



# Reentry Demonstration

Cohort 1 Discussion

September 23, 2024

# Discussion Agenda

September 23, 2024 – 3:00pm – 4:00pm

Agenda Items	Time	Lead
HCMACS Overview	20 minutes	Chatrina Pitsch
Capacity Building Application deadline extension	10 minutes	Emma Oppenheim
Department of Corrections (DOC) budget presentation	20 minutes	Lisa Flynn
-Contract signing -Invoices reminder -Contacts request	5 minutes	Theresa Tamura
Questions	5 minutes	All

# Capacity Building Application

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- ▶ HCA finalizing information on:
  - ▶ Pre-release services and “short-term” model – Winter 2025/26
  - ▶ Reimbursement rates – Winter 2025/6
  - ▶ HCMACS EHR Solution – beginning work in Summer 2026
- ▶ Shifting to a **rolling deadline** from October 1
  - ▶ Submit information to HCA when your facility is ready to:
    - ▶ Complete attestations
    - ▶ Finalize your budget
- ▶ Facilities may go-live any month after July 2025
  - ▶ Facilities starting January 2026 or later will be moved to Cohort 2
  - ▶ Please send information on planned start dates after July to the Reentry Inbox

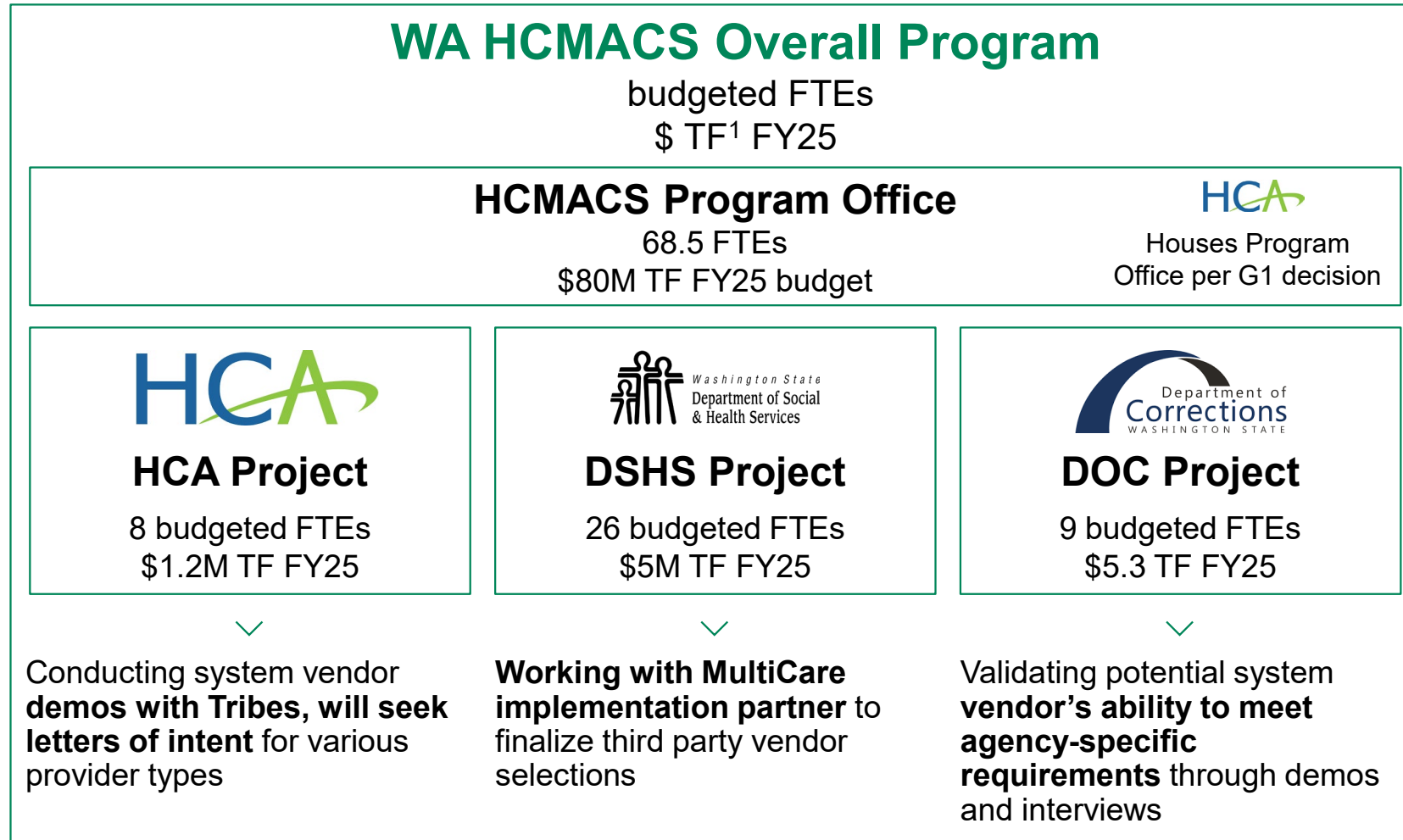
# **Health Care Management & Coordination System (HCMACS) Program & HCA Project**

