

Welcome!

The learning series webinar will begin momentarily.



Your microphone will be muted while presenters are speaking.



Use the chat throughout the presentation to ask questions. We will get to them during the Q&A.



Please keep your video off during the presentation to avoid distractions.



The webinar is being recorded and will be posted on the HCA website within a week.

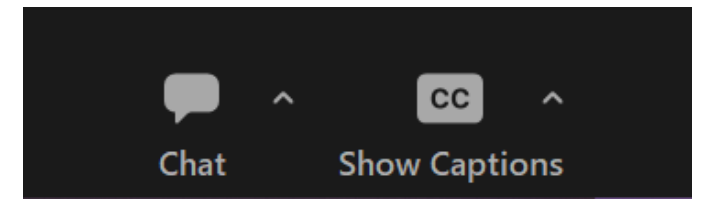
Reentry Initiative

Reentry Initiative Benefits Webinar

February 5, 2025

Welcome

- ▶ We're recording this webinar and have muted all attendees.
 - ▶ Turn on live captioning with the "Show Captions" button.
- ▶ There will be time at the end for Q&A.
 - ▶ Submit comments through the "Chat" function.
 - ▶ We will hold all questions until the Q&A portion.
- ▶ HCA does not permit Artificial Intelligence (AI) note taking apps.
- ▶ Slide deck and webinar recording will be available at:
 - ▶ <https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/reentry-carceral-setting>



Webinar objectives



Program requirements overview (15 mins)



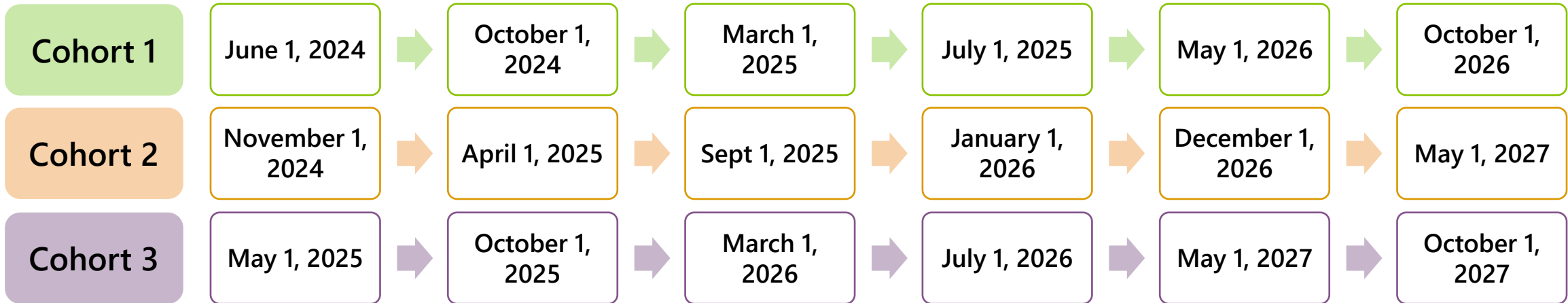
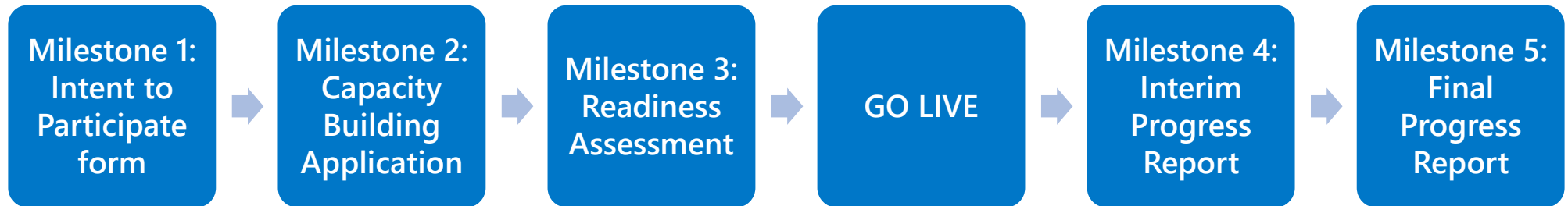
Reentry mandatory benefits (30 mins)



Q&A & resources (15 mins)

