Re-Entry Community Services Workgroup

Progress Report

Engrossed Second Substitute Senate Bill 5304, Section 9(4); Chapter 243, Laws of 2021

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Executive summary

Senate Bill (SB) 5304 and House Bill (HB) 1348 were enacted in the 2021 legislative session. This legislation requires the Health Care Authority (HCA) to request a waiver from the federal government to maintain an individual's Medicaid coverage when confined to a correctional institution as defined in Revised Code of Washington (RCW) 9.94.049 or committed to a state hospital or other treatment facility.

Legislation also required HCA to create two workgroups to:

- Inform the waiver submission work.
- Look for efficiencies in existing re-entry programs.
- Explore the feasibility of expanding programs to other incarcerated/justice involved 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 improving re-entry services and making those services more accessible for all populations.

- Community Re-entry Operations Workgroup (CROW)
- Re-entry Community Services Program (RCSP) Workgroup
- Re-entry Workgroup for Young People
- Communications Workgroup

Background and workgroup update

The Reentry Community Services Program (RCSP) has had several other names: Offender Reentry Community Safety Program (ORCSP), Community Integration Assistance Program (CIAP), and Dangerous Mentally Ill Offenders (DMIO). It was renamed RCSP in SB 5304 (2021). The RCSP Workgroup focused on Section 9(1)(b-h), meeting five times over four months to ensure a general understanding of the program, and discussing expansion as outlined in the legislation and in the workgroup goals below.

RCSP workgroup goals:

- Develop a plan to send notifications of the incarcerated individuals' release date and current location to their managed care organization (MCO).
- Consider the value of expanding, replicating, or adapting the essential elements of the reentry community services program to benefit new populations.
- Identify potential costs and savings through the use of telehealth technology to provide behavioral health services.
- Consider continuing reentry or diversion services provided by pilot programs funded by fines in *Trueblood, et al., v. Washington State DSHS*, No. 15-35462.
- Recommend a way of funding to expand reentry services.
- Consider incorporating peer services into the reentry community services programs.

The following table shows the results of each discussion area:

Topic Area:	**Discussion result:**
Replicating/expanding/considering larger population	Additional funding needed, changing RCW 72.09.370 to allow for wider enrollment, or replicate RCW for a different population.
Adding in peer services/crisis services	Medicaid services that RCSP clients receive include the availability of peer services and crisis services. Peer services is currently a suggested practice in the contract made with each behavioral health agency. For any non-Medicaid clients, these services are covered under the contract.
Consider the sustainability of reentry or diversion services provided by pilot programs funded by contempt fines in Trueblood, et al., v. Washington State Department of Social and Health Services (DSHS)	Targeted funding: utilizing funding from the Trueblood settlement agreement to fund an RCSP-like program. Create legislative authority to administer that program. In our examination of Trueblood's programs, the below programs were all determined to be sustainable, given their low cost to service ratio. Efficacy has not been determined at this time but will be studied further. • Forensic Housing and Recovery through Peer Services (HARPS) • Forensic Projects for Assistance in Transition from Homelessness (PATH) • Enhanced funding for mobile outreach and crisis triage facilities • Outpatient Competency Restoration Program (SB 5444)
Recommend a means of funding to expand reentry services	Utilize decision package information submitted on behalf of RCSP to fund at appropriate levels. Using this information, estimate costs for a larger population based on the existing model of a head-count payment each month to each provider.

Telehealth

The COVID-19 pandemic dramatically highlighted the need to change health care delivery in Washington State. Because of this, RCSP was able to field-test telehealth in the complete delivery cycle, from prison visits, to intake, to individual therapy or case management, and medication appointments.

RCSP found no significant cost savings to the state, as telehealth services were billed at the same rate as in person services under the COVID-19 relief package. However, there was some cost savings for the provider agencies, as they did not have to reimburse mileage for their employees to travel to the prison locations.

Moving forward, RCSP will encourage a hybrid model to ensure the maximum amount of in person contact and face-to-face time with the program participant.

Coordination with Department of Corrections

Currently, the Reentry Community Services Program administrator coordinates closely with their counterpart at the Washington State Department of Corrections (DOC). This is necessary to implement the RCSP program as written in RCW, and to ensure smooth transition of care as an individual exits a correctional facility and re-enters the community. Currently, administrators meet weekly for a one-on-one meeting, and twice per month for the selection committee, which admits incarcerated individuals into the program.

Washington State Institute for Public Policy (WSIPP)

The Washington State Institute Public Policy (WSIPP) will be completing a study on the efficacy of RCSP, with a preliminary report due November 1, 2022, and a final report by December 1, 2023. The focus of the report will be on the recidivism (re-offense) rates as determined by the data provided by DOC. The report will also provide a cost-benefit analysis to the program's expenditures.

Jail location improvement – 834 file updates

Coordination of healthcare services pre-release is a crucial piece in achieving successful reentry back in to the community and reducing recidivism. MCOs ability to communicate and collaborate with facilities and incarcerated individuals ensure continuity in care and establishment of transitional care pathways upon release.

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

HCA transmits information about active Medicaid enrollees to MCOs through a HIPAA-protected eligibility file (called an 834 transaction) on a nightly basis. When an individual is confined to a correctional institution, they are suspended from Medicaid and HCA transmits a suspended status code to the appropriate MCO in the 834 transaction file.

However, because of system constraints, HCA cannot provide MCOs with the jail/prison location. To fill this information gap, MCOs have to manually search jail rosters to locate the individual to provide care coordination services. This effort requires significant staff time and resources.

As of December 10, 2021, the 834 transaction file includes the jail location once an individual becomes incarcerated and suspended from Medicaid. If an individual is incarcerated within a DOC facility, the MCO is sent a code that notifies them of the DOC incarceration and not the specific location.

This change has enabled the MCOs to effectively contact the appropriate facility and begin the care coordination efforts while the individual is incarcerated. (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 and 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 efficient connection to 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 by several days due to system communication timing, and members may already be released.
- The file information does not include the release date of incarcerated individuals, which is valuable for MCO coordination efforts.
- There is no 834 data file information for juvenile detention centers.

The noted successes are:

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

Waiver

HCA and partners are working on a renewal application for Washington State's Section 1115 Medicaid demonstration waiver, called the Medicaid Transformation Project (MTP). 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 (Medicaid).

The state's current MTP waiver ends December 31, 2022. If approved, the MTP waiver renewal will begin in January 2023 and end in December 2027.

As part of the MTP waiver renewal application, HCA is requesting approval to authorize federal Medicaid matching funds to be provided in the 30-day period prior to release for eligible justice-involved populations. Authority to cover all services is requested for persons incarcerated in state prisons, county jails, and youth correctional facilities.

Today, individuals who enter a correctional facility have their Apple Health (Medicaid) 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.

HCA will submit the MTP waiver renewal application to Centers for Medicare & Medicaid Services in summer 2022.

Conclusion

HCA reentry workgroups continue to monitor and report to the Legislature on:

- Oversight and updates of the waiver submission work that pertain to justice-involved/incarcerated individuals.
- Improving MCO transitional care coordination between jails, prisons, juvenile rehabilitation, state hospital, and/or other treatment facilities.
- Implementation of the 834 file and real-time information sharing.

The RCSP workgroup identified funding and legislative changes as the primary areas of need to allow for expansion of the program. While the success of RCSP has been well demonstrated through WSIPP studies back to 2006, it is unclear if this success will translate to other populations with different needs.

Success in RCSP is measured by noting the reduced recidivism by participants in this program versus a control group (incarcerated individuals with similar characteristics who do not participate in the program). One of the primary determining factors of success in RCSP is whether a participant in the program is housed or homeless. The expansion of this program would likely result in a reduction in readmission (hospital or forensic) because a primary basic need—housing—is being met. WSIPP will share data and analysis of housing as a determining factor of success, with a report due in 2024.

Over the last year, COVID-19 restrictions added additional challenges to care coordination for both MCOs and jail staff. 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.