# HCMACS Program Update Agenda

- ❖ Program Background and Update
- ❖ Program Status Overview – Key Milestones
- ❖ HCA Project Activities
- ❖ HCMACS Projects Timeline
- ❖ Ask for HCA project steering

# HCMACS Program HHS Coalition G1 Update

Budget and FTE estimates based on assumed CMS match rate (to be confirmed)

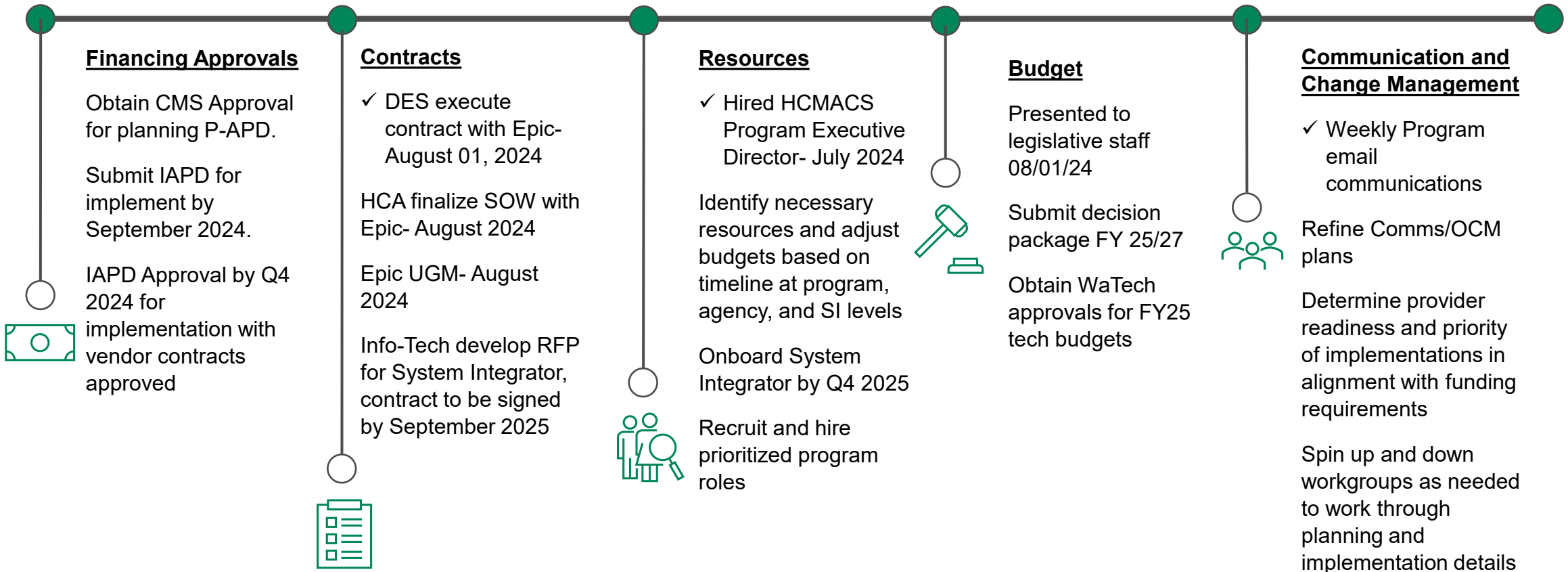


## HCMACS Recent Milestones

- ✓ Onboarded HCMACS Executive Director July 16, 2024
- ✓ Enterprise EHR Vendor DES Contract Executed August 01, 2024
- ✓ CMS approved HCMACS P-APD August 15, 2024
- ✓ Completed Quarterly Legislative Update August 02, 2024

1. Total funds including state general funds and estimated federal match from HCMACS Program and agency technology budgets approved by OFM, May 2024

# HCA Project Decisions/Direction Needed



## Next Steps for HCA's HCMACS Provider Project

### **Establish HCA Project Steering Committee**

- ❖ Provides direction on scope, schedule, and budget related to HCA providers (tribal, behavioral health, jails)

### **Resourcing**

- ❖ Hire 8 FTE
- ❖ Contract for readiness support

### **Planning activities**

- ❖ Provider onboarding prioritization
- ❖ HCA contracted provider wrap-around services requirements defined
- ❖ Data governance
- ❖ Cost sharing model – draft contract
- ❖ Communication plan
- ❖ Stakeholder engagement plan
- ❖ Ongoing Provider engagement management



# Washington State Agency Implementation Timelines

Implementation Sequences



August 9, 2024

CY 2024	CY 2025				CY 2026				CY 2027				CY 2028	
Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
FY 2024-2025			FY 2025-2026					FY 2026-2027				FY 2027-2028		

↑ Epic contract signed by state

↑ Systems Integrator agreement complete

↑ System standard ready for use

★ = Go-live

Phase 0 Pre-Work & Project Team Training		Phase 1 Workflow Walkthrough & Configuration		Phase 2 System Readiness & Training Preparation		Phase 3 End-User Training & Go-Live Prep		Phase 4 Post-Live Support & Optimization		Phase 5 Roll-Out