Program Requirements Overview

Reentry Initiative Milestones



Milestones 2 and 3

- ▶ **Milestone 2:** Each attestation question in the Capacity Building Application (CBA) is a requirement for program participation.
- ▶ The Reentry Initiative Policy and Operations Guide provides step-by-step instructions for facilities to meet program requirements.
- ▶ This learning webinar series walks facilities through each requirement in the Reentry Initiative Policy and Operations Guide.
 - ▶ HCA will release the Reentry Initiative Policy and Operations Guide in sections over the next few months to correspond with each learning series webinar.
- ▶ **Milestone 3:** To pass the Readiness Assessment, facilities will need to demonstrate – in writing – how they achieved each requirement in the CBA.
 - ▶ Important: Facilities must pass the Readiness Assessment to go live.

Learning series webinars and Milestone 2: CBA requirements

Each webinar will cover a specific Milestone 2: CBA requirement.

Topic	CBA sections and questions
Provider enrollment	<ul style="list-style-type: none"> • CBA section 4: Provider enrollment and billing (question 1)
MCO contracting and credentialing	<ul style="list-style-type: none"> • CBA section 4: Provider enrollment and billing (questions 2 and 3)
Client eligibility and enrollment, Consolidated Appropriations Act (CAA) benefits for youth	<ul style="list-style-type: none"> • CBA section 3: Apple Health intake and release data, screening, application support, and release date notifications (questions 1–7, 9–12)
Pre-release services delivery (today)	<ul style="list-style-type: none"> • CBA section 5: Case management • CBA section 6: Support for medications • CBA section 7: Additional services – optional
Links to HCA web resources, other outstanding requirements	<ul style="list-style-type: none"> • CBA section 1: No cost to individuals • CBA section 2: Staffing and governance structure • CBA section 3: Apple Health intake and release data, screening, application support, and release date notifications (question 8)
Billing and claiming	<ul style="list-style-type: none"> • CBA section 4: Provider enrollment and billing (questions 4 and 5)

Learning series webinars

*Your facility's
Reentry Initiative
lead should
attend all
webinars.*



Provider enrollment

Wednesday, January 8
at 10:00 a.m.

(providers, leadership,
administrative staff)



MCO contracting and credentialing

Wednesday, January 15
at 10:00 a.m.

(leadership, admin staff)



Client eligibility and enrollment

Wednesday, January 22
at 10:00 a.m.

(intake screening staff,
community workers, MCOs)



Open forum Q&A session

Wednesday, January 29
at 10:00 a.m.

(all staff with outstanding
questions)



Pre-release services delivery (part 1)

Wednesday, February 5
at 10:00 a.m.

(clinical staff, community
providers, intake screening staff)



Pre-release services delivery (part 2)

Wednesday, February 19
at 10:00 a.m.

(clinical staff, community
providers, intake screening staff)



HCA web resources and other requirements

Wednesday, March 5
at 1:00 p.m.

(leadership, admin staff)



Additional topics, open forum, Q&A

Wednesday, March 19
at 10:00 a.m.

(leadership, admin staff)

Program requirements being discussed today

- ▶ CBA section 5: Case management
- ▶ CBA section 6: Support for medications
- ▶ CBA section 7: Additional services – optional

Reentry Initiative Benefits

Reminder: scope of eligible services

At minimum, participating facilities must support a set of mandatory pre-release services and may select additional optional services at go live or a later date.

Today's focus

Mandatory Services

Participating facilities must support all services

- Reentry Targeted Case Management (rTCM)*
- Substance use disorder (SUD)
- Pharmacy: Medications at release
- Pre-adjudication CAA-eligible clients: Apple Health benefits*
- Post-adjudication CAA-eligible clients: Clinical assessment and evaluation*

Optional Services

Participating facilities may select one or more services

- Clinical assessment and evaluations for adults
- Pharmacy: Pre-release medications
- Laboratory services
- Radiology services
- Services from providers with lived experience
- Medical equipment and supplies at release

*Per the Consolidated Appropriations Act of 2023 (CAA), additional benefits affect facilities that house youth under age 21 and foster care alumni up to age 26:

- Provide rTCM and clinical assessment and evaluation services during post-adjudication; and,
- Provide Apple Health benefits during pre-adjudication beyond those listed under the Reentry Initiative.

