

Intent to participate in the Reentry Demonstration Initiative

This Intent to Participate form expresses a carceral facility's commitment and intent to participate in the Reentry Demonstration Initiative (Reentry Initiative).

Under this initiative, participating facilities are responsible for:

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

Once the Health Care Authority (HCA) receives a facility's completed Intent to Participate form, we will release capacity building funding to the facility. We will work collaboratively with participating facilities to help complete their unique implementation plans and readiness assessments.

Please note: Once submitted, this document completes Milestone 1. For more information, read our **overview**.

Instructions

Fill out each section below (in this form) and provide an electronic signature. Then email to our team at **HCAReentryDemonstrationProject@hca.wa.gov** at your earliest convenience.

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Facility information

Legal name of the facility

Doing business as (if different)

Physical address

Mailing address

What city (cities), county (counties), jurisdiction, or Native American Tribe(s) does this facility primarily serve?

Maximum allowed capacity of individuals in facility:

Average daily population, as of March 2024: 1-49 50-249 250-1,000 More than 1,000

Facility type:

State prison

City or county jail

Tribal jail

Youth correctional facility, including juvenile rehabilitation centers and juvenile detention facilities

Other, please specify:

2**Cohort selection**

Which cohort will your facility go-live with?

Cohort 1, go-live July 1, 2025

Cohort 2, go-live January 1, 2026

Cohort 3, go-live July 1, 2026

Facilities that want to launch/go-live on **July 1, 2025**, should submit their Intent to Participate form to HCA by **June 1, 2024**.

3**Submitter's contact information**

First and last name

Title

Phone number

Email

Name of facility director (or equivalent)

Person or entity authorizing participation (if different than the director or equivalent)

4**IT Information (if applicable)**

Does your facility currently use an electronic health record (EHR) platform?

Yes

No

If yes, what is the name of the platform and the current version number (if known)?

Platform

Version number

IT contact first and last name

IT contact title

IT contact phone number

IT contact email

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Financial contact information

Submitting this Intent to Participate form also allows HCA to set up an account where participating facilities can access their capacity building funds.

Taxpayer Identification Number (TIN)

Financial contact first and last name

Financial contact title

Financial contact phone number

Financial contact email

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Facility health care information (if applicable)

Does your facility currently have staff to perform health care services?

Yes

No

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Authorizing signature

Who is the person or entity authorizing participation in the Reentry Initiative's title?

Authorizing signature

Date