<b>Program Standard</b> <ul style="list-style-type: none"> <li>Outpatient Behavioral Health</li> <li>Tribal Clinics</li> <li>Correctional Health</li> <li>Residential Treatment Facility</li> <li>Inpatient Behavioral Health</li> </ul>										
<b>Program Implementation Pre-Work</b> <ul style="list-style-type: none"> <li>Procure systems integrator and complete statewide staffing</li> <li>Complete project team training &amp; certification</li> <li>Identify decision-makers to participate in governance.</li> <li>Publish project charter including guiding principles</li> <li>Determine agency-level participation and implementation plans</li> </ul>		Phase 0 Pre-Work	Phase 1 Workflow Walkthrough & Configuration	Phase 2 User Readiness, Training Preparation, and Agency-Specific System Readiness		Phase 3 End-User Training & Go-Live Prep	Phase 4 Post-Live Support & Optimization		Phase 5 Roll-Out	
<b>HCA (Outpatient Behavioral Health &amp; Physical Health Clinics)</b>										
Post-live support at initial practices & rollout to add'l practices										
Post-live support at add'l practices										
Phase 0 Pre-Work		Phase 1 Workflow Walkthrough & Configuration		Phase 2 User Readiness, Training Preparation, and Agency-Specific System Readiness		Phase 3 End-User Training & Go-Live Prep	Phase 4 Post-Live Support & Optimization		Phase 5 Rollout	
<b>DSHS (BHA, DDA)</b>										
Post-live support at initial DSHS sites										
Rollout to add'l DSHS sites										
Rollout & post-live support at remaining DSHS sites										
Phase 0 Pre-Work		Phase 1 Workflow Walkthrough & Configuration		Phase 2 User Readiness, Training Preparation, and Agency-Specific System Readiness		Phase 3 End-User Training & Go-Live Prep	Phase 4 Post-Live Support & Optimization			
<b>DOC</b>										
Post-live support at DOC										

