

# Community Re-Entry Operations Workgroup

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## Final Report

Engrossed Second Substitute Senate Bill 5304; Section 9(2)(c); Chapter 243, Laws of 2021

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## Executive summary

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Senate Bill (SB) 5304 and House Bill (HB) 1348 were enacted in the 2021 legislative session. This legislation allows the Health Care Authority (HCA) to request a needed waiver from the federal government for individual's Apple Health (Medicaid) coverage to remain active when they are confined to a correctional institution as defined in RCW 9.94.049 or committed to a state hospital or other treatment facility.

Legislation also requires HCA to create two workgroups to:

- Inform the state's Section 1115 Medicaid demonstration waiver—called the Medicaid Transformation Project (MTP) 2.0—submission work
- Look for efficiencies in existing re-entry programs
- Explore the feasibility of expanding programs to other populations and settings, such as state hospitals, involuntary treatment in the community, and juvenile facilities

To date, HCA has created an oversight workgroup, called the Re-entry Advisory Workgroup (RAW), and the four sub-workgroups below. These groups are working toward making re-entry services better and more accessible for all populations.

- Community Re-entry Operations Workgroup (CROW), the sub-workgroup responsible for this report
- Re-entry Community Services Program Workgroup
- Re-entry Workgroup for Young People
- Communications Workgroup

As part of the legislation, this report will provide an update for:

- Re-entry workgroup efforts
  - Jail location improvement – daily information share (834 file) updates
  - Transmission of health records, especially for jails, and using the Clinical Data Repository (CDR)
  - Requesting MTP 2.0 waiver renewal to eliminate or modify the suspension policy
  - Explore an API or real-time data sharing solution that would transmit data through a continuous monitoring platform and provide near real-time booking and release notifications.
  - Potential solutions for same-day access to pharmacy
- Overview of care coordination efforts, including coordination efforts:
  - With Washington Association of Sheriffs & Police Chiefs (WASPC)
  - All juvenile facilities
  - Between managed care organizations (MCOs) and jails
  - Between MCOs and prisons

## Background and workgroup update

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CROW is focused on the technological and operational solutions of improving care coordination and information sharing when individuals are released from a correctional institution.

This workgroup started in August 2021 and has approximately 35-40 members, with representatives from the Legislature, HCA, WASPC, Department of Corrections (DOC), MCOs, advocates, and health care providers.

CROW's goals are to:

- Improve communication with MCOs about when an enrollee is incarcerated by using the 834 file to inform jail location
- Transmit health records using the CDR
- Delay suspension of Apple Health for the first 29 days of entering a correctional facility
- Exploring an application programming interface (API) or real-time data sharing solution for booking and release information
- Improve care coordination efforts for those exiting incarceration settings to improve health outcomes

CROW is now focusing on what technologies and vendor assistance HCA will need to delay suspension, track expenditures, and report to the MCOs on their member's status. While an individual is incarcerated, the payment system will need to be able to track claims and separate these expenses for the state to pay. Without the MTP 2.0 waiver renewal, Centers for Medicare & Medicaid Services (CMS) will not allow billing and funding for the federal share.

## Jail location improvement – daily information sharing (834 file) updates

One of the barriers of care coordination is knowing where a member is incarcerated so an MCO can perform effective care coordination.

HCA receives information from the Jail Booking and Reporting System (JBRS) run by WASPC. Then HCA transmits this information about active Apple Health clients to MCOs through a HIPAA-protected eligibility file (called an 834 file) on a nightly basis. When an individual is confined to a correctional institution, they are suspended from Apple Health pursuant to the current CMS suspension guidelines, and HCA transmits a suspended status code to the appropriate MCO in the 834 file.

Previously, due to system constraints, HCA could not provide MCOs with the jail/prison location. To fill this information gap, MCOs had to manually search jail rosters to locate the individual to provide care coordination services. This effort required significant staff time and resources.

As of December 10, 2021, the 834 file was updated to include the jail or prison location once an individual becomes incarcerated and suspended from Apple Health. This allows an MCO to effectively contact the appropriate facility and begin the care coordination efforts while the individual is incarcerated. (Section 14 of the [Washington Apple Health Integrated Managed Care Contract](#) describes these care coordination efforts.)

MCOs are reporting that they are successfully receiving jail location information for incarcerated members. They are working to integrate data into internal electronic documentation systems for ease of

use and tracking member outreach. This new data is allowing for more immediate outreach and quicker connection to necessary health and social services.