HCA convened a webinar on client enrollment on 1/22 and will be hosting a webinar on billing on 3/5

Reminder: eligible providers

Facilities have flexibility in how they form their provider networks, but all participating providers must be enrolled as Apple Health providers to obtain for eligible pre-release services for enrolled Apple Health clients.

Examples of providers facilities may leverage

Facility-based providers

- Facilities may leverage their existing in-house providers, where possible (e.g., in-house care managers).
- These providers are likely to not be currently enrolled as Apple Health providers.

Community-based providers

- Facilities may leverage existing or new community-based partners to provide in-reach services (e.g., outside medical group or health center).
- Many of these providers may already be enrolled in Apple Health.

Managed care organization (MCO) providers

- Facilities may partner with Apple Health MCOs, where possible, to leverage MCO-employed service providers (e.g., care managers).
- These providers are most likely already enrolled in Apple Health.

Third-party administrator (TPA) providers

- If a facility is unable to leverage facility, community, or MCO-based providers, the TPA will be available to provide supplementary provider support.
- These providers will already be enrolled in Apple Health.

TPA will also be available to advise facilities on how to build their pre-release provider networks.

Overview of Reentry Initiative benefits

Benefits are covered by Apple Health for eligible Apple Health clients when:

- Provided as allowed in Apple Health Provider Billing Guides and related documents
- When medically necessary (as defined in WAC)

Goal	Focus areas	More information
<p>Prevent morbidity and mortality post-release by:</p> <ul style="list-style-type: none">• Identifying health needs• Supporting client engagement in health care services to address identified needs• Facilitating services that assess and meet an individual's health needs	<p>Chronic conditions and infectious diseases</p> <ul style="list-style-type: none">• Substance use disorders (SUD), to include opioid use disorder (OUD) and alcohol use disorder (AUD)• Mental health conditions• Hepatitis C, HIV	<ul style="list-style-type: none">• Reentry Initiative Policy and Operations Guide and related documents for details (e.g., Provider Billing Guides)• Reentry Initiative Procedure Code List for Reentry Initiative covered procedure codes• See presentation appendix for related resources

Mandatory Benefit: Reentry Targeted Case Management (rTCM)

Overview of rTCM

Reentry Targeted Case Management (rTCM) is a mandatory service for carceral facilities and is a person-centered, recovery-focused approach to address the health of justice-involved Apple Health clients.

Identification of need

Reentry Health Screening:

Carceral facilities are required to screen clients for health needs:

- Identify unmet health needs
- Connect clients to rTCM



rTCM services timeline

Pre-Release: 90 days prior to release

- Identify health needs
- Connect clients to health care services
- Plan for health stability at and after release

Post-Release: 30 days post-release and longer as medically necessary

- Follow-up for connection to services

Eligible rTCM providers examples

Includes licensed professionals providing services within their scope of practice, such as:

- Licensed independent clinical social workers
- Registered nurses
- Licensed mental health counselors
- Others as defined in the Apple Health Billing Guide

Deeper Dive: required components of rTCM



Reentry Health Assessment

- Assess the pre- and post-release health care needs of the individual and inform the development of the Reentry Care Plan.
- Required if individual has not had a reentry health screening or if the individual has an unmet care need identified by the screening.



Reentry Care Plan

- Developed with the individual and informed by the assessment and other client interactions.
- Includes action plans and strategies for how to manage barriers to accessing care.



Reentry coordination

- Informed by the Reentry Care Plan.
- Entails scheduling, linking to pre- and post-release services, monitoring, follow-up activities, and routine communication.