- Program Implementation Readiness**
- Finalize third-party scope for all systems and determine procurement strategy.
  - Complete system integrator RFP and contract with hosting, project team and third-party vendors.
  - Create program governance model.
  - Finalize program budget and cost sharing approaches.
  - Complete site sequencing
  - Finalize technical infrastructure and hardware scope.
  - Determine data conversions scope.

- Project-Level Implementation Readiness**
- Standardize key workflows across like sites prior to EHR implementation.
  - Create agency governance model.
  - HCA: Establish strategy for extending to participating sites.
  - Complete scoping and design for key functional areas.

- Agency / Project-Level Implementation Pre-Work**
- Complete site walkthroughs with systems integrator and Epic team
  - Complete staffing for agency-level roles
  - Finalize data collection workbooks
  - Finalize Epic application scoping
  - Identify decision-makers to participate in governance.
  - Publish expected benefits

Epic Leads

Epic Implementation Services

# HCA Project Ask

## Establishing Project Steering Committee

Provides direction on scope, schedule, and budget related to HCA providers related activities (tribal, behavioral health, jails).

Identification of additional use cases for HCA.

**Meet 2x month – Kick-off meeting within 1<sup>st</sup> week of October**

### Agency Decisionmakers Needed:

Executive Sponsor

Clinical

Tribal Affairs

Behavioral Health

Communications

Data

Privacy

Security

Budget/Finance

OCM

Contracts

# HCMACS HCA Project contacts

HCA IT Project Director – Chatrina Pitsch

HCA IT Project Manager (contract) – Kristina Brown

HCA Project Sponsor – Jerry Britcher

# Medicaid Transformation Project

Section 1115 Waiver/Reentry Demonstration Initiative

Cohort 1 Briefing

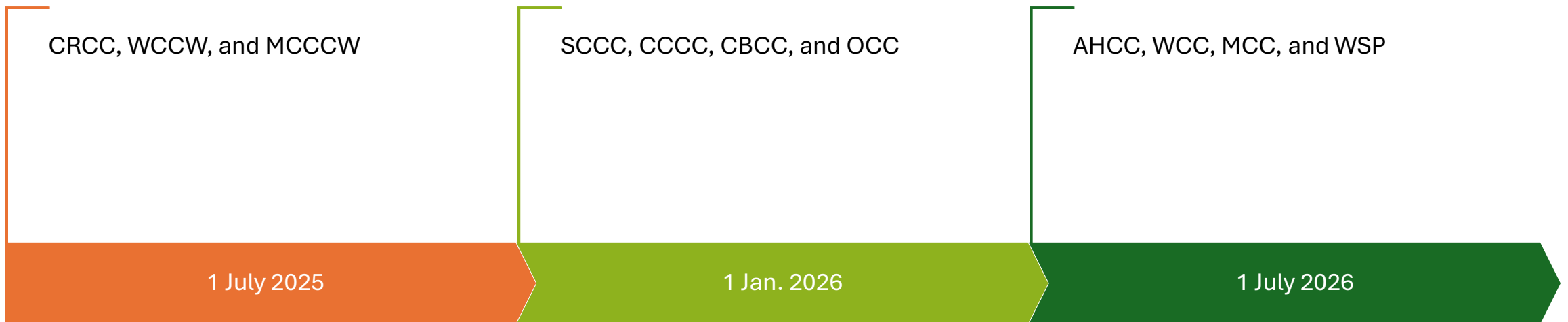
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SEPTEMBER 23, 2024

LISA FLYNN, HSA/MTP IMPLEMENTATION AND PLANNING



# Cohort Schedule



# Budget Prep New or Existing Staff?

**Social Workers/Reentry Nurses** – Screening and education; liaison for clinical and non-clinical providers; develops initial care plan needs; Medicaid applications? Appeals? Documents refusals?