RAW continues to monitor the implementation of this file update. Below are the noted gaps with the release of data information and automatic system notifications for timely outreach and release planning:

- File notification can be delayed due to system communication timing. By the time the information is received, the member may already be released. These delays can cause issues for individuals trying to fill pharmacy prescriptions on the day of release
- The file information does not include the scheduled release date of incarcerated individuals, which is valuable for MCO coordination efforts
- There is no 834 data file information for juvenile detention centers or specific DOC locations

The noted successes are:

- MCOs are working to integrate data into their internal processes/systems
- MCOs have timelier outreach and care coordination
- Efficient connection to health and social services

CROW will continue to monitor the implementation of this file update, the readiness of MCOs to accept this new data field into their systems, and the implementation outcomes.

## **Transmission of health records, especially for jails: using the CDR**

The (CDR) is a patient-centric database that collects clinical data from multiple sources across the community and is managed by OneHealthPort (OHP). The CDR is designed to simplify access to clinical history and help the care team gain a more comprehensive understanding of the patients' medical history. The CDR:

- Helps providers in the community communicate an individual's health records electronically
- Allows facility providers to gain access and view an individual's clinical data as needed to facilitate better care coordination

OHP is currently granting CDR access and training to jail staff and individual providers associated with the jails to help facilitate care coordination for individuals entering and exiting incarceration.

Registration for facilities to use the CDR began September 24, 2021. Training sessions on how to use and access the CDR were completed on October 21, 2021. In addition, the CDR is being implemented in adult prisons, jails, juvenile detention centers, and Department of Child, Youth and Families (DCYF) Juvenile Rehabilitation (JR) residential facilities.

Currently, all JR facilities are registered to access the CDR, as well as multiple jail facilities and prisons.

## **Requesting the MTP 2.0 waiver renewal to eliminate or modify the suspension policy**

HCA, based on federal requirements, currently suspends a client's eligibility to prevent drawing down federal financial participation (FFP) while a client is confined. SB 5304 allows HCA to submit an MTP 2.0 waiver renewal to CMS to seek FFP for up to 30 days in advance of release. This is to support continuity of care and seamless transfer between systems of care.

Additionally, HB 1348 directs HCA to delay suspending Apple Health coverage up to 29 days when an individual is confined to eliminate delays in access to care for short-term jail stays. The MTP 2.0 waiver renewal is necessary to implement this change.

Today, individuals who enter a correctional facility have their Apple Health placed in a suspended status with a limited benefit package until release. This limited benefit package covers in-patient hospital stays outside of the facility. Full-scope coverage is reinstated once the individual exits the facility pursuant to the current CMS suspension guidelines.

## **MTP 2.0**

HCA and Department of Social and Health Services (DSHS) submitted the MTP 2.0 waiver renewal application to CMS in July 2022. MTP allows the state to create and continue to develop projects, activities, and services that improve Washington’s health care system using federal Medicaid funding. All work under MTP benefits those enrolled in Apple Health coverage.

As part of the application, HCA requested approval to authorize FFP to be provided during the 30-day period prior to release for Medicaid eligible individuals exiting a correctional facility. HCA is requesting authority to cover all services for persons incarcerated in state prisons, city and county jails, juvenile detention centers, and JR facilities.

If CMS approves the MTP 2.0 waiver renewal—and if HCA has authority to delay Medicaid suspension by 30 days—it will require broad process changes to the current Medicaid suspension process. This change will require:

- Updates to the ProviderOne system
- Updates to the interface between the JBRS data feed and ProviderOne
- Outreach and training to all impacted business partners to ensure this change is successful

HCA anticipates needing at least 12 months to implement this change if approved by CMS. To prepare for this work, HCA began a taskforce with MCOs and Accountable Communities of Health (ACHs) to develop community-based care coordination, with a potential focus on reentry transition planning.

Other work includes developing new systems and services, called health-related services. These are non-traditional health care services designed to help people with health-related social needs, such as transportation, food, housing, employment, and more.

If the MTP 2.0 waiver is approved, CROW will track the operational and technical implementation aspects of these changes moving forward.

## **Exploration of an API or real-time solution**

HCA is currently exploring real-time solutions through its partnership with WASPC and Appriss Insights, LLC. Appriss administers the nation’s most comprehensive source of person-based incarceration, justice, and risk intelligence data.

A real-time solution would transmit data through a continuous monitoring platform that provides near real-time booking and release notifications. With a real-time solution, a person’s suspension status could be updated throughout the day instead of the state’s current nightly batch process.

Without a real-time solution, those released during evening and weekend hours experience challenges with filling prescriptions because of the delay in the file-sharing system. This causes significant issues for someone who needs to fill a prescription or schedule health care appointments the day of release.

CROW will monitor and explore possible impacts of system changes to a real-time system solution. This may also involve the state multi-agency coalition work to determine workable approaches and information technology (IT) solutions.