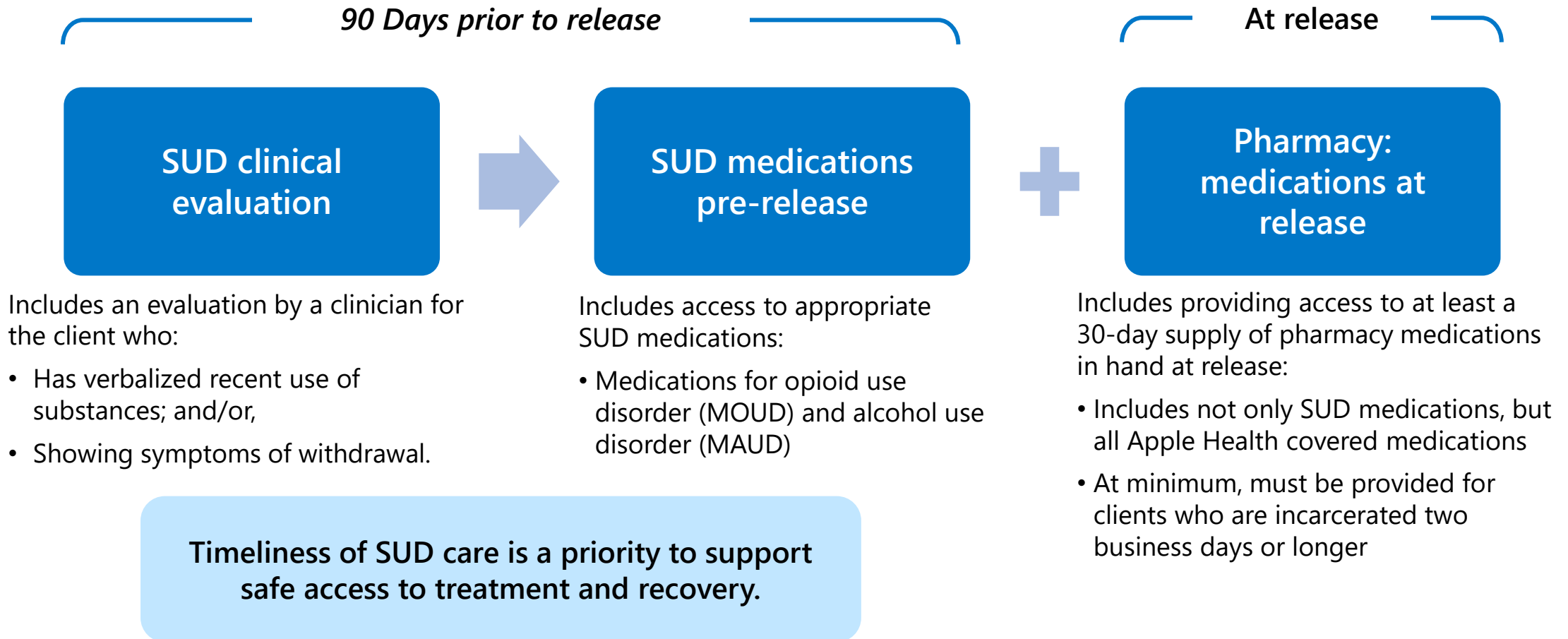
Warm handoff

- Required if reentry care managers change (e.g., pre- to post-release)
- Involves a meeting with individual and both care managers.
- Should occur at least 14 days prior to release or no later than 7 days post release.

To ensure seamless transitions to post-release rTCM, carceral facilities will need to support coordination with post-release rTCM providers, including MCOs for managed care enrollees and the third-party administrator for fee-for-service clients.

Mandatory Benefits: SUD & Pharmacy

Overview of mandatory SUD and pharmacy benefits



Deeper Dive: SUD evaluation



Carceral facilities must provide access to a qualified provider who can evaluate, assess, diagnose, and prescribe treatment for SUD (e.g., correctional health care provider, primary care provider).

Assessment/Evaluation/Diagnosis includes:

- **Screening, assessment, and evaluation of health conditions**, including needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling
- **Diagnosis**
- **Provision of treatment**, as appropriate, to ensure stability and control chronic conditions (e.g., medication administration)
- **Recommendations for pre-release treatment and services**, including referrals to other providers for additional evaluation or treatment services (e.g., specialty provider)
- **Recommendations for post-release treatment and services**, including identifying potential areas for further assessment or diagnosis in support of post-release treatment plan development (e.g., residential level of care)

Deeper Dive: pre-release SUD medications



Carceral facilities must provide access to appropriate SUD medications 90 days pre-release as medically necessary, according to the Apple Health Preferred Drug List Clinical Policies.

SUD medications must include:

- ▶ All formulations of buprenorphine (e.g., injections). See note on next slide.
- ▶ An opioid antagonist for those requesting it, including long-acting naltrexone
- ▶ Other opioid agonists (e.g., methadone) for MOUD
- ▶ At least two MAUD medications (e.g., naltrexone oral, acamprosate)
- ▶ Naloxone (available in the carceral facility to administer)
- ▶ Professionally Administered medications/drugs
- ▶ At least two FDA-approved medications for withdrawal symptoms in each category where multiple are listed, including:
 - ▶ Pain (e.g., acetaminophen, ibuprofen, ketorolac, gabapentin, ketamine)
 - ▶ Nausea (e.g., ondansetron, prochlorperazine, metoclopramide)
 - ▶ Agitation or anxiety (e.g., hydroxyzine, lorazepam, olanzapine, ziprasidone, haloperidol)
 - ▶ Abdominal cramping (e.g., dicyclomine)
 - ▶ Hypertension/tachycardia (e.g., clonidine)

Deeper Dive: medications at release



Carceral facilities must ensure access to at least a 30-day supply of pharmacy medications in hand at release, required at minimum for clients who are incarcerated two business days or longer.

Medications at release:

- **Apple Health Preferred Drug List covered prescriptions**, over-the-counters drugs (OTC) and pharmacy-supplied medical supplies covered at the pharmacy point of sale
- **Professionally administered medications/ drugs**, referring to medication administration required by a clinical provider (e.g., injectables, vaccines) with coverage of the medication administration and the drug itself.

- ◉ **A 30-day supply is the mandatory length of fill for all medications at release**, except the following:
 - ▶ Where directed by HCA policy (e.g., oral contraceptives);
 - ▶ Prohibited by law (e.g., more than 28 days of methadone for OUD); or,
 - ▶ Clinically inappropriate (e.g., one-time fill of 14 days of antibiotics, vaccination).

Mandatory Benefits for CAA-Eligible Youth

About the Consolidated Appropriations Act, 2023

In addition to the mandatory Reentry Initiative services, the Consolidated Appropriations Act (CAA) of 2023 requires certain additional benefits to be provided to incarcerated youth enrolled in Medicaid:

- Age 20 and younger, or
- Under age 26 and eligible for Apple Health under the foster care alumni eligibility group

Eligible population	Additional required benefit	Examples of impacted facilities
Pre-adjudication CAA-eligible clients	Apple Health benefits beyond those under the Reentry Initiative	<ul style="list-style-type: none"> • Locally-run youth correctional facilities • City, county, and tribal jails
Post-adjudication CAA-eligible clients	Clinical assessments and evaluations in the 30 days prior to release (or up to 90 days prior to release) or no later than 7 days post-release	<ul style="list-style-type: none"> • Department of Children, Youth and Families facilities • Locally-run youth correctional facilities • Department of Corrections facilities • City, county, and tribal jails

Deeper Dive: clinical assessment and evaluation for post-adjudication youth



Carceral facilities that house post-adjudication CAA-eligible clients must provide access to:

- Clinical assessment and evaluation services
- 30 days prior to release and no later than 7 calendar days post-release

Assessment/Evaluation/Diagnosis includes:

- **Screening, assessment, and evaluation of health conditions**, including needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling
- **Diagnosis**
- **Provision of treatment**, as appropriate, to ensure stability and control chronic conditions (e.g., medication administration)
- **Recommendations for pre-release treatment and services**, including referrals to other providers for additional evaluation or treatment services (e.g., specialty provider)
- **Recommendations for post-release treatment and services**, including identifying potential areas for further assessment or diagnosis in support of post-release treatment plan development (e.g., residential level of care)

Additional requirements for clinical assessments and evaluations

- ▶ Services are intended to support the creation of a comprehensive and successful Reentry Care Plan, including diagnosis, stabilization, and treatment in preparation for release; providing recommendations or orders for needed medications and medical equipment and supplies that will be needed upon release; and consulting with the care manager.
- ▶ Services may be delivered by a treating provider (e.g., primary care provider, specialist) or an initial consultation with a provider (e.g., who may determine further visits are required with a specialist for follow-up).
- ▶ Services may be provided as early as 90 days pre-release for participating carceral facilities.
- ▶ For clients 20 years and younger, services must be delivered in accordance with Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) requirements and prior to release.
 - ▶ The next wellness exam and immunizations must occur or be scheduled for clients 20 years and younger, within 7 calendar days of release, or as soon as practicable.

Deeper Dive: Apple Health benefits for pre-adjudication youth

Carceral facilities that house pre-adjudication CAA-eligible clients must provide access to needed Apple Health benefits beyond those required under the Reentry Initiative.

- ▶ During pre-adjudication, carceral facilities are required to provide access to Apple Health services when:
 - ▶ Medically necessary, and
 - ▶ Appropriate for incarcerated youth.
- ▶ Apple Health benefits available are defined by a client's program benefit package according to the client's Apple Health eligibility (see [WAC 182-501-0060](#)).
- ▶ The Reentry Health Screening is key to identifying whether the client has unmet care needs.

Examples of applicable benefits

- Mental Health screening and connection to services (WISE, First Psychosis)
- Substance Use Disorder evaluation (e.g., PCP, carceral facility provider)
- Physical Health evaluation (e.g., asthma or diabetes monitoring and treatment)

Not all benefits in the Apple Health benefit package will be appropriate to provide while incarcerated.

Questions & Answers

Related resources

- ▶ [About Provider Enrollment](#)
- ▶ [ProviderOne Enrollment Portal](#)
- ▶ Provider Enrollment Manuals:
 - ▶ [Individual billing providers](#)
 - ▶ [Group provider](#)
 - ▶ [Facility/Agency/Organization/Institution](#)
 - ▶ [Tribe](#)
 - ▶ [Attending/servicing provider](#)
- ▶ Contact HCA:
 - ▶ Phone: 1-800-562-3022, ext. 16137
 - ▶ (Tuesday and Thursday from 7:30 a.m.–noon and 1:00 p.m.–4:30 p.m.)
 - ▶ Reentry Initiative Inbox: HCAReentryDemonstrationProject@hca.wa.gov

Reminder: learning series webinars

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Provider enrollment

Wednesday, January 8
at 10:00 a.m.

(providers, leadership,
administrative staff)



MCO contracting and credentialing

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(intake screening staff,
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(all staff with outstanding
questions)



Pre-release services delivery (part 1)

Wednesday, February 5
at 10:00 a.m.

(clinical staff, community
providers, intake screening staff)



Pre-release services delivery (part 2)

Wednesday, February 19
at 10:00 a.m.

(clinical staff, community
providers, intake screening staff)



HCA web resources and other requirements

Wednesday, March 5
at 1:00 p.m.

(leadership, admin staff)



Additional topics, open forum, Q&A

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(leadership, admin staff)

Appendix

Optional Reentry Initiative Benefits

Clinical assessment and evaluation for adults



Carceral facilities may opt to provide access to clinical assessment and evaluation services for adults during the 90 days pre-release period. These services are intended to support the creation of a comprehensive and successful Reentry Care Plan.

Assessment/Evaluation/Diagnosis includes:

- **Screening, assessment, and evaluation of health conditions**, including needs identification, engagement in care, recovery-focused motivational interviewing, and choice counseling.
- **Diagnosis**
- **Provision of treatment**, as appropriate, to ensure stability and control chronic conditions (e.g., medication administration).
- **Recommendations for pre-release treatment and services**, including referrals to other providers for additional evaluation or treatment services (e.g., specialty provider).
- **Recommendations for post-release treatment and services**, including identifying potential areas for further assessment or diagnosis in support of post-release treatment plan development (e.g., residential level of care).

Pharmacy: pre-release medications



Carceral facilities may opt to provide access to pre-release medications during the 90 days pre-release period, in addition to the mandatory SUD medications and 30-day supply of medications at release.

- ▶ Carceral facilities opting to provide this benefit must ensure continuity of care for the 90-day pre-release period, which means providing continuation of all FDA approved medications.
 - ▶ Must ensure continuity of care until medication is transitioned if clinically appropriate or prior authorization verified or obtained if Apple Health coverage
 - ▶ There should be no gap in dosing
 - ▶ Staff should verify prescription and if unable to do so, notify provider. The provider should determine whether the medication should be continued pending verification

Pharmacy includes:

- **Apple Health Preferred Drug List** covered prescriptions, over-the-counters drugs (OTC) and pharmacy-supplied medical supplies covered at the pharmacy point of sale
- **Professionally administered medications/ drugs**, referring to medication administration required by a clinical provider (e.g., injectables, vaccines) with coverage of the medication administration and the drug itself.

Lab and radiology services

Carceral facilities may opt to provide medically necessary lab and radiology services during the 90-day pre-release period. (These include all allowed services in the Apple Health Physician-Related Services/Health Care Professional Services Billing Guide.)



Labs

Examples include:

- COVID-19 testing
- Drug testing for substance use disorders
- Immunology testing (e.g., HIV screening)
- Organ and disease-oriented panels



Radiology

Examples include:

- Mammography
- Diagnostic imaging (e.g., CT scans, MRIs)
- Portable X-rays
- Ultrasounds

Services from providers with lived experience



Carceral facilities may opt to provide access to services from providers with lived experience during the 90 days pre-release period.

- ▶ These providers have first-hand knowledge and insight gained from navigating challenges similar to those faced by the population served or self-identify as having a similar condition.
- ▶ They are trusted members of the community served and have a unique understanding of life circumstances experienced.
- ▶ This trusting relationship enables the provider to serve as a liaison or linkage between health and social services and the community to facility access to services and improve the quality and cultural competence of service delivery.

Providers covered within this service

- **Community health workers (CHW):** Frontline public health workers who serve as an intermediary between health care and the community. The CHW services includes services from tribal-serving Community Health Representative (CHR).
- **Birth doulas:** Trained, non-medical persons who provide emotional, physical, psychosocial, and informational support to pregnant, birthing, post-pregnancy people, and their families.
- **Certified peer counselors:** Self-identify as a person with lived experience with mental health or substance use services, or are a parent or legal guardian of a minor child with lived experience with mental health or substance use services, who draw upon their experiences to help peers find hope and make progress toward recovery and wellness goals..

Medical equipment and supplies at release



Carceral facilities may opt to provide access to medical equipment and supplies at release, which includes medically necessary equipment and supplies.

- ▶ Medical equipment and supplies include:
 - ▶ **Medical equipment and supplies** (e.g., wheelchairs, adult incontinence supplies)
 - ▶ **Vision and hearing hardware** (e.g., eyeglasses for clients 20 years of age and younger)
 - ▶ **Prosthetics and orthotic devices** (e.g., orthopedic footwear)
 - ▶ **Sleep and respiratory devices** (e.g., continuous positive airway pressure or CPAP devices)

See the Pharmacy section for other medical equipment and supplies, which are covered within the pharmacy point-of-sale system (e.g., syringes, diabetes test strips).

Resources

Existing benefit: inpatient hospitalization



Carceral facilities are required to provide access to needed inpatient hospitalization services.

- ▶ Facilities should continue to support access to hospital care, as appropriate.
- ▶ Hospitals may submit claims for reimbursement of hospital stays lasting 24 hours or more for incarcerated individuals, including inpatient care and any associated professional or outpatient claims during the hospitalization.

Benefit resources

Benefits	Related Resource
Provider Billing Guides and Fee Schedules	<ul style="list-style-type: none">• Provider Billing Guides and Fee Schedules Note: This is the landing page to keep as the documents are routinely updated. See specific guides links for current version in resource slides below.• Telemedicine policy and billing guide
Reentry Initiative Procedure Code List	<ul style="list-style-type: none">• Available on Provider Billing Guides and Fee Schedules. See specific procedure codes covered within the Reentry Initiative.
ProviderOne Billing	<ul style="list-style-type: none">• ProviderOne billing and resource guide
Washington Administrative Code (WAC)	<ul style="list-style-type: none">• WAC 182-501-0060 Health care coverage—Program benefit packages—Scope of service categories.• WAC 182-500-0070 Medical Definitions - Definitions—M. See Medically Necessary.
EPSDT	<ul style="list-style-type: none">• Early, Periodic Screening Diagnosis and Treatment Program

Mandatory services: related resources (1)

Mandatory Benefit	Related Resource
rTCM	<ul style="list-style-type: none">• Apple Health rTCM Provider Billing Guide
Reentry SUD	<ul style="list-style-type: none">• Substance Use Disorder Billing Guide• Service Encounter Reporting Instructions (version 2025) (SERI)• Physician-Related Services/Health Care Professional Services billing guide• Mental Health Services Billing Guide• EPSDT Program Billing Guide• Outpatient Hospital Services Billing Guide
Reentry SUD Medications	<ul style="list-style-type: none">• Prescription Drug Program Billing Guide• Professional Administered Drug Fee Schedule• Apple Health Preferred Drug List (AHPDL)

Mandatory services: related resources (2)

Mandatory Benefit	Related Resource
Reentry Pharmacy: Medications At Release	<ul style="list-style-type: none">• Prescription Drug Program Billing Guide• Pharmacy Special Services, Vaccine Administration, and Compliance packaging• Washington Professional Administered Drug Fee Schedule
Clinical Assessment & Evaluation for CAA-eligible clients Post-Adjudication	<ul style="list-style-type: none">• Substance Use Disorder Billing Guide• Service Encounter Reporting Instructions (SERI)• Physician-Related Services/Health Care Professional Services billing guide• Mental Health Services Billing Guide• EPSDT Program Billing Guide• Telemedicine policy and billing guide• Outpatient Hospital Services Billing Guide
Apple Health Benefits for CAA-Eligible Clients Pre-Adjudication	<ul style="list-style-type: none">• Apple Health Provider Billing Guide

Mandatory services: related resources (3)

Mandatory Benefit	Related Resource
Reentry Pharmacy: Medications At Release	<ul style="list-style-type: none">• Prescription Drug Program Billing Guide• Pharmacy Special Services, Vaccine Administration, and Compliance packaging• Washington Professional Administered Drug Fee Schedule
Clinical Assessment & Evaluation for CAA-eligible clients	<ul style="list-style-type: none">• Substance Use Disorder Billing Guide• Service Encounter Reporting Instructions (SERI)• Physician-Related Services/Health Care Professional Services billing guide• Mental Health Services Billing Guide• EPSDT Program Billing Guide• Telemedicine policy and billing guide• Outpatient Hospital Services Billing Guide
Apple Health Benefits for CAA-Eligible Clients Pre-Adjudication	<ul style="list-style-type: none">• Apple Health Provider Billing Guides
Inpatient Hospitalization (Existing Benefit)	<ul style="list-style-type: none">• Reentry Suspension and Care Coordination FAQ• Inpatient Hospital Services Billing Guide

Optional services: related resources (1)

Mandatory Benefit	Related Resource
Clinical Assessment & Evaluation for Adults	<ul style="list-style-type: none">• Substance Use Disorder Billing Guide• Service Encounter Reporting Instructions (SERI)• Physician-Related Services/Health Care Professional Services billing guide• Mental Health Services Billing Guide• EPSDT Program Billing Guide• Outpatient Hospital Services Billing Guide
Reentry Pharmacy: Pre-Release Medications	<ul style="list-style-type: none">• Prescription Drug Program Billing Guide• Pharmacy Special Services, Vaccine Administration, and Compliance packaging• Professional Administered Drugs
Laboratory and Radiology Services	<ul style="list-style-type: none">• Physician-Related Services/Health Care Professional Services billing guide

Optional services: related resources (2)

Mandatory Benefit	Related Resource
Services with Providers with Lived Experience	<ul style="list-style-type: none">• Birth Doula Services Provider Billing Guide• Community Health Worker Provider Billing Guide• Service Encounter Reporting Instructions (SERI)
Medical Equipment and Supplies at Release	<ul style="list-style-type: none">• Medical Equipment and Supplies Billing Guide• Vision Hardware for Kids Billing Guide• Hearing Hardware Provider Billing Guide• Complex Rehabilitation Technology (CRT) Billing Guide• Prosthetic and Orthotic Billing Guide• Respiratory Care Billing Guide• Sleep Centers Billing Guide• Home Infusion Therapy and Parenteral Nutrition Program Billing Guide

Additional resources

Benefits	Related Resource
Reentry SUD Resources	<ul style="list-style-type: none">• SAMHSA: Substance Abuse and Mental Health Services Administration• 2024 published version of Federal Guidelines for Opioid Treatment Programs SAMHSA• 21 CFR 1306.07(b) -- Administering or dispensing of narcotic drugs.• Brief FAQ on Methadone Use to Treat Opioid Use Disorder in Carceral Settings with DEA Registration as a Hospital/Clinic• Directory of Opioid Treatment Programs in WA State• Opioid treatment programs (OTPs) Resource Washington State Health Care Authority• Health Care Authority Methadone for Pain Policy