**MTP Manager** – Coordination with ACHs, CBOs, Community/Native Hubs, Tribal Health Care and others; Contracts with Medicaid and MCOs?

**Adjudicator** – work with Third-Party Administrator TPA for invoicing, billing, and claims

**IT Specialist** -- telehealth expansion and new Electronic Health Record (EHR)

**Patient Services Scheduler** (may not be needed if using the TPA)

**Medical Assistants** – to support telehealth and release checklists for meds and Durable Medical Equipment (DME); Naloxone?

**Pharmacy** – or designated personnel coordinating release medications and meds during 90-day pre-release period?

**Fiscal Analyst** – who is going to manage reinvestment dollars, track progress, support reports to build jail programs for your commissioners? Manage “Financial Executor (FE) Portal?”

**Research and Data Analytics** – Identify the position that will manage waiver data requirements?

Screening and evaluations? Lab and Radiology? Community Health Workers?

Capacity Building Planning and Implementation Budget	
Select Tier:	Tier 4 (More than 1,000)
Maximum funding:	\$4,500,000
CRCC (Tier 4), WCCW (Tier 3), MCCCW (Tier 2)	
Development of protocols and procedures	
Description of Use	Projected Budget
Developing new Health Services Reentry/Continuity of Care policy to capture department responsibilities in addressing and preparing for health care needs during transfer and release.	
Activities to promote collaboration	
Description of Use	Projected Budget
Task force meetings with HCA, DCYF, DSHS/BHA, and DOC departments for waiver implementation planning	
Planning to focus on developing processes and information sharing protocols	
Description of Use	Projected Budget
Hiring of staff and training	
Description of Use	Projected Budget
Baseline staffing in service positions paired with support, IT, budget, RDA, Quality, and Administrative positions necessary for sustainability of waiver performance.	\$4,500,000.00
<b>Total projected budget</b>	<b>\$4,500,000.00</b>

# IT Infrastructure

Are you ready?



Internal offender tracking and information system – upgrades necessary?



New technology needs?



Current EHR or pending HCMACs? Does your current EHR support requirements?



How's your telehealth availability? System improvements needed? Tablets? Terminals? Soundproof rooms for privacy?



On site pharmacy needs? Storage and security?



<b>Electronic interfaces to support enrollment/suspension</b>	
<b>Description of Use</b>	<b>Projected Budget</b>
Currently planning OMNI upgrade to support release date expectations for nightly report sent to HCA.	\$30,000.00
<b>Enhancements to existing IT systems to support re-entry navigation services</b>	
<b>Description of Use</b>	<b>Projected Budget</b>
WiFi expansion to living units to support telehealth appointments with reentry providers, MCO Care Teams, etc.	\$1,084,072.00
<b>Adoption of an EHR</b>	
<b>Description of Use</b>	<b>Projected Budget</b>
Hold for EHR implementation	\$1,735,928.00
<b>Installation of audio-visual equipment or other technology</b>	
<b>Description of Use</b>	<b>Projected Budget</b>
Telehealth tablets (Mobex Health) pilot for MCCCW, CRCC, and WCCW (Any excess will be pushed into EHR)	\$150,000.00
<b>Total projected budget</b>	<b>\$3,000,000.00</b>

# Current DOC preparations

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Contracting with Managed Care Organizations (MCO), enrolling providers and the DOC pharmacy



Enrolling providers and pharmacy as Medicaid eligible vendors



Identifying updates to patient tracking systems (OMNI)



Expanding WiFi to cover living units for telehealth expansion



Identifying improve telehealth delivery systems



Creating partnerships with Accountable Communities of Health (ACH), Native and Community Hubs



Developing Capacity  
Building Fund budget and requests for staffing and IT to support implementation



Launching Communication Plan