## **Potential solutions for same-day access to pharmacy**

HCA is currently in discussions with MCO pharmacy benefit managers on how to eliminate access gaps in the pharmacy program. If an individual is transferred from an incarceration facility to a treatment facility on the same day, the Medicaid system will not necessarily show eligibility, due to the slight delay in the daily (834) file sharing and the ProviderOne system, which pharmacies use for point-of-sale access.

A possible solution is to implement a voucher program, similar to a program that DOC currently has. Within this voucher system, paper vouchers are given to those being released, and individuals can use these vouchers to fill a prescription. The purpose of this voucher program is to eliminate the delay in a person filling their prescriptions upon their release.

Another possibility is to modify the suspension package to allow certain services while incarcerated (suspended); however, HCA believes that MTP 2.0 is key to implementing this change. CMS is currently reviewing the MTP 2.0 application and is negotiating with Washington State. At the time of this writing, there is no known timeline for implementing a change to the suspension package.

# Ensuring value

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## Overview of care coordination efforts

### Contract changes

Representatives from each MCO are collaborating on the Allied System Coordination Plan (ASCP), which is a requirement of HCA's managed care plan contracts. The ASCP requires MCOs to provide a written plan to HCA on how they will communicate and support care coordination between system partners for members.

Collaboration efforts focus on how to leverage this requirement to better serve those exiting incarceration. MCOs have contract requirements to coordinate transitions and continuity of care in and out of correctional institutions, state hospital, or other treatment facilities. MCOs also recognize these individuals need the most intensive levels of support throughout the transition.

### Development of standard template contracts for jails

MCOs developed a standardized agreement for this ASCP through a memorandum of understanding (MOU) and a list of prioritized entities to contact. ASCP requirements are identified under [Section 14.9 of the Apple Health Integrated Managed Care Contract](#). Coordination to improve access to timely and appropriate treatment for individuals involved in the justice system is a top priority within the contract.

### MCO engagement and contract oversight

HCA is monitoring MCO efforts to support care for individuals transitioning from a correctional facility to ensure alignment with the legislative requirements. To assist in this monitoring effort, HCA hired the nurse for SB5304, eligible for enhanced federal funding. This nurse is responsible for program oversight and MCO compliance with requirements through contract compliance tools including the TEAMonitor Compliance Review. MCO monitoring activities include a wide array of activities from discussion and feedback, technical assistance, clarifying program expectations, deliverable monitoring, formal monitoring activities, and corrective action. TEAMonitor is HCA's premiere oversight and accountability activity formally monitoring and scoring MCO compliance; this new staff support will prove incredibly helpful to improve the system, accountability, and coordination among the MCOs.

A summary of activities include:

- July 2022: contract changed to clarify program expectations and require a deliverable to monitor performance from the MCOs, reporting client and facility outreach efforts on a quarterly basis
  - Implementation of deliverable reporting template for institution outreach
  - Monitoring of MCO engagement through response to initiatives, meeting attendance, and communications
  - Monitoring of MCO response to problems identified through workgroups and stakeholder feedback
- August-September 2022: monitoring activities of MCO implementation, including written expectations to all plans with detailed response due for:
  - Transitions-planning and updated policies and procedures for enrollees entering and exiting correctional facilities



- Long-term plan for continuous improvement of collaboration with correctional facilities. Plan must be responsive to each facility's unique challenges and capabilities
- Training completed for MCO staff impacted by this work, including but not limited to care coordination, utilization management, and contracts
- Provider relations and customer service representatives are prepared to respond to requests to assist enrollees entering and exiting incarceration
- Processes for gathering and submitting data responsive to the *Collaboration with Correctional Facilities* deliverable report
- A monitoring plan to assess performance in the above requirements and make process improvements when indicated
- MCO leadership meeting
- Other MTP- related work (e.g., care coordination and health-related services development)
- October 2022: monitoring activities of deliverable report implemented with first deliverable due

HCA will continue to oversee contract compliance and engage with MCOs and other workgroup participants to solve the various coordination challenges, such as:

- Difficulty in getting access within the jail facility
- Lack of space and personnel, including the ability to provide telephonic access between the jail, MCO, and individual
- Find solutions to the data sharing (834 file) and same-day pharmacy access
- Understand and improve staff work and development, especially for new staff, including MCO and system performance improvement

## Coordination with WASPC

MCOs are meeting regularly with WASPC and community partners to support system collaboration and coordination. MCOs share information with jails about the role they play with those who are entering and exiting correctional facilities to better support the health of their members.

