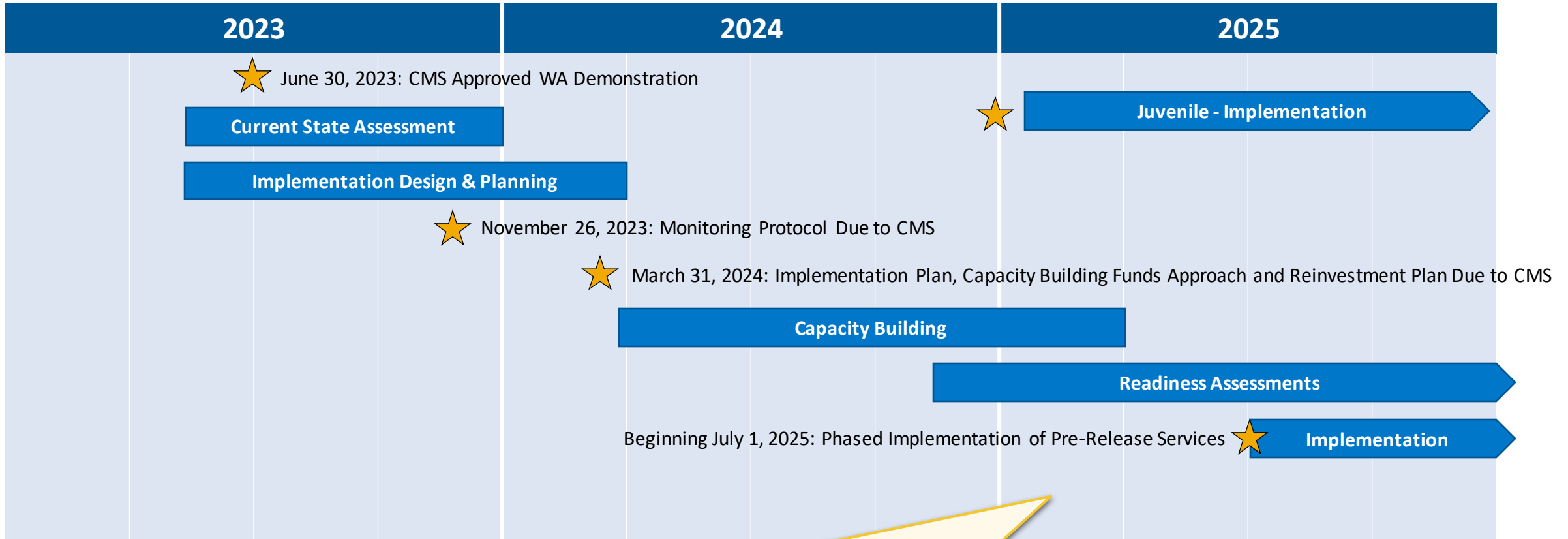
## Post-Approval Demonstration Documents

Developing formal implementation plans and protocols for submission to CMS.

## HCA RAW governance and stakeholder engagement with DOC, jails, JRA and local juvenile administrations

Includes engagement with internal and external stakeholders to inform program design and implementation.

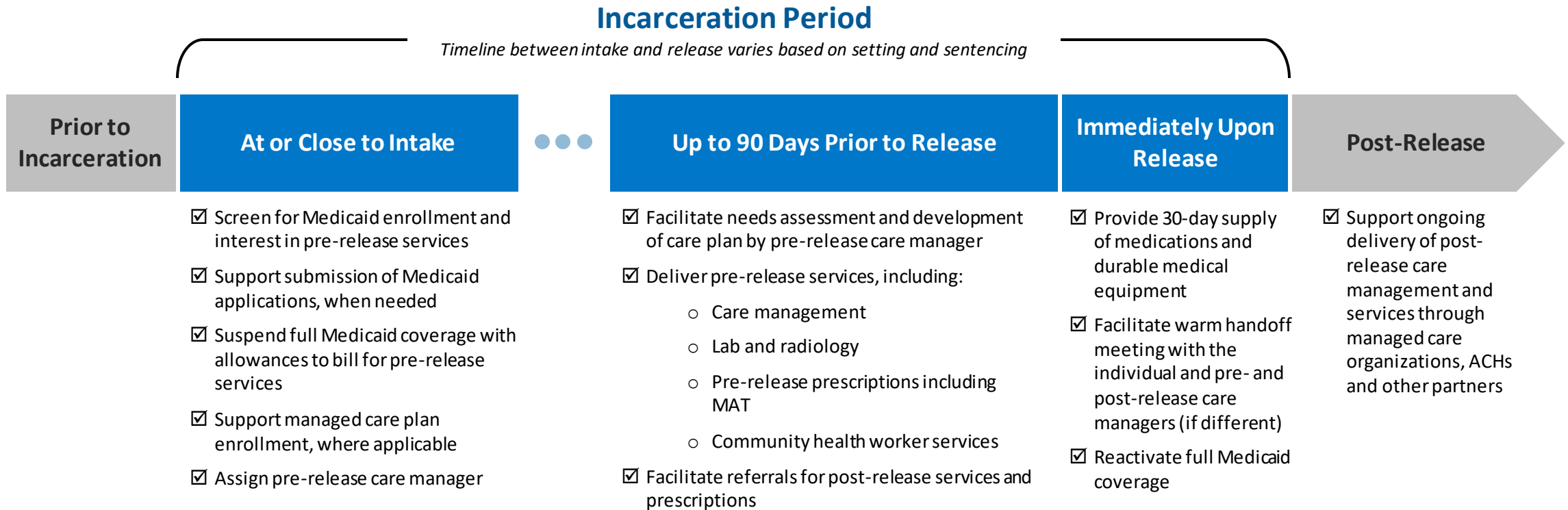
# Preliminary Implementation Timeline



- 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.



# 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). HCA will engage correctional facilities and other stakeholders to accommodate for these issues and to develop the key requirements for each milestone, including tailored approaches for each type of correctional setting as appropriate (i.e., prisons, jails, youth correctional facilities).

# Capacity funds for planning and implementation

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- ▶ 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

# Budget and Legislative requests

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- ▶ Reentry project decision package
  - ▶ Submitted to Office of Financial Management for consideration in the Governor's budget
  - ▶ Request for program and administrative funds to support the reentry program
    - ▶ Capacity and administrative activities funded locally, not general-fund state (GFS)
    - ▶ GFS requested only when funding the pre-release services (like other Medicaid services)
- ▶ Proviso for pre-release services
  - ▶ Temporary authority to provide up to 90 days of pre-release services
    - ▶ Matching the duration approved in the Medicaid 1115 waiver
  - ▶ Authority best provided in proviso because the waiver is time-limited
  - ▶ Proviso should direct HCA to
    - ▶ Coordinate implementation with other state agencies
    - ▶ Use the reentry advisory workgroup to coordinate with partners

# Assessing Readiness for Implementation

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- ▶ **HCA will require correctional facilities to attest to readiness** 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, service delivery and reentry hand-off and related 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 (e.g. every 6 months).
- ▶ **HCA will review submissions and determine whether agencies are ready** to go-live with pre-release services.

# Role of the statutory Reentry Advisory Workgroup (RAW) pursuant to SB 5304 (2021)

HCA will continue leverage the RAW and other stakeholder working groups throughout the planning process to provide input on key design decisions, potential operational challenges and mitigation strategies, and implementation timelines.

<b>Members</b>	<ul style="list-style-type: none"> <li>▪ DOC (representing prisons)</li> <li>▪ DYCF/JR (representing youth correctional facilities)</li> <li>▪ WASPC (representing jails / all facilities)</li> <li>▪ MCOs</li> <li>▪ ACHs</li> <li>▪ Community-based providers</li> <li>▪ Advocates, legislative representatives, others/TBD</li> </ul>
<b>Responsibilities</b>	<ul style="list-style-type: none"> <li>▪ Review updates on the progress of the Reentry Initiative and planning activities</li> <li>▪ Promote alignment across facilities, settings and implementation partners</li> <li>▪ Provide advice and feedback on key implementation/design issues as they are developed by the Planning Team, Implementation Workgroups and HCA Sub-Teams                             <ul style="list-style-type: none"> <li>○ Group will <u>NOT</u> serve as a decision-making body but will play an advisory/consultative role</li> </ul> </li> </ul>
<b>Meeting Cadence</b>	Monthly (note: The RAW currently meets quarterly but will shift to a monthly meeting cadence in Fall 2023)

Timing	Potential Topic Areas of Focus
<b>Sep</b>	<ul style="list-style-type: none"> <li>• Welcome and Demonstration overview</li> <li>• Purpose of Advisory Group</li> </ul>
<b>Oct</b>	Enrollment, suspension, and renewal process
<b>Nov</b>	<ul style="list-style-type: none"> <li>• Care management current processes</li> <li>• Future state care management requirements</li> </ul>
<b>Dec</b>	<ul style="list-style-type: none"> <li>• Current state of reentry services</li> <li>• Future state of reentry services</li> </ul>
<b>Jan</b>	Capacity building and readiness assessments
<b>Feb</b>	Readiness assessments

# Juvenile Rehabilitation and CAA

# JR liaison

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- ▶ Legislature funded a DCYF and HCA liaison position to support Medicaid enrollment and MCO notifications and coordination for young people transitioning in and out of JR facilities.
  - ▶ Collaborates with foster care team and JR to ensure Apple Health coverage when youth enter JR
  - ▶ Assists with Apple Health applications and educate youth on managed care plan options
  - ▶ Coordinate with JR facilities to answer care coordination questions and resolve barriers to accessing services
  - ▶ Develop training and outreach materials
  - ▶ Ensures coverage is up to date when it is time for the youth to transition back into the community.

# Consolidated Appropriations Act, 2023

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- ▶ Consolidated Appropriations Act, 2023, requires states to provide justice-involved youth eligible for Medicaid or CHIP with services in the 30-days prior to and following their release from detention.
- ▶ Scheduled to implement January 1, 2025
- ▶ Requires states to provide certain required screenings, referrals, and case management services for Medicaid and CHIP-eligible juvenile youth in public institutions.
  - ▶ 30 days prior to release, or within one week or soon as practicable after release
    - ▶ Behavioral health screenings
    - ▶ Diagnostic services
  - ▶ 30 days prior to release and for at least 30 days following release targeted
    - ▶ Case management services
    - ▶ Referrals to appropriate care



# Reentry Community Services Program (RCSP) (formerly ORCS)

# Reentry Community Services Program (RCSP)

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- ▶ Intended to enhance public safety by providing transition planning, mental health treatment and community support for releasing individuals identified as mentally ill and a high risk of dangerousness to themselves or others.
- ▶ Partnership between Health Care Authority and the Department of Corrections.
- ▶ Support needs outside of Medicaid funded services may include:
  - ▶ Housing
  - ▶ Unfunded medical expenses
  - ▶ Transportation
  - ▶ Specialized treatment support
  - ▶ Vocational and educational services/assistance
  - ▶ Other unique recovery needs
- ▶ Significantly lowered recidivism for participants.



Questions



# Contact

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# Appendix

# Health-Related Social Need (HRSN) Services

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- ▶ 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

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## ▶ 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