There are existing jail access issues because of workforce shortages. RAW continues to monitor this situation and engage and partner with WASPC and others.

## Coordination with all juvenile facilities

HCA has recently contacted the city and county juvenile detention facilities to gather information about access to Apple Health and health care services. The findings will help the state make system improvement where possible.

- June-July 2022: HCA sent out a juvenile detention and community supervision outreach and survey about the current Apple Health eligibility process and Apple Health educational materials for youth
- August 2022: HCA hired a juvenile rehabilitation liaison to begin coordinating with the MCOs and provide direct outreach to the youth located in juvenile detention facilities

Because of the system constraints within the decentralized juvenile court systems, this population will need more manual processes, compared to the adult population. The adult correctional system currently

works from a more automated notification system.

- September 2022: began process development for MCOs to start receiving correctional facility location information for youth in JR

## **Current coordination efforts between MCOs and jails**

In general, MCOs work with criminal justice facilities on individual client coordination and health care service authorizations as a person's needs become known. MCOs have made progress in meeting with county jail facilities to begin establishing and/or strengthening more formal relationships and processes. It will take time to build and establish these processes.

MCOs are working collectively to expand these efforts with additional regional, Tribal, and municipal jail facilities. This organized and systematic approach will ensure MCOs meet with every facility—and that facilities will receive a consistent message/approach from all MCOs, rather than working with each MCO individually.

Many county and city jail facilities are also reluctant to enter into an agreement. MCOs have a history of working with DOC on Durable Medical Equipment (DME) and pharmacy benefits for clients transitioning out of incarceration. Although challenges remain, such as ensuring an electronic health record system for DOC and jails., HCA has a long history of working with DOC. Together, HCA and DOC have developed transition planning and coordination efforts.

Jails have different challenges on providing continuity of care and individuals typically needing a higher degree of medical care or attention. Despite these challenges, jail facilities and MCOs are committed to identifying and finding solutions to better support care coordination and working through each jail facility's unique challenges.

For the first quarter of 2022, MCOs met with 20 jail facilities. To date, MCOs have met with 43 of the 53 correctional facilities:

- 13 jail follow-ups during the first quarter of 2022
- Seven new jail facilities during the first quarter of 2022
- Five facilities received the Medicaid/Apple Health 101 orientation

In addition, MCOs reached out to 15 jails, which did not result in a meeting. MCOs are making progress, but it is slow. HCA continues to monitor progress.

## **Current coordination efforts between MCOs and DOC**

DOC Health Services Reentry programs are building relationships with MCOs to improve access to care for those releasing from DOC facilities statewide. DOC, HCA, and MCOs talk about the challenges with patients applying for Apple Health who are also eligible for Medicare. While an individual is incarcerated the Social Security Administration suspends Medicare coverage which takes several months to reinstate. This situation creates timeliness issues with getting services authorized and paid timely. HCA continues to monitor and has identified this as an issue to solve for this population.

MCOs met with DOC to discuss best practices for connecting individuals to services in the community with essential needs through value-added benefits (i.e., phone). DOC developed processes to support collaboration with MCOs, including solving access to care issues related to individuals' coverage not showing MCO assignment in the ProviderOne system pre-release due to their suspended status.

DOC Health Services Reentry programs currently:

- Provide continuity of care summaries to MCOs for all releasing individuals as close to their release date as possible. This supports MCO programs that link patients to community health care during transition from prison
- Provide informational fliers with descriptions of and contacts for each MCO's program for individuals exiting incarceration
- Coordinate with MCOs to develop process for DME coordination prior to release for patients needing long-term care support. MCOs identified an initial vendor to respond to preauthorization for hospital beds/Hoyer lifts, and other DME to get equipment set up prior to one's release and transition to the community
- MCOs send lists of who on their plan becomes re-incarcerated. If the individual has one year or less to release, the Prison Health Services Reentry team is notified to coordinate care with MCO prior to release

## Conclusion

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HCA will continue to monitor and report to the Legislature on:

- Status of MTP 2.0 work
- Improving MCO transitional care coordination between jails, prisons, JR, state hospital, and/or other treatment facilities
- Implementation of the 834 file and real-time information sharing
- System enhancements to support same-day access
- Contingency plans should the MTP 2.0 request be denied

Over the last year, the impact of COVID-19 continues to pose a significant challenge for care coordination between MCOs and jail facilities. Prior to March 2020, the MCO jail transition team met face-to-face with justice-involved members in jail facilities to begin release planning. Because of the pandemic, MCOs can no longer meet with members in-person, and very few jails can offer facility access. MCOs and jail facilities continue to work together to identify and resolve barriers to coordination of health care to support improved outcomes for individuals re-